MFS II EVALUATIONS

Joint evaluations of the Dutch Co-Financing System 2011 - 2015

Civil Society contribution
towards achieving
the Millennium Development Goals

Country report

ETHIOPIA

July 2015

SGE Stichting Gezamenlijke Evaluaties

Netherlands Organisation for Scientific Research
WOTRO Science for Global Development

PREFACE

This report is one of a series of evaluation reports, consisting of ten reports in total, reflecting the results of the jointly-organised MFS II evaluation:
- eight country reports (India, Bangladesh, Ethiopia, Uganda, Indonesia, DR Congo, Liberia, Pakistan);
- a synthesis report (covering the eight country studies); and
- a report with the results of the international lobbying and advocacy programmes.

This series of reports assessed the 2011-2015 contribution of the Dutch Co-Financing System (MFS II) towards achieving the Millennium Development Goals, strengthening international civil society, setting the international agenda and changing decision-makers' policy and practice, with the ultimate goal of reducing structural poverty. On July 2nd, 2015, the reports were approved by the independent steering committee (see below), which concluded that they meet the quality standards of validity, reliability and usefulness set by the Ministry of Foreign Affairs.

MFS II has been the 2011-2015 grant framework for Co-Financing Agencies (CFAs). A total of 20 alliances of Dutch CFAs were awarded € 1.9 billion in MFS II grants by the Ministry of Foreign Affairs. CFAs receiving MFS II funding work through partnerships with Southern partner organisations supporting a wide range of development activities in over 70 countries and at the global policy level.

The MFS II framework required each alliance to carry out independent external evaluations of the effective use of the available funding. These evaluations had to meet quality standards in terms of validity, reliability and usefulness. The evaluations had to focus on four categories of priority result areas, as defined by the Ministry of Foreign Affairs, and comprise baseline assessments serving as a basis for measuring subsequent progress.

Out of the 20 alliances receiving MFS II funding, 19 decided to have their MFS II-funded activities evaluated jointly. These 19 alliances formed the *Stichting Gezamenlijke Evaluaties (SGE)*[1], which acted on their behalf in relation to the joint MFS II evaluation. The SGE was assisted by an 'Internal Reference Group', consisting of seven evaluation experts of the participating CFAs.

The Netherlands Organisation for Scientific Research (NWO/WOTRO) managed the evaluation and selected ten research teams to carry out the joint MFS II evaluation: eight teams responsible for carrying out studies at country level, one team responsible for the synthesis of these country studies, and one team responsible for the study of international lobbying and advocacy. Each study comprises a baseline assessment (2012) and a final assessment (2014). Research teams were required to analyse the effectiveness, efficiency and relevance of development interventions funded by MFS II. An independent steering committee was appointed to verify whether the studies met with the required quality standards. In its appraisal, the steering committee drew on assessments by two separate advisory committees.

[1] *Stichting Gezamenlijke Evaluaties can be translated as Joint Evaluation Trust.*

The evaluation has been implemented independently. The influence of the CFAs was limited to giving feedback on the first draft reports, in particular to correct inaccuracies. The contents and presentation of information in this report, including annexes and attachments, are therefore entirely the responsibility of the research team and/or NWO/WOTRO.
However, as SGE we are responsible for adding this preface, the list with parties involved and a table of contents, in the cases that the report is a compilation of several reports.
In addition we would like to note that when reference is made to individual case studies, this should be seen as illustrative examples, rather than as representative of a CFA's entire partner portfolio.

The Dutch CFAs participating in this unique joint evaluation are pleased that the evaluation process has been successfully completed, and thank all the parties involved for their contribution (see the next pages for all the parties involved). We hope that the enormous richness of the report will serve not only accountability but also learning.

Bart Romijn
Chair of the 'Stichting Gezamenlijke Evaluaties'

c/o Partos
Ellermanstraat 18B
1114 AK Amsterdam
www.partos.nl
info@partos.nl

Participants MFSII Evaluation

The SGE[1] alliances (and their lead organisations)

Freedom from fear (PAX)
United Entrepreneurship Coalition (Spark)
Impact Alliance (Oxfam Novib)
Communities of Change (Cordaid)
WASH Alliance (Simavi)
People Unlimited 4.1 (Hivos)
Dutch Consortium for Rehabilitation (ZOA)
SRHR Alliance (Rutgers)
ICCO Alliance (ICCO)
Connect4Change (IICD)
Connect Now (War Child)
Woord en Daad & Red een Kind Alliance (Woord en Daad)
Together4Change (International Child Support)
Child Rights Alliance (PLAN Netherlands)
Ecosystem Alliance (IUCN)
Partners for Resilience (Nederlandse Rode Kruis)
Press Freedom 2.0 (Free Press Unlimited)
Fair Green and Global (Both ENDS)
Kind en Ontwikkeling (Terre des Hommes)

The SGE Board

Bart Romijn (Partos/chair)
Ben Witjes (Hivos)
Harry Derksen (New World Campus)
Jan Lock (Woord en Daad)
Dianda Veldman (Rutgers)
Lucia Helsloot (Partos)
Marouschka Booy (independent consultant)
Mirjam Locadia (Partos, until 09/2014)
Alexander Kohnstamm (Partos/chair, until 10/2013)

The SGE Internal Reference Group

Yvonne Es (Oxfam Novib)
Rens Rutten (Cordaid)
Karel Chambille (Hivos)
Peter Das (ZOA)
Ruth van Zorge (Rutgers)
Dieneke de Groot (ICCO)
Wouter Rijneveld (independent)

[1] Stichting Gezamenlijke Evaluaties

NWO/WOTRO, the Netherlands Organisation for Scientific Research

Dr. Martijn Wienia
Dr. Gerrie Tuitert
Sabine Zinsmeister
Dr. Henk Molenaar (until 11/2014)
Dr. Barbara Plavcak (until 09/2013)

Steering Committee

Prof. Wiebe Bijker (chair), Maastricht University, the Netherlands
Dr. Gavin Andersson, Seriti Institute, South Africa
Prof. Anita Hardon, University of Amsterdam, The Netherlands
Prof. John Rand, University of Copenhagen, Denmark
Ms. Mallika R. Samaranayake, independent consultant, Sri Lanka
Dr. Zenda Ofir, independent consultant, South Africa (until 10/2012)

Advisory Committee for the Country Level and Synthesis studies

Prof. James Copestake (chair), University of Bath, Department of Social and Policy Sciences, UK
Prof. Arnab Acharya, OP Jindal Global University, School of Government and Public Policy, India & London School of Hygiene and Tropical Medicine, UK
Prof. Bagele Chilisa, University of Botswana, Botswana
Prof. Christopher Cramer, University of London, Department of Development Studies, UK
Dr. Nathalie Holvoet, University of Antwerp, Institute of Development Policy and Management, Belgium
Dr. Janice Jiggins, Independent consultant & guest researcher Wageningen University & Research Centre, Communication Science, the Netherlands
Dr. Stefan Leiderer, Deutsches Institut für Entwicklungspolitik (DIE), Department of Bilateral and Multilateral Development Cooperation, Germany
Prof. Desmond McNeill, University of Oslo, Centre for Development and the Environment, Norway
Dr. Howard White, International Initiative for Impact Evaluation 3ie, USA
Mr. Burt Perrin, Independent consultant, France – participated in first two calls
Dr. Jim Rugh, UK – participated in first two calls
Prof. Tom Schwandt, University of Illinois at Urbana-Champaign, USA – participated in first two calls

Synthesis team

Prof. Dr. J.W. Gunning
Prof. Dr. J. van der Gaag
Gerton Rongen

Principal Investigators/Evaluators (per country)

India: Prof. dr. B.W. Lensink, University of Groningen, The Netherlands
Liberia: Prof. dr. ir. E.H. Bulte, University of Wageningen & Research Centre, The Netherlands
Indonesia: Prof. M.P. Pradhan, University of Amsterdam, The Netherlands
Pakistan: J.P. Tranchant, Institute of Development Studies, UK
DRC/Uganda: Prof. dr. ir. E.H. Bulte, University of Wageningen & Research Centre, The Netherlands
Bangladesh: Dr. J. Devine, University of Bath, UK
Ethiopia: Prof. dr. B.W. Lensink, University of Groningen, The Netherlands

Table of contents Ethiopia

Synthesis report Ethiopia 9
Executive summary 15
Annexes 83
Annex A: MDG's 83
Annex B: Methodology Capacity Development 84
Annex C: Information on 5 core Capabilities Framework 112
Annex D: Overview of capabilities 114
Annex E: CIVICUS and CS index Framework title 116
Annex F: Methodology for Civil Society 120
Annex G: Changes in CS Context 2010-2014 137
Annex H: Data collection for MFS II impact evaluation on MDG's 140
Technical Papers 142
AMREF (5C) 142
SRHR Alliance (MDGs) 299
WASH Alliance (MDGs) 347
CARE (5C) 381
CPDRR 472
ECFA (5C) 495
ECFA (MDGs) 605
ICCO Alliance, Facilitators for Change (MDGs) 674
FSCE (5C) 711
FSCE (MDGs) 815
HOA-REC (5C) 884
HOA-REC & Sustainable Energy (MDGs) 981
HOA-REC & WASH (MDGs) 1016
HUNDEE (5C) 1041
CAVC/C4C/OGRI (MDGs) 1175
NVEA (5C) 1209
NVEA (MDGs) 1285
OSRA (5C) 1327
OSRA (MDGs) 1427
TTCA (5C) 1452
TTCA (MDGs) 1526
SIL (MDGs) 1572
Civil Society impact analysis of ADAA 1619
Civil Society impact analysis of CCGGSO 1665
Civil Society impact analysis of EFDA 1705
Civil Society impact analysis of EKHC 1741
Civil Society impact analysis of ERSHA 1791
Civil Society impact analysis of JeCCDO 1824
Civil Society impact analysis of MKC-RDA 1866
Civil Society impact analysis of OSSA 1910
Civil Society impact analysis of RiPPLE 1957

ENDLINE REPORT MFS II EVALUATION FOR ETHIOPIA

IFPRI-Addis Ababa (ESARO)

TABLE OF CONTENTS

	Page
LIST OF ABBREVIATIONS	3
AUTHORS	5
PREFACE AND ACHKNOWLEDGEMENTS	8
EXECUTIVE SUMMARY	9
1. Introduction	9
2. The Sample	9
3. Country background	11
4. Baseline evaluation of MDG projects	14
5. Evaluation of Capacity Development of Southern Partner Organisations	25
6. Civil Society	61
7. Conclusion Executive Summary	75
ANNEXES TO THE EXECUTIVE SUMMARY	
Annex A: Millennium Development Goals (MDGs)	77
Annex B: Methodological approach & reflection of Capacity Development	78
Annex C: Background information on the five core capabilities framework	106
Annex D: Overview of capabilities, and related outcome domains and performance indicators	108
Annex E: CIVICUS and Civil Society Index Framework Title	110
Annex F: Methodology for Civil Society	114
Annex G: Changes in the Civil Society Context 2010-2014	131
Annex H: Data collection for MFS-II impact evaluation on MDGs	134

LIST OF ABBREVIATIONS

ABE	Alternative Basic Education
ADAA	African Development Aid Association
ART	Anti-Retroviral Therapy
C4C	Connect for Change
C6NGOs	Consortium of six NGOs
CCG	Community Conversation Groups
CCGG&SO	Catholic Church Goma Gofa and South Omo
CCRDA	Consortium of Christian Relief and Development Association
CWAC	Child Well-Being Advisory Committees
EfA	Education for All
EfDA	Education for Development Association
EKHC	Ethiopian Kale Heywet Church
ERSHA	Ethiopian Rural Self Help Association
FAL	Functional Adult Literacy
FMO	Farmer Market Information
ICDP	Integrated Community Development Program
IICD	International Institute for Communication and Development
IGA	Income Generating Activities
JeCCDO	Jerusalem Children & Community Development Organisation
MKC-RDA	Meserete Kristos Church – Relief and Development Association
OSSA	Organisation for Social Service for Aids
OVC	Orphans and Vulnerable Children
PLWHIV	People Living with HIV

PMTCT	Prevention of Mothers to Child Transmission
PWD	Person With Disability
RiPPLE	Research Inspired Policy and Practice Learning in Ethiopia and the Nile Region
SILC	Saving and Internal Lending Communities
SKN	Stichting Kinderpostzegels Nederland
SNNPRS	Southern Nations Nationalities and Peoples Regional State
SRH	Sexual and Reproductive Health
VCT	Voluntary Counselling & Testing
WASH	Water, Sanitation and Hygiene

AUTHORS

The evaluation is a joint effort by teams of the University of Groningen (RUG), IFPRI-Addis Ababa (ESARO), the Development Economics Group of Wageningen University (WUR), and the Centre of Development Innovation Wageningen UR (CDI).

Overall Team Leader:

Robert Lensink (RUG)

MDG Evaluation Team:

Kwadwo Asenso-Okyere (ESARO)

Godfrey Bahiigwa (ESARO)

Elisabetta De Cao (RUG)

Steffen Eriksen (RUG)

Samson Jemaneh (ESARO)

Tekalign Gutu (ESARO)

Nina Hansen (RUG)

Robert Lensink (RUG)

Clemens Lutz (RUG)

Getaw Tadesse (ESARO)

Wondwossen Tefera (ESARO)

Chilot Yirga (ESARO)

Elias Zerfu (ESARO)

Marrit Van der Berg (WUR)

Civil Society Team:

Civil Society Strengthening Team:

Dieuwke Klaver (CDI)

Judith Jacobs

Marloes Hofstede

Trudy van Ingen (CDI) – for the baseline not for the endline

Godfrey Bahiigwa (ESARO)

Getaw Tadesse (ESARO)

Wondwossen Tefera (ESARO)

Helen Getew (ESARO)

Samson Jemaneh (ESARO) – only baseline

Tekalign Gutu (ESARO) – only baseline

Addis Tigabu (ESARO) – only baseline

Elias Zerfu (ESARO) – only baseline

Capacity Development Team:

Kwadwo Asenso-Okyere (ESARO)

Suresh Babu (ESARO)

Godfrey Bahiigwa (ESARO)

Nicky Buizer (CDI)

Caroline Desalos (CDI)

Samson Jemaneh (ESARO)

Tekalign Gutu (ESARO)

Derbew Kefyalew (ESARO)

Cecile Kusters (CDI)

Addis Tigabu (ESARO)

Getaw Tadesse (ESARO)

Wondwossen Tefera (ESARO)

Chilo Virga (ESARO)

Elias Zerfu (ESARO)

Advisors:

Erwin Bulte (WUR)

Menno Pradhan (UvA/VU)

PREFACE AND ACKNOWLEDGEMENTS

This document provides the endline assessment of the MFS II evaluation for Ethiopia. The document is divided into three parts, starting with an executive summary, then presenting some annexes directly related to the executive summary. In the executive summary we review the endline evaluation of the different parts of the evaluation, and discuss some of the main results, as well as the main challenges we were faced with. In order to limit the executive summary to a reasonable size, we have moved some of the summarizing tables for the capacity development and civil society strengthening evaluation to an annex to the executive summary. The reader is referred to the Table of Contents for further details about the structure of this document.

My thanks go to all contributing authors, including the advisors, for all the work they have done for this evaluation. At times, in line with the baseline evaluation, it has been a quite hectic exercise, not the least because of the severe time constraints we were faced with. Again deadline were extremely difficult to meet. Nevertheless, we succeeded, as a team, to complete almost the entire evaluation in time. The endline evaluation has again benefited a great deal from us being able to use background documents from the MFS organisations and the Southern Partner Organisations (SPOs). I am also indebted to the many people from the MFS organisations and SPOs who were willing to discuss their programs and projects with us, and who gave feedback on the draft endline reports.

Robert Lensink

EXECUTIVE SUMMARY ETHIOPIA

1. Introduction

This report documents the assessment for the joint MFS II evaluations of development interventions in Ethiopia. The assessment of the development intervention combines qualitative and quantitative methods as required by NWO (2011) and consists of three pillars. 1) An evaluation of the millennium development goals (MDGs) of projects financed through MFS II funds. 2) An evaluation on the capacity development of southern partner organizations (SPOs) who are involved in projects financed through MFS II funds. 3) An evaluation of the impact on civil society of SPOs who run projects that are financed through MFS II funds.

This report will finalize the MFS II evaluation that started in 2012 and builds upon the baseline report that was completed early 2013. This executive summary will report the main findings, describe the challenges we were faced with, and explain the methodologies we have used

The executive summary starts by describing the sample of MDG projects and Southern Partner Organizations (SPOs) that have been evaluated. Next, a country background will be given. Finally, summaries of the three pillars of the evaluation, the MDG evaluation, the evaluation of capacity development of SPOs and the civil society strengthening evaluation, respectively, will be provided.

2. The Sample

Table 1 provides some basic information about the MDG projects and the SPOs that were involved in the evaluation. The sample of MDG projects and the group of SPOs that were assessed on capacity development is provided to us by NWO-WOTRO.[1] In total there are 20 SPOs involved in the evaluation. A short description of the SPOs involved in the Capacity development evaluation is given in the section dealing with the Capacity development evaluation (Section 5); the SPOs involved in the Civil Society evaluation are described in the section on Civil Society evaluation (Section 6). Details of the MDG projects are given in Section 4.

As can be seen from Table 1, there is no overlap between the Civil Society sample on the one hand, and the MDG and capacity development sample, on the other hand. However, there is considerable overlap between the MDG and Capacity Development Sample: 9 SPOs are involved in both evaluations. There are 13 MDG projects in our sample (see Table 2), which are run by 9 SPOs in total, which implies that we need to evaluate more than 1 MDG project for some SPOs: our sample includes 2 projects of AMREF Ethiopia and 2 projects of HOAREC.

[1] For details see NWO (2011), Call for proposals: Joint MFS II evaluation of development interventions at country level, NWO WOTRO. Section 6.8

Table 1: Sample

SPO	Alliance	Co-financing Agency (CFA)	MDG	CD	CS
ADAA - African Development Aid Organisation	Child and Development Alliance	Stichting Kinderpostzegels Nederland (SKN)	No	No	Yes
AMREF – African Medical and Research Foundation	SRHR Alliance/WASH Alliance	AMREF Flying Doctor Netherlands	Yes	Yes	No
CARE	Partners for Resilience	CARE Nederland	Yes	Yes	No
CC GGSO - Catholic Church of Gamo Gofa and South Omo	Communities of Change Alliance	Cordaid	No	No	Yes
ECFA - Enhancing Child Focused Activities	Child Rights Alliance	Child Helpline International	Yes	Yes	No
EFDA - Education for Development Association	Connect4Change	IICD and Edukans Foundation	No	No	Yes
EKHC - Ethiopian Kale Heywit Church	ICCO Alliance	Tear Fund	No	No	Yes
ERSHA - Ethiopian Rural Self Help Association	Connect4Change	ICCO	No	No	Yes
FC - Facilitators for Change	ICCO Alliance	IICD and ICCO	Yes	No	No
FSCE - Forum on Sustainable Child Empowerment	Child Rights Alliance	Defence for Children – ECPAT Netherlands	Yes	Yes	No
HOAREC – The Horn of Africa Regional Environmental Network and Centre	ICCO Alliance/WASH Alliance	ICCO and KerkinActie/ICCO	Yes	Yes	No
HUNDEE – Oromo Grassroots Development Initiative	Connect4change	IICD and ICCO	Yes	Yes	No
JECCDO - Jerusalem Children and Community Development Organisation	ICCO Alliance	Edukans Foundation	No	No	Yes
MKC RDA - Meserete Kristos Church - Relief and Development Association	ICCO Alliance	ICCO and Prisma	No	No	Yes
NVEA – New Vision in Education Association	Child and Development Alliance	Kinderpostzegels	Yes	Yes	No
OSRA - Oromo Self Reliance Association	ICCO Alliance	ICCO	Yes	Yes	No
OSSA – Operation Smile South Africa	Communities of Change	Cordaid	No	No	Yes
RIPPLE - Research Inspired Policy & Practice Learning in Ethiopia	Dutch WASH Alliance	WASTE and RAIN Foundation	No	No	Yes
SIL - Summer Institute of Linguistics	ICCO Alliance	Wycliffe	Yes	No	No
TTCA - Teacher Training College Ayssaita	Connect4change	IICD and Edukans and Development Expertise Centre	Yes	Yes	No

3. Country Background[2]

Before describing some details of the evaluation, it is relevant to give some background information about Ethiopia in relation to the projects and SPOs that was evaluated. Ethiopia is the second-most populous country in Africa with over 83 million inhabitants. It is landlocked and has a diverse geography, including mountains and lowlands. Although Ethiopia contains rich soils and is the source of over 85% of the total Nile water flow, it suffered a series of famines in the 1970s and 1980s, worsened by adverse geopolitics and civil wars. Today, however, Ethiopia has one of the fastest growing economies in the world and the biggest economy by GDP in East and Central Africa.

3.1 MDGs

Below follows a short description of MDGs relevant for the projects we will evaluate.

MDG 1 private sector and agriculture

Ethiopia experiences an impressive annual growth rate of above 10 % per year since 2004, except in 2009 when the economy grew by 8.8%. The poverty headcount ratio at the national poverty line declined from 44% in 2000 to 39% in 2005. Poverty rates are highest in rural areas, where 83% of the population lives. Agriculture is still the backbone of the economy, providing 48% of GDP and 80% of employment in 2010 (www.worldbank.org). A third of agricultural income is provided by livestock production, either from integrated crop-livestock farming or from pastoralist systems. The productivity of agriculture is low, and market systems are underdeveloped. Farmer marketing organizations can be an important mechanism to support smallholder commercialization. As will become clear below, several of the MDG projects in our sample explicitly deal with agriculture and famer marketing organizations.

MDG 2 Education

Although adult literacy rates are still low, gross primary school enrolment has risen from 23% in 1993 to 102% in 2010 (www.worldbank.org). This tremendous increase was at least partly the result of the introduction of free primary education. Especially poor and rural communities have benefited, and the gender gap in enrolment has narrowed. The government education budget has increased, but not nearly enough to track the increased enrolment. As a result, the quality and efficiency of education have deteriorated. Key measures required to improve quality are recruiting and training teachers and financing teaching and learning materials[3]. The three projects in our sample that focus on MDG 2, explicitly aim to improve the quality of education.

MDG 3 Gender

Ethiopia ranks 89 of 102 non-OECD countries on the social institutions and gender index of the OECD Development Centre (genderindex.org/country/Ethiopia). Around 30% of girls between 15 and 19 years of age were married, divorced or widowed, and the practice of abducting young women for marriage purposes is still common[4]. Violence against women is widespread. The two projects in our sample that deal with MDG 3 explicitly focus on improving the position of women.

MDG 4,5,6 Health

While health indicators have improved, Ethiopia has not yet reached the health-related MDGs. Due to effective immunization campaigns, the under-5 mortality rate decreased from 184 per 1,000 live births in 1995 to 106 in 2010 but it remained relatively high in rural areas (135) (www.mdgs.un.org). Half of children under 5 are stunted (www.who.int). Maternal mortality has decreased from 871/100,000 live births in 2000 to 470/100,000 in 2010.

[2] This section in drawn from the baseline report.

[3] Oumer, J., 2009. The challenges of free primary education in Ethiopia. IIEP-UNESCO, 96 pp.

[4] United Nations, 2004. World Fertility Report 2003, UN Department of Economic and Social Affairs, Population Division, New York.

These relatively high numbers are the result of the large number of teenage pregnancies and the lack of antenatal care. Infectious and communicable diseases like TB and malaria account for about 60-80 % of Ethiopia's health problems. The HIV prevalence among adults is 2%. One of the projects in our sample focuses on increasing the use of sexual and reproductive health services.

MDG 7ab Safeguards for a sustainable living environment & forests and biodiversity

While Africa is considered the continent most vulnerable to the adverse impacts of variability and extreme events resulting from climate change, the continent's coping and adaptation mechanisms are limited. At present, two consecutive missed rainy seasons have led to the worst drought in 60 years in the horn of Africa. According to the government, 4.5 million Ethiopians need emergency food assistance. Especially pastoralist communities in the south and south-east have been severely affected (www.wfp.org/countries/ethiopia). For Ethiopian pastoralists, reduction of poverty may be secondary to the avoidance of destitution, and development interventions should aim to benefit from the existing risk management and social exchange mechanisms that are part of the livelihood of pastoralists[5].

Traditional biomass fuels (fuel wood, charcoals, branches, leaves, twigs, and dung) account for more than 90% of Ethiopia's final energy consumption (www.worldbank.org). This biomass is neither cultivated in a sustainable way nor used efficiently, and its heavy use causes deforestation, soil erosion, loss of farm yield potential, and desertification.

In our sample there are two projects dealing with MDG7 ab, one with creating disaster risk resilient communities, one with renewable energy.

MDG 7c Drinking water and sanitation

Most Ethiopians do not have access to sanitation and save drinking water. In 2009, only about 25% of urban population and less than 10 % of the rural population had access to improved sanitation systems (www.mdgs.un.org). While 95% of the urban population had access to improved drinking-water sources, this was only the case for 25% of rural households. A WHO/UNICEF study shows that water supplies in more than one fifth of households were classified as high-risk to health. In addition, more than half of household containers showed serious post-source contamination[6]. In our sample, two projects aim to improve drinking water and sanitation.

[5] Davies, J. and R. Bennett, 2007. Livelihood adaptation to risk: constraints and opportunities for pastoral development in Ethiopia's Afar region. Journal of Development Studies 43(3): 490-411.

[6] Tadesse, D, A. Desta, A. Geyid, W. Girma, S. Fisseha, O. Schmoll, 2010. Rapid assessment of drinking-water quality in the Federal Democratic Republic of Ethiopia. Country Report. WHO/UNICEF.

3.2 Organisational development capacity

According to UNDP capacity building is a long-term continual process of development that involves all stakeholders; including ministries, local authorities, non-governmental organizations, professionals, community members, academics and more. Unlike most African countries, Ethiopia has no colonial history. Government administrative systems are mostly homegrown. Very few studies have been done in the country assessing the situation of organizational capacity building by government organizations, NGOs as well as civil society institutions and the private sector.

As a result of limited capacity, the private sector in Ethiopia is far from reaching its potential role as the real engine of growth and employment. Since 1999, the Government has gradually changed its approach to capacity building. It launched a comprehensive National Capacity Building Program (NCBP), coordinated by a new Ministry of Capacity Building (MCB). While mainly focused on capacity building in the public sector, the NCBP also includes support for capacity building in the private sector and civil society organizations.

There are NGOs, very little in number, who specialize and get involved in building capacities of civil society institutions at a lower government level such as in the districts (woredas). Inevitably the quality of organizational/ institutional strengthening work will vary considerable across NGOs, and very few specialize in this area of work.

Sectoral associations in the country also engage in building organizational capacities for members. A case in point can be the Addis Ababa Chamber of Commerce and Sectorial Associations. The chamber has a training center under the motto of "Enhancing Capacity by Imparting Knowledge" offering various business training courses for the local business communities of the private sector to maximize their capacity. Most of the trainings focus on the fields of management, leadership, finance, accounting, and taxation.

Regarding the capacity of public organizations, the major capacity challenge is visible in terms of highly limited implementation capacity of the different government organizations implementing policies. The main challenge in this regard involves continuing the on-going efforts aimed at building adequate administrative capacity at the decentralized level (particularly woreda and kebele levels). The capacity building of woredas and kebeles is still a work in progress, which has serious implications for accelerated implementation of scaled up development programs and service delivery.

3.3 Civil society

The Ethiopian civil society organizations (CSOs) law formulated in 2009 divides civil societies into charities and societies and also classifies them into one of three legal designations. These are: Ethiopian Charities or Societies, Ethiopian Resident Charities or Societies, or Foreign Charities. The classification is based on where the organization was established, its source of income, composition of membership, and membership residential status.

Ethiopian Charities or Societies refer to those formed under the laws of Ethiopia, whose members are all Ethiopians, generate income from Ethiopia and are wholly controlled by Ethiopians. These organizations may not receive more than 10 percent of their resources from foreign sources. But, Ethiopian Resident Charities or Societies are those that receive more than 10 percent of their resources from foreign sources. On the other hand Foreign Charities are formed under the laws of foreign countries, or whose membership includes foreigners, or foreigners control the organization, or the organization receives funds from foreign sources. According to the law, engagement on rights-based programs and policy advocacies is left for Ethiopian charities only while the others are limited to development activities. At present, a total of 2117 charities and societies are registered at the federal level where most are Ethiopian Resident Charity. In addition, regions too, have registered many more localized charities and societies.

Changes in the civil society context during MFS II

As required in the Terms of Reference, the evaluation team looked at changes in Ethiopia's context in line with the CIVICUS framework. Where possible, changes were identified between 2010 and 2014. More information regarding the civil society context of Ethiopia can be found in appendix 3.

With regards to changes in the socio-economic context, according to the Human Development Index Ethiopia shows a slight improvement in the 2000 – 2013 period and a slight improvement in its Economic Freedom Index. However the country still occupies the 173th DHI place out of 187 countries and its overall Economic Freedom Index is below the regional average.

According to the Social and Economic Rights Fulfilment Index (SERF Index), Ethiopia's situation worsened in 2012 as compared to 2010, in particular with regards to the right to food and housing. In 2014 Ethiopia scored 3.3 points on a scale of 0 to 10, with ten being classified as a country without corruption.

With regards to changes in the socio-political context, the most significant change that directly affects civil society is the 2009 proclamation act, which defines the role of civil society organisations in the development of the country. Although the act is to be interpreted as the acknowledgement of the government that "charities and societies" have an important role to play, CIVICUS and the UN Special Rapporteur on the Rights to Freedom of Peaceful Assembly and of Associations state condemn the act as a violation of international standards. The Proclamation restricts NGOs that receive more than 10% of their financing from foreign sources from engaging in essentially all human rights and advocacy activities. As a follow up of this Act in 2011, the government issued the Guideline on Determining the Administrative and Operational Costs of CSOs that stipulate that limits administrative costs for all charities and societies to a maximum of 30% of their budgets. These two regulations are considerably constraining the civil society space in Ethiopia and have impacted upon the SPOs in this sample.
In the 2008-2012 period Ethiopia's Freedom House scores show a deterioration of its political rights and civil liberties ratings, indicating that the country is not politically free nor performing on protecting civil rights.

With regards to changes in the socio-cultural context, no recent data are available, however the 2005-2009 World Values Survey concluded that 21.4 percent of Ethiopia's population states that most people can be trusted and 66.2 percent indicated that they needed to be very careful.

4. Endline evaluation of MDG projects

4.1 Basic information

Table 2 provides basic information about the MDG projects in our sample. See Table A1 in Annex 1 for an overview of the different MDGs. Table 2 gives the name of the projects, the MFS organisation that is responsible; the SPO that runs the project and the starting date as well as the end date of the projects together with the available budget. The table also shows the main MDG the project focuses on, as well as the main outcome indicator, and the main interventions.

Table 2 shows that that the projects in our sample cover a wide range of MDGs, and contain various interventions. Below we will give a short description of the type of interventions per project, classified by MDG.

MDG1 private sector and agriculture

Three projects in our sample, C5, C7 and C10, focused on improving MDG 1. Both C5 and C7 dealt with farmers' market organizations (FMOs), and both projects aimed to increase income and livelihood of households, to increase the volume of traded goods by households and to reduce food insecurity. However, the interventions they conducted to realize these aims differed considerably. Where the interventions of C5 dealt with ICT support to the

FMOs, C7 provided, more in general, organizational support to the FMOs. C10 aimed to increase families' income from sales of milk and milk products, and to reduce pressure on grazing land through promotion of zero grazing. This was e.g. done by establishing a central nursery site, by improving artificial insemination services, and by training farmers on livestock production. It should be noted that three other projects in our sample, C6, C9, C12, also partly dealt with MDG 1 topics.

MDG 2 Education

There were three projects in our sample that mainly focused on MDG 2; C1, C4, and C8. Project C1 aimed at increasing the accessibility to basic education and to improve the quality of education for out-of-school and working children in rural areas. The main intervention was the opening of non-formal education centers (called ABE centers) in close collaboration with the communities. The questions to answered was if the opening of these centers increased the access to basic education, if there was an improvement in the quality of education (compared to formal education) and if providing education in ABE centers improved the position of the child in terms of harmful traditional practices (compared to formal versus no education).

Table 2: Basic information MDG Projects

Project Code	Name	SPO	Consortium	MDG	MFS II Budget	Main outcome	Main interventions	Project start date	Project end date
(C1)	Non formal alternative basic education in Sibu Sire Woreda	New Vision in Education Association (NVEA)	Kinderpostzegels	2	182,929.14 Euro	Student's school performance	Setting up two Alternative Basic Education Centers (ABE)	1 Jan 2011	31 Dec 2015
(C2)	Nazreth Child Help Line (CHL): Protection	Enhancing Child Focused Activities (ECFA)	Child Helpline International	3	243,644.01 Euro	protection for girls and young women	Child helpline and Community conversations	Jan 2011	Jan 2015
(C3)	Girl Power: Protection of Girls and Young Women against Violence in Addis Ababa and Adama towns (FSCE-ECPAT)	Forum on Sustainable Child Empowerment (FSCE)	Defence for Children – ECPAT Netherlands	3	323,000 Euro	gender equality and empowerment of women?	girls at girls clubs; Adults at Iddir ; street girls; community conversatioms	April 1 2011	31 Dec 2015
(C4)	Improving the Teaching-Learning Processes and Educational Management through ICT	Teacher Training College Ayssaita (TTCA)	IICD and Edukans and Development Expertise Centre (DEC)	2	61,518 Euro	Student's school performance	Trainings to teachers	1 June 2011	30 June 2015
(C5)	CAVC/C4C/OGRI	HUNDEE	IICD and ICCO	1*, 1**	525,000 Euro	Livelihoods	FMO most important source of market information	Sept 2011	Dec 2013
(C6)	Climate Proof-Disaster Risk Reduction program	CARE Ethiopia	CARE Nederland	1*, 7a,b	607,241 Euro	Disaster risk reduction	Irrigation	1 July 2011	31 June 2016
(C7)	FMO Consortium	Facilitators for Change	ICCO	1*, 1**	1.297,188 Euro	Livelihoods	Increase in crop sales (quantity)	June 2011	May 2014
(C8)	Multilangual education	SIL Ethiopia	Wycliffe	2	206,389 Euro	Student's school performance	Minority language teaching	1 Oct 2009	Sept 2015
(C9)	Sustainable energy: Integrated Approach to Meet Rural Household Energy Needs of Ethiopia	The Horn of Africa Regional Environmental Network and Centre (HOA-REC/N)	ICCO and Kerkin Actie	1*, 1**, 4,5,6, 7a,b	486,483 Euro	Livelihood	Number of energy-saving devices	2011	Dec 2014
(C10)	Zero Grazing Project	Oromo Self Reliance Association (OSRA)	ICCO	1*, 1**	104,264.50 Euro	Livelihood	Milk production	Oct 2010	Sept 2014
(C11)	AE Project – Unite For Body Rights	AMREF Ethiopia	AMREF Flying Doctors Netherlands	4,5,6	1,515,000 Euro	Sexual and reproductive health	Do you prefer treatment from a health service provider or traditional treatment?	1 Jan 2011	31 Dec 2015
(C12)	Innovative WASH – Water purification with Moringa	HOAREC/N	ICCO	1*, 7c	251,099.60 Euro	Livelihood	Improved latrines	July 2011	June 2016
(C13)	Pastoralist WASH	AMREF Ethiopia	AMREF Flying Doctors Netherlands	7c	1.245,000 Euro	Sanitation	Main source of drinking water is a protected water source	Jan 2011	31 Dec 2015

Note: 1*: poverty; 1**: private sector and agriculture

C4 aimed at improving the quality of teaching to obtain a better students' performance and to increase their motivation. This was mainly done by training teachers in a teacher training college and schools in (1) teaching-learning processes and (2) educational management by using ICT which in turn should improve the quality of teaching.

The goal of C8 was to increase the access to education, to improve the quality of education, and to increase the self-esteem and strengthening of ethnic identity of language minority students. To reach these goals the intervention focused on the development of teaching materials of oral minority languages and offering of mother tongue education in elementary school to support language minority students.

MDG 3 Gender

Two projects dealt with gender: C2 and C3. Both projects were part of a broader country-wide "Girl Power Programme". The programme promotes equal rights and opportunities for girls and young women. Within the Girl Power Programme" different MFS organizations and SPOs work together. The "Girl Power Programme" is designed by different partners in coordination and alignment. Activities of different projects within the broader "Girl Power Programme" are additional of each other and strengthen and complement each other. Sometimes they are difficult to disentangle. The interventions included awareness campaigns, community conversations, sensitization campaigns, media interventions, campaigns at iddirs (funeral organizations), girl clubs and the helpline. It is noteworthy that, with respect to C2, activities related to the community conversations, as well as the Child Helpline itself, were financially supported with MFS-funding by Plan international, and not by the MFS organization "child helpline"(CHI). The MFS organization Child Helpline International (CHI), which runs the project we evaluated, only provides capacity building support for ECFA staff. For further details, see the MDG project report of ECFA in the appendix.

MDG 4,5,6 Health

The projects C9 and C11 are related to health. Their goals are, however, very different. C9 mainly focused on sustainable energy, and indirectly on health. This project aimed to reduce household's use of fuelwood and therefore to an improvement in health, especially women's health. The main interventions included awareness campaigns and trainings. C11, instead, was a project about reproductive health. The project aimed at increasing the use of sexual and reproductive health services, at improving a comprehensive sexuality education, and reducing the number of sexual and gender based violence. The interventions included trainings on e.g. sexual education, community mobilizations and sensitization campaigns.

MDG 7ab Safeguards for a sustainable living environment & forests and biodiversity

C6 and C9 focused on MDG 7a,b. The core objective of C6 was to create disaster risk resilient communities in four selected villages in the Afar region. Whereas the project was supposed to benefit the entire community, some of the activities were targeted towards specific direct beneficiaries. Activities involved 1) organization and support of women saving groups; 2) introduction of irrigated agriculture; 3) training and implementation activities related to rangeland management and fodder production; 4) community risk management activities such as trend risk mapping, response plans, awareness raising, establishment and training of DRR committees and food security task forces.

C9 dealt with renewable energy, and in particular, aimed at increasing the access to appropriate renewable energy (RE) and Energy Efficiency Technologies (EETs) in the targeted areas and to enhance the capacity of the community and renewable energy technology (RET) enterprises. This was done by awareness creation campaigns at Kebele level, by the establishment and support of Renewable Energy Technology Centres (RETCs), by the training on Jatropha and castor crop management, and by the training of Kebele Development Agents (DAs) on biofuel crop management.

MDG 7c Drinking water and sanitation

C12 and C13 dealt with drinking water and sanitation. The main objective of C12 was to reduce poverty and improve health, environmental, and economic conditions through empowering the people and creating an environment with increased access to and use of safe water and sanitation services as well as improved hygiene practices for women and marginalized groups. The project had three main components. The first was the introduction and promotion of eco-san toilets. Relevant activities were: pilot eco-san toilet trials, experience-sharing visits, and training on eco-san toilet construction and maintenance. The second was the introduction and promotion of Moringa, the seed of which can be used for water purification. This was done through experience sharing visits, training, nursery development, seedling distribution through newly established women groups, and linking with financing institutions. However, this part of the project was abandoned after the baseline and therefore not evaluated at endline. The third component was the facilitation and promotion of low-cost manual well drilling technologies to provide better access safe and adequate drinking water for communities and households. Again, training, demonstration, and providing links with financing institutions are the main activities.

C13 main objectives were to improve key hygiene practices and sanitation behavior of the target groups, and to improve the accessibility to drinking water and latrine facilities. This was mainly done by the construction of latrines for schools, health-centers, boreholes etc., by awareness campaigns and by training government and NGO staff, and by obtaining support from the private sector.

4.2 Impact evaluation details

The evaluation needs to address five questions: 1) what changes in outcomes do take place during the 2012-2014 period? 2) are the observed results attributable to the project interventions of the SPOs (i.e. the impact of the intervention)?; 3) Are the observed results relevant to the project beneficiaries?; 4) Is the project implemented efficiently? and 5) what factors explain the findings, i.e. are there reasons why a project has been a success or not.[7]

The different MDG evaluations have been organized such that the five main questions can be answered as good as possible. For reasons of space, all details cannot be provided in this country summary. Yet, in this sub-section we try to summarize the impact evaluation information that is relevant in the light of the main evaluation questions. We will also point out some challenges we were faced with. In section 4.3 we will end the summary report on MDG by valuing each MDG project in terms of the main evaluation questions.

Table 3 provides basic information on impact evaluation details for the different MDG projects. The table gives information about the evaluation strategy used and the sample sizes. It also indicates whether evaluations suffered from serious attrition and/or power problems, which may affect the rigour of the analyses considerably. Finally it shows whether the intervention had a significant impact on the main outcome indicator, in line with the main outcomes, specified in Table 2.

For all MDG projects, quantitative surveys have been conducted.[8] Using these questionnaires we were able to identify the changes in the main outputs and outcomes per project over the project period. The questionnaires aim to provide information on important output and outcome indicators, in line with the

[7] For exact details see NWO (2011), Call for proposals: Joint MFS II evaluation of development interventions at country level, NWO WOTRO. Section 6.5

[8] For more detailed information about the data collection procedure for each of the individual projects, see annex H or the individual reports.

theories of change of the individual projects.[9] Some questionnaires are typical household surveys, with the usual contents such as expenditure blocks; others focus on quality of education, and/or more sensitive issues like sexual violence. It should be noticed that for some projects questionnaires are combined. We developed one common questionnaire for the three MDG 2 projects, C1, C4 and C8, because these projects focus on similar issues. We also developed one common questionnaire for the MDG 3 projects, C2 and C3 since these projects are part of the national "Girl Power Programme". Finally, we used common questionnaires for both projects of AMREF, C11 and C13, as well as for both projects of HUNDEE, C5 and C7. It is important to note that several of our projects deal with "sensitive issues", such as sexual abuse, circumcision, and gender bias violence. This holds especially for projects C2, C3 and C11. For these projects, we added so-called "list experiments" to the questionnaires. The use of a list-experiment enables to obtain information about sensitive issues in an indirect way.[10]

Theory of change

The first step in the MDG evaluation was obtaining a clear idea about the theory of change of each of the individual projects. This starts by clarifying the inputs used for the project. Subsequently, we examined the activities planned/undertaken by the SPO leading to the required outputs resulting in the desired outcomes. The outcomes are then translated to indicators specific to each of the projects. Where possible we tried to use uniform indicators for similar projects, e.g. general expenditures as a poverty indicator. Finally we have addressed possible risks which may degrade the theory of change. The theory of change differs per project. Therefore, detailed explanations of the relevant theories of change are given in the individual MDG reports.

Comparison groups

For all MDG projects, we managed to gather data for at the least one reference (control) group. It should be noticed, though, that it turned out to be very difficult to find reference groups that are not affected by similar interventions. A clear example for this is project C11, which focuses e.g. on the use of reproductive health services. For this project we are able to find observations from the control group with similar observable characteristics. However, it turned out to be difficult to find people in the control group who were not affected by a similar intervention. Obviously this has implications for the impact analyses. If a comparison group has been affected by a similar intervention, our impact analysis does not provide information on the impact of the treatment as such, but shows whether the SPO we consider does better than a possible other NGO conducting a similar intervention. For details, we refer to the individual MDG reports. For some MDG projects, we even sampled two reference groups in order to conduct heterogeneous treatment effects. This, for instance, holds for project C1 and C4. Regarding C1, the first control group is a group in a village without a school. The second group consists of students in a governmental school. In the case of C4, the first comparison group consisted of students taught by not trained teachers in the same pilot school. The second comparison group was students who were taught at governmental schools in which teachers were not trained.

Impact evaluation methods

The MDG evaluation is predominantly done using quantitative evaluation techniques, although in some cases the quantitative analyses are supplemented with qualitative information. Especially regarding projects C2 and C3, which focus on empowerment of girls, several qualitative analyses are added to better assess the wide-variety of interventions of the SPOs involved. In theory, the most rigorous quantitative evaluation method would be a randomised controlled trial (RCT) since a RCT guarantees, under certain assumptions, that control and treatment groups only differ due to the intervention. However, we could not conduct RCTs for we had to evaluate ongoing projects. In other words, we had to

[9] Since projects differ very much, theories of change (TOCs) are project specific. For reasons of space, we do not present the individual TOCs in the executive summary. The reader is referred to the full MDG reports in the appendix.

[10] See Daniel Corstange Sensitive Questions, Truthful Answers? Modeling the List Experiment with LISTIT, Political Analysis (2009) 17:45–63.

conduct retrospective evaluations that assess the program's impact after it has been implemented, using observational data. Yet, we tried to use the most rigorous evaluation methodology possible, given the content of the project, the availability of baseline and endline data, and possibilities to gather data for a comparison group.

For all projects, but C3 for the street girls intervention, two rounds of data have been collected, both for treatment and comparison groups. For this reason we used a double-difference (DD) methodology as the main impact evaluation method for all projects. The advantage of a DD specification is that it controls for unobserved heterogeneity that does not change over time. For some projects we complimented the DD analyses with propensity score matching (PSM). This holds for C5-C7 and C9-C13. It should be noticed that only the first step of PSM, i.e. the estimation of the propensity scores, is used to determine the common support in the baseline. The DD analyses are performed on the common support sample.

One of the main problems we were faced with is that most interventions related to the projects in our MDG sample have already been started (long) before the baseline data gathering took place. One project (C8) started in 2009, one project (C10) started in 2010, and the remaining projects run since 2011. Hence, all projects have been ongoing for several years. This implies that our baseline data gathering in fact does not give real baseline data. The term baseline data in this report therefore refers to the first collection of data. Therefore, in many cases we are working in regions where the NGOs have been active for a number of years and have been implementing similar interventions.

Since the baseline survey is not a "real" pre-intervention baseline, as it is not conducted before the program started, a DD methodology measures the *incremental* impact of the program, i.e. the impact of being "longer" in the program, and not the average impact of the program. For some projects, the DD methodology is complemented with simple cross-sectional comparisons, see for instance C11 and C13. The obvious drawback of the latter approach is that it does not control for unobserved heterogeneity, and hence it may be the case that measured impacts are biased due to unobserved characteristics of the treatment and/or comparison groups.

Power

The sample size is important for the power of the analysis as too low power may lead to false non-rejections –so-called false negatives- , i.e. concluding that there is no impact while there is an impact. Power analyses are important in the "planning stage" of a project, i.e. before conducting the baseline. However, since the budget basically determined the maximum sample sizes, formal power analysis to determine sample sizes were not useful and therefore not conducted during the baseline.[11] Originally, we planned to conduct formal power analyses for all projects after the second round of data collection, so-called retrospective power analyses. The idea was that it might be useful to conduct reverse power analysis (see Thomas, 1997) in order to determine the minimum effect sizes that could be detected given the pre-determined sample sizes and given a power of, say, 80 percent. However, in contrast to ex-ante power analyses, the relevance of retrospective power analysis is controversial (See Thomas, 1997 and Lenth, no date), even considered by several scientists to be fundamentally flawed, used in whatever way (see Hoenig and Heisey, 2001). The main reason is that it is immediately obvious that as the significance level increases, retrospective power decreases. Hence in case there is a significant effect, the power will be high, while the power will by definition be low if there is no significant effect. This implies that if we find a significant effect, a power analysis becomes redundant for apparently the power of the test is big enough. It also implies that if we do not find a significant effect the power is apparently too low to pick up the observed effect size. A similar reasoning holds for the reverse power analyses: if the impact is

[11] According to Cohen a standardized effect size of 0.2 to 0.3 might be a "small" effect, around 0.5 a "medium" effect and 0.8 to infinity, a "large" effect. For a very simple case, where we assume that all observations are independent, a sample size of around 350 should be sufficient to identify an effect size of 0.2. This suggests that our sample sizes should in general be big enough to detect relatively small impacts of the intervention. Obviously, this is a very rough estimate.

insignificant apparently the sample is too small to pick up the possible effect. Additional information that can be obtained by conducting the reverse power analyses is minor. Retrospective power analyses, also in the form of reverse power analyses, suffer from the "power approach paradox" (PAP), for details see Hoenig and Heisey (2001). Because of the fundamental critiques on retrospective power analyses, and the fact that performing power analyses in a panel framework with fixed effects, as is the case for our double difference models, are not trivial, we decided that it was on the discretion of the project leaders of the different MDG projects to conduct **formal** power analyses. For our sample of MDG projects a formal power analysis has been done for project C3 and C6, C9, C10 and C12. For projects C1, C4 and C8 a Cohen's D analysis, which is similar to a power analysis, is conducted to determine whether effect sizes that can be detected are big, small or large. **Informal** expert expertise on the power of the remaining projects has been used. We grade all projects on the question whether there are serious power problems, see Table 3. For most projects we believe that sample sizes are big enough to pick up the potential impact of the projects. However, power problems may be serious for two projects, C1, C4, C3 and C8. For C3 there are only power issues related to some of the interventions.

Attrition

The impact analyses can be severely affected by non-random attrition, and may lead to an overestimate of the impact of the project if unsuccessful members drop out of the program or to an underestimate if the most successful members leave the project. Fortunately, in our sample, most projects evaluations did not suffer from serious attrition problems. Yet, C1, C3, C4 and C8 experienced problems due to attrition. For further detail see the individual reports.

Impacts

For seven out of the thirteen evaluated projects we did not find a significant impact of the intervention on the main outcome indicator. However, it needs to be taken into account that the analyses faced several challenges. Thus, not finding a significant impact does not necessarily imply that the project is not effective. On the other hand, some projects classified in the table as projects with a significant impact on the main outcome, focus on several interventions separately, and only found a significant impact on one of the interventions. This for instance holds for projects C2, and C3. C2 focused on community conversations and on the child helpline. The community conversations turned out to be rather successful, whereas the child helpline was faced with several problems. C3, the project that deals with gender and female empowerment issues, focused on the impact of a temporary shelter for street girls, interventions related to girls clubs and interventions at so-called IDDIRs. The impact analyses suggest that the recovery and reintegration program, as well as the interventions at IDDIRs were successful, whereas we were not able to detect significant positive impacts of the interventions at girls clubs in terms of changes of the main outcome indicators. The evaluation of the MDG 2 projects show mixed results. Project C1, which aims to increase access to education and improve quality of education, seems to be effective for access to education as well as the quality of education increased. Also project C8 turned out to be successful.. The main objective of this project was to study the impact of teaching in minority languages, as well as to develop teaching material in the minority languages of Bertha, Gumuz, and Shinasha. The impact evaluation suggests that the project increased access to education for students from the Bertha and Shinasha community. With respect to indicators of quality of education, Bertha, but not Shinasha. students following mother tongue education overall performed better on a learning test compared to language minority students following education in Amharic. However, project C4, that aimed to improve the quality of education by offering teacher training in educational management with ICT, did not find strong evidence for positive impacts. This project was faced with several challenges that strongly influenced the implementation, such as high teacher-turn overrate, high migration of students, security issues, and a relevant change in teaching which were outside the control of the teacher training college. The related projects C11 and C13, who focused on e.g. the sexual and reproductive health and livelihood issues in the Afar region, turned out to be relatively successful. For C11 we found positive impacts of the project on knowledge, perceptions and intentions about Sexual Reproductive Health and

Right (SRHR) issues. Concerning C13, the impact evaluation shows significant positive effects of the project interventions on sanitation. However, the impact on drinking water, which may take a longer time to take place, are so-far disappointing. Also projects C5 and C7 are related in that they both focus on livelihoods, and were analyzed with a the same questionnaire. For C5 we expect that ICT utilization will bring about innovations in the value chain. By doing so, it contributes to increased market participation, market efficiency and better prices for farmers and ultimately contributes to poverty reduction. However, we also document some serious weaknesses as sales to the farmer marketing organizations (FMO) are low and the FMO is the most important source of market information for less than 10% of its members. Regarding C7 we also observed some serious weaknesses as sales to the FMO are far below the intended '75% sales through the FMO'. Farmers sell by far the largest share of their marketable output to private traders, while more than 50% of the members did not sell at all through the FMO.

Efficiency

The impact evaluation also contains an efficiency analysis of the MDG projects. Efficiency analyses, or more restricted cost-effectiveness analyses, are important since costs and benefits determine the relevance of a project. However, while during the last decade, the focus has been on improving benefit measurement, measuring costs lacks behind. There is little sense of how to apportion costs to particular benefits, how to value opportunity costs, etcetera. Thus, conducting cost-effectiveness analyses are extremely important, but there is not yet a standard approach available that can be used in practice. Ideally one would conduct a welfare analysis for all projects, but this is not possible as the necessary data is lacking. Standard models for efficiency analysis like data envelopment analysis and stochastic frontier analysis require many homogeneous projects and are therefore also not applicable to our sample. Therefore, we tried to use a simple as possible approach. That is, per project, the costs of main outputs, if available, are compared with the benchmarks found in the literature as summarized by AIID (see AIID, 2014). However, in some cases even such an analysis could not be performed as no benchmark was available. Hence, the efficiency analyses we conduct only provide an indication of the efficiency of the projects.

TABLE 3: Information on impact analyses for MDG Projects

Project Code	**Information comparison group sampled**	**Baseline and Endline information**	**Evaluation Design**	**Sample size baseline treatment**	**Sample size baseline control**	**Serious attrition problems from baseline to endline**	**Serious power problems with respect to the main outcome indicator**	**Significant impacts on main outcome**
C1	Yes	Yes	1	75	76	Yes	Yes	Yes
C2	Yes	Yes	1, 3	450	450	No	No	Yes
C3	Yes	Yes	1, 3	450	450	Yes	No/Yes	Yes
C4	Yes	Yes	1	180	320	Yes	Yes	No
C5	Yes	Yes	1; 2	551	473	No	No	Yes
C6	Yes	Yes	1; 2	251	251	No	No	No
C7	Yes	Yes	1; 2	551	473	No	No	No
C8	Yes	Yes	1	291	366	Yes	Yes	Yes
C9	Yes	Yes	1; 2	301	301	No	No	No
C10	Yes	Yes	1; 2	165	165 (Spillover: 165)	No	No	No

C11	Yes	Yes	1; 2	722	360	No	No	Yes
C12	Yes	Yes	1; 2	240	261	No	No	No
C13	Yes	Yes	1; 2	263	719	No	No	No

Notes regarding evaluation designs: 1 refers to double difference method; 2 refers to propensity score method; 3 refers to qualitative methods. For details, see the individual MDG reports . For project C3 there are power problems for some of the interventions. Note also that the analyses for C12 needs to be partly redone since the project downscaled which was not taken into account in the analyses.

4.3 General Findings of the MDG evaluation

We end the MDG evaluation part of this report by valuing the program in terms of the main evaluation questions (see the beginning of section 4.2). These questions are summarized in table 4. The general finding is that the evaluated projects are well designed; most projects score 7, 8, 9, or even a 10. The main exception is project C10. One of the main reasons why we gave this project a low score on the design question is that the project lacked a market component to increase the profitability of dairy production and generate incentives for investment.

It appears that most projects are implemented as designed. Only projects C2, C4 and C10 scored relatively low on this question. C2 scored low since the child helpline was not very effective during the project period. Due to several reasons, such as a change in government law governing NGOs in Ethiopia, that were not under control of the SPO (ECFA), the child helpline could not be reached. Project C4 could not be implemented as designed for the program as faced with a high teacher-turn overrate, high migration of students, security issues, and a relevant change in teaching which were outside the control of the teacher training college. In the case of project C10, although the technological innovations were integrated fairly well, problems in the output side of the market made it difficult to implement the project as designed. For further explanation, see the technical report.

From Table 3 it was clear that for six out of the 13 projects a significant effect on outcome was found. However, as most projects have multiple outcomes, a score has been given on how well the project achieved all of its objectives. Here we can see that many projects did not succeed in achieving all objectives. Three projects had severe problems, projects C4, C9 and C12. For C4 we already pointed at the design problems. For this project, we selected many outcome indicators but only found, with all methodological limitations in mind, one positive impact, namely increased motivation to attend school. This effect might be driven by a motivated teacher who encourages students to attend school. While C9 tackles a very important issue: the lack of access to modern energy in rural households, our analyses do not show any impact that can be attributed to the project interventions. It should be noticed, though, that impact could still arise in the last project year or beyond. With regard to C12, we find that the respondents experienced positive changes with respect to MGD7C during the 2012-2014 period: the incidence of diarrhea and distance and queuing at water source decreased, while hand washing, the incidence of covered and clean water containers and the use of traditional private and public latrines increased. However, this cannot be attributed to the intervention of HOAREC/N, as the situation improved more in the comparison areas. Two possible reasons for the lack of evidence are: failure to consider local preferences or slow adoption rates due to the need for behavioral changes.

The efficiency analyses suggest that most projects are at the least reasonably cost-effective. Yet, our analyses indicate that projects C6 and C9 score low on efficiency since the project costs are on the high side of the benchmarks from the literature. We also give a low score for C4, but it should be noticed that a proper benchmark is missing for this project. In general, it needs to be realized that the cost-effectiveness analyses are extremely crude, and should be taken with caution.

The score on the relevance question is subjective. It is based on the evaluator's assessment of the fit between the problems of the beneficiaries and the project. It is not based on a needs assessment. For our sample, we deem most project results to be very relevant for the project beneficiaries. Again project C4 scores low because of the many problems this project was faced with.

We also score projects on how well each result could be attributed to the project intervention. This question deals with the rigor of the analysis. In other words, it values how well we are able to attribute the impacts to the project intervention. Thus, these grades do not value the project or the project design as such. Nor does it reflect our ability to assess the efficiency of the project as discussed above. We have used the following grading system. If we were able to construct identical control and treatment groups, and if there were no serious other evaluation problems, like attrition and/or power problem, we decided to grade the project with a 9 or a 10. Since identical control and treatment groups will in general only be obtained by large scale RCTs, a 9 or 10 is only used for projects for which the main analyses have been done by using a RCT. This was never the case for our Ethiopia sample. We based the grading system for our sample on the degree to which a randomization could be mimicked. We decided to grade projects with an 8 if a double difference methodology has been used with pre-intervention data and if there were no other serious issues that affected the evaluation. In our sample, we only graded C9 and C12 with an 8. It is notable that these projects score very low on the question related to whether objectives had been achieved. Low scores on the attribution question were given to projects C3 and C4. The reason for the low score for C3 is that for some of the interventions, such as the intervention related to street girls, not a proper control group could be identified, and that the evaluation is partly based on a qualitative analysis. C4 scored low because of severe attrition and power problems.

Table 4: General Scores

Project:	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
The project was well designed.	10	7	8	6.5	8	7	8	10	7.5	5	7	9	9
The project was implemented as designed.	7	5	9	5	7	9	8	9	8	7	9	8	9
The project reached all its objectives.	8	5	6	3	5	5	5	7	1	5	7	1	6
The observed results are attributable to the project interventions.[1]	7	7	5	3	7	6	7	7	8	6	6	8	6
The observed results are relevant to the project beneficiaries.	10	9	9	4	6	8	6	8	8	8	9	8	9
The project was implemented efficiently.	8	6	6.5	5	6	4	6	10	5	8	8	8	7

Note. Scores run from 0 (worst) to 10 (best). [1] The score is based on the rigor of the impact analysis, i.e. it depends on whether it was possible to find appropriate control groups, whether there are attrition problems etc. Thus, these grades do not value the project or the project design as such.

5. Evaluation of capacity development of Southern Partner Organisations (5C evaluation)

5.1 Methodological approach

The overall evaluation approach for evaluating capacity development of the SPOs is a participatory, theory-based approach using theories of change, impact pathways and process tracing[12][13], in a before-after comparison. Mainly qualitative methods have been used as organisational capacity is characterised by complexity and uncertainty.

The overall evaluation design is centred around the 4 evaluation questions:

1.What are the changes in partner organisations' capacity during the 2012-2014 period?
2.To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3.Were the efforts of the MFS II consortia efficient?
4.What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described in more detail in annex B.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see annex C) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided. The scores were developed by the evaluation team, after thorough analysis and description of the situation during endline and how this changes since the baseline. These scores are based on mainly proportional differences. Whilst the information provided by staff may have provided socially desirable answers, the information provided has been cross-checked using different sources of information (different staff groups based on functions; self-assessments in interviews; interviews with CFA and other externals).
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described. This general causal map was developed to also get the SPO perspective on what they considered as important capacity development changes since the baseline. For this reason, and since the indicators by themselves could not provide this overall SPO story and perspectives on what they considered important changes, only the SPO perspective has been included.

[12] In Stern et al, 2012: Evaluation and IE in particular, is an opportunity to test a programme's theory through the links in the causal chain. In terms of method, this tendency is close to 'process tracing' (George and McKeown, 1985, Collier 2011), defined by Aminzade (1993) as: 'theoretically explicit narratives that carefully trace and compare the sequences of events constituting the process…'. These causal chains are represented graphically as causal maps or neural networks.

[13] Stern et all (2012) say there are 'three main designs that show promise to reinforce existing IE practice when dealing with complex programmes – theory-based; case-based and participatory'.

This was an additional activity that wasn't planned for during the baseline. The analysis in terms of organisational capacity changes has however mainly focused on changes in the 5c indicators.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This was also confirmed during the 5c endline study. Theory-based evaluation can help to understand why a program works or fails to work and they attend to not only what a programs do but also to how participants respond[14]. The theory based approach also allows space for the evaluation to reflect the complex nature of the development process, particularly when focusing on changes in organisational capacity. To deal with the attribution question (2), the theory-based approach '(outcome explaining) process tracing' is used.

This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

The evaluators have considered the internationally agreed upon evaluation standards as useful guidelines for their work, and ranked in order or importance: 1. Utility, 2. Feasibility, 3. Propriety, 4. Accuracy, 5. Evaluation Accountability, which are ranked in order of importance. Within the boundaries of the conditions set for this evaluation, the evaluators have as much as possible adhered to these standards, particularly utility, whilst the setup of the evaluation seems to focus more on the accuracy standard.

Organizational capacity is complex and seen as an outcome of an open system. Within a complex system, multiple processes operate simultaneously and by no means in isolation. Interactions between these processes can result in unpredictable and evolving results. According to Stern et all (2012), there are "three main designs that show promise to reinforce existing IE practice when dealing with complex programmes – theory-based; case-based and participatory". In order to understand changes in organisation capacity, it is important to develop a deep understanding of the change process and the dynamics that affect organisational change of organisations. Simple linear input-activities-outputs-outcomes-impact chains do not suffice for complex issue like organisational capacity.

The evaluation is participatory in that SPO staff and stakeholders are engaged in a process of self-reflection, learning and validation of findings. Having interactive workshops with staff is part of this.

The evaluation process is also participatory in terms of design and analysis. The overall methodology, including standard indicators and a Likert scale, has been designed by the Centre for Development Innovation (CDI), Wageningen University and Research centre (WUR; Ethiopia, India, Indonesia, Liberia), in collaboration with ETC Foundation (Uganda) and Disaster Studies (WUR; DRC), covering in total 6 out of 8 countries. For the endline process CDI has also taken a lead in methodological development, especially in terms of process tracing, for all the 8 countries in the MFS II evaluation. CDI is involved in 4

[14] Carol H. Weiss (2007).

out of the 8 countries for the 5C evaluation. Due to the nature of the evaluation (multiple countries, with multiple institutions carrying out the evaluation), all possible efforts were made to design a standard methodology to be used across countries. This included a set of common indicators (32); and data collection tools for six countries[15]. The 5 capabilities were reformulated in outcome domains and for each outcome domain performance indicators have been developed. See also annex D The methodology has been shared with the country based evaluation teams, the country project leaders, the synthesis team, and MFS-II organisations for feedback. Detailed guidelines and tools have been developed by CDI for the baseline and endline, and these have been piloted in each of the countries CDI is involved in, in line with training the in-country team. Country based evaluators have had a critical input in reviewing and adapting these detailed guidelines and tools. This enhanced a rigorous data collection process. Rigorous analysis of the qualitative data is done with the assistance of the NVivo software program. The qualitative data analysis software allows for a transparent and systematic analytical process across an international team. During data collection, analysis and sense-making, the overall 5C coordinator (CDI) provided training, coaching and mentoring and carried out quality checks for each of the 4 5C country teams that CDI is involved in (Ethiopia, India, Indonesia, Liberia). Details specific to the SPO are described in chapter 5.1 of the SPO reports. A detailed explanation of the methodological approach and reflection on this is provided in annex B

5.2 Key findings and conclusions

This chapter includes brief descriptions for each Southern Partner Organisation (SPO) included in this capacity development (5C) evaluation, and provides main findings and conclusions of the evaluation, in relation to the 4 core evaluation questions as described in the previous section.

5.2.1 Key information on the Southern Partner Organisations (SPOs)

Please find below a brief description of the key information on the Southern Partner Organisations.

AMREF

The African Medical and Research Foundation (Amref) was established in 1957, and is an independent not-for-profit, non-governmental organisation (NGO) with its headquarters in Nairobi, Kenya. Today, Amref implements its projects through country programmes in Kenya, Ethiopia, Uganda, Tanzania, Senegal, South Sudan and South Africa. Training and consulting support are provided to an additional 30 African countries. Amref in Ethiopia is a registered international NGO under the Ministry of Justice and Societies and Charities Agency of Ethiopia. Amref's vision is: "Lasting health change in Africa: communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty". In terms of their mission, Amref believes in the inherent power within African communities – that the power for lasting transformation of Africa's health lies within its communities. Amref believes that by focusing on the health of women and children, the health of the whole community can be improved. Amref is concerned with skilled care of mothers before, during and after childbirth; prevention and treatment of cervical cancer, and proper management of childhood illnesses. Amref's main areas of intervention are maternal and child health; HIV and Tuberculosis; safe water and sanitation; malaria; and essential clinical care. Amref shares knowledge gained from our grassroots programmes with others, and uses it as evidence to advocate appropriate change in health policy and practice. In all of it's programmes, Amref partners with communities, civil society organisations, health practitioners, and the private and public sectors to establish a participatory health care system.

CARE

[15] DRC, Ethiopia, India, Indonesia, Liberia, Uganda

Care's vision is: To seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security *(CARE International Vision)*. The mission is: To serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility *(CARE International Mission)*. CARE Ethiopia's mission is to work with poor women and men, boys and girls, communities and institutions, to have a significant impact on the underlying causes of poverty. CARE started working in Ethiopia in 1984 in response to severe drought and famine that devastated the population and claimed the lives of nearly one million people. Since then, the organization's activities have expanded to address the root causes of poverty and vulnerability. As part of CARE Ethiopia's development of a focused and long-term program approach to poverty, the office targets three groups of people: pastoralist girls; chronically food-insecure rural women; poor young girls living in cities and on the outskirts of urban areas.

ECFA

Enhancing Child Focused Activities (ECFA) is an indigenous, non-governmental organisation working in Oromiya regional state, to effectively respond to the protection, rehabilitation and integration needs of children and young people; and to contribute to protecting children from any forms of violence in all settings through a holistic manner of service delivery and creating an informed and enlightened target community.[16] Enhancing Child Focused Activities (ECFA) is a coalition of NGOs and GOs (government organisations) working in the field of Child Rights in Adama. Established in 2004, ECFA initially spearheaded bringing child oriented organisations in Adama to pull resources together to celebrate the Day of African Child in the city. After the first celebration of the Day of the African Child together, it was observed and agreed that the coalition could act as a collective voice and an alternative organ for monitoring the implementation of programmes on the rights of the child in Adama.[17] The current vision, which was developed in 2009, is "to see the development of Ethiopia children with their basic needs realized and protected from any form of abuse". Since 2009, the mission is "working with children, families, communities, government agencies and national and international partners to prevent child abuse and ensure the protection, social and psychological needs of orphan and vulnerable, marginalized, abused and exploited children".

FSCE

Forum on Sustainable Child Empowerment (FSCE) previously named as Forum on Street Children-Ethiopia is an indigenous not-for-profit, non-governmental organization established at the end of 1989 by a group of social development professionals who thought and believed that they can make a difference in the lives of vulnerable children especially those who are forced to live and/or work on the streets of major cities and towns of Ethiopia due to various reasons.Following the issuance of new Civil Society Organizations (CSOs) legislation issued in 2009, FSCE has redefined its Vision, Mission and program and reregistered as Forum on Sustainable Child Empowerment under the registration number 0064. The mission statement and FSCE programs is again rectified and revised during the evaluation of its fifth strategic plan (2010-2014) at its mid-term and the organizational development study conducted in 2013. The vision is: To see the well-being and protection needs of children fulfilled. The mission is: FSCE as a child centred organization "Strives to protect and support vulnerable children through comprehensive system approach in collaboration with relevant stakeholders".

HOAREC

[16] Country specific information Ethiopia, MFS II call for proposals, 2012.
[17] http://www.crin.org/organisations/vieworg.asp?id=4585

The Horn of Africa Regional Environment Centre (HoA-REC) and the Horn of Africa Regional Environment Network (HoA-REN) were founded in 2006. They were established to help consolidate the efforts of environmental organisations operating in the HoA region and to establish a platform for collaboration between different stakeholders. The HoA region is comprised of Ethiopia, Eritrea, Djibouti, Kenya, Somalia, Sudan, South Sudan and Uganda. HoA-REC is an autonomous institution within Addis Ababa University, and facilitates cooperation between member organisations and other environmental actors--including the private sector and government, to carry out activities "on the ground". HoA-REC also serves as the secretariat for the larger HoA-REN. The Centre has several components, of which the most important ones are the partnership programmes, capacity upgrading and demand driven action research. Concerning the latter, HoA-REC aims to motivate students in environmentally-related fields by offering practice-oriented research options in field situations. HoA-REN is a network of members and partners consisting of environmental CBOs, NGOs and higher learning institutes from all countries (Djibouti, Eritrea, Ethiopia, Kenya, Somalia and Sudan) in the HoA (Horn of Africa) region. Members of the network are indigenous civil society organizations and higher learning and research institutes. Partners of the network consist mainly of non-indigenous (international) organizations working on environmental issues in the region. The network promotes intensive cooperation among and exchange of information and experiences between endogenous NGOs, CBOs, research institutions and universities in HoA region. The network strives to facilitate experience exchange between the countries in the region because there is a great deal of untapped environmental knowledge in the region which is currently not utilized to its fullest potential. In addition, HoA-REN also partners with government bodies, businesses and international organizations to achieve an optimal impact on the ground. Over the past five years, HoA-REC/N has been working towards improving environmental governance and management at all levels within the HoA region. The vision of the Horn of Africa Regional Environment Centre and Network is to contribute to: Sustainable development; Environmental conservation; Prevention of conflict escalation around access to natural resources in the Horn of Africa. The mission is: To improve environmental governance and management in the Horn of Africa Region, encompassing Ethiopia, Sudan, Djibouti, Kenya, Somalia and Eritrea.

HUNDEE

HUNDEE – Oromo Grassroots Development Initiative is an indigenous NGO established in 1995. It is a local non-governmental organisation based on the philosophy that poor rural communities should be responsible for their own development. HUNDEE acts as a facilitator in this process. HUNDEE's major programmes include community organizing, cereal bank promotion and networks, civic education, environmental rehabilitation, and women's and older persons' economic support. HUNDEE's vision is: A just world where women and men, and girls and boys, live in dignity and prosperity. The mission includes: Enable small farmers, women, older persons, youth and other marginalized groups to get organized around common issues of concern for livelihoods, and to revitalize proven community based traditional support system & institutions; Reduce vulnerability of target groups to transitory food shortage; Enable target groups to rehabilitate their degraded land; Empower women to attain economic and social rights, and eradicate all forms of violence and discrimination against them in Oromia regional state; Relate with government, civil institutions and NGOs to further our possible implement our development our development activities together with them.

NVEA

New Vision in Education Association (NVEA) is an Ethiopian Non-Government Organization established in November 2000, with the objective to improve access to quality education for disadvantaged children in rural areas of Ethiopia, NVEA is founding member of BEN-E (Basic Education Network Ethiopia), also partner of Edukans and of Kinderpostzegels. The vision is: To see every child (in Ethiopia) accessing

quality primary education at the right age and close-to-home. The mission is: To expand inclusive quality basic education and early childhood care through non-formal programs that mitigate the impacts of HTPs & HIV/AIDs by developing infrastructure and strive to improve rural agricultural technology.

OSRA

The Oromo Self-Reliance Association (OSRA) was established in 1995 with a vision of reduction of poverty, and improving literacy and well-being in Oromia region. OSRA is an indigenous non-governmental, non-political, secular, non-profit making voluntary development organisation. It was registered by the Ministry of Justice and re- registered as Ethiopian Residents Charities in accordance with charities and Societies Proclamation 621/2009 in October 2009. OSRA's vision is: To see poverty free, food secured and self-reliant society in Oromiya. The mission is: OSRA implements participatory integrated rural development projects, to assist marginalized and resource poor community members to improve food security, self-reliance, and family health and to support environmental protection, through building their capacity and mobilization of internal and external resources. Operating in four zones of Oromia region, OSRA's programmes are based on the belief that the rural communities it works with are best suited to shape and sustain their own development. Hence, OSRA's motto is to help people help themselves.

TTCA

Aysaita College of Teachers Education (ACTE or TTCA) was established in 2007 with the vision of improving the backward life style of Afar region pastoralists. The mission of TTCA was to produce disciplined primary school teachers who can alleviate backwardness of the Afar community. The current vision is: To see an institute capable of producing teachers with democratic culture, well qualified and competent for teaching-learning process. The current mission is: To reduce the shortage of primary school teachers and equip them with skills and competencies, deliver on the job training to improve capacity and problem solving research.

5.2.2 Changes in partner organisation's capacity and reasons for change (evaluation question 1 and 4)

This section describes the main findings for the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

These questions are mainly addressed by reviewing standard indicators that have been developed for each of the five core capabilities, which make up the capacity of an organisation (see also annex C). Through a mix of methods (self-assessments – SPO staff; interviews with SPO staff and externals; document review; observation), data have been selected on whether and what changes have taken place in these indicators since the baseline in 2012. See also a description of the methodology in annex B The main findings and conclusions are described below. In addition to reviewing standard 5C indicators, the evaluation team facilitated a discussion on what the organisation perceived as the key organisational capacity changes since the baseline, and how these changes have come about. Key findings are also explained below.

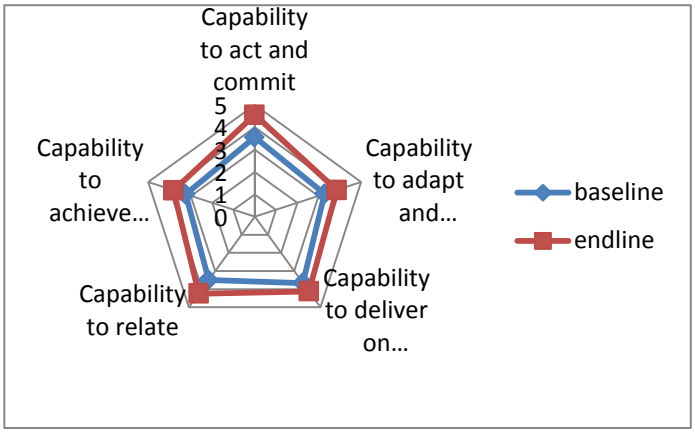
Changes in terms of the five core capabilities

Below you can see how each of the SPOs changed since the baseline in terms of their average capability and specific indicators. The scores were developed by the evaluation team, after thorough analysis and

description of the situation during endline and how this changes since the baseline. These scores are based on mainly proportional differences.

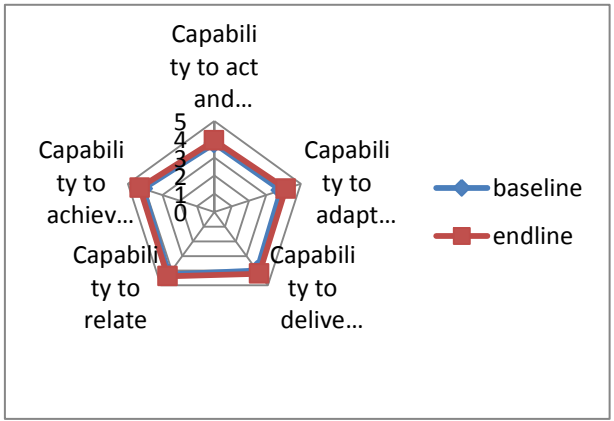
AMREF

Since the baseline, two years ago, many improvements took place under all capabilities. In the capability to act and commit, Amref Health Africa Ethiopia (Amref) improved on many indicators. New leadership appointed in April 2012 introduced a new, matrix style, organisational structure and appointed new programme managers. This led to more timely decisions, and better technical support and strategic guidance for staff, including field staff. There was slightly less staff turnover due to better incentives, i.e. internal promotion of staff, ample opportunities for capacity building, and better hardship allowances and per diems. Skills of staff have improved. Fundraising procedures have improved, a fundraising manager appointed and Amref has diversified its funding base to 30 donors and has doubled its operational budget since the baseline. In the capability to adapt and self-renew Amref also improved on all indicators. They improved their M&E implementation because of having a pool of M&E experts, a new Information Management System (AIMS), an M&E manual, an M&E manager who oversees the M&E at program level, more M&E staff with better skills, better critical reflection opportunities, better follow-up, and better involvement and responsiveness to stakeholders. All of this has also led to better reporting. In terms of the capability to deliver on development objectives, Amref again shows some improvement in all indicators. Operational plans are regularly revised, there is a pull system for effective use of resources which has led to more cost-effectiveness, budgets are revised to be realistic and linked to timely planning, a beneficiary feedback mechanism strategy has been institutionalised, there are regional based assessments for joint monitoring of results, Amref has a quality assurance mechanism in place, and has better record keeping than during the baseline. In the capability to relate, Amref has improved as well: stakeholders are better engaged during programme design, Amref is involved in new networks and programme sites are more regularly visited by Director and Deputy Director. Internal communications have improved due to the establishment a communications department with a communications manager who resolves disputes, a new HR and admin manager and shorter communication lines. Finally, Amref has improved in its capability to achieve coherence because of the involvement of all staffs in revisiting the vision, mission and strategies of the organisation; and operational guidelines and manuals that are in place with field staff being informed about this. There is a knowledge management committee, and Amref's programmes are aligned with the new business plan which in turn is aligned to the strategic plan of the organisation.



CARE

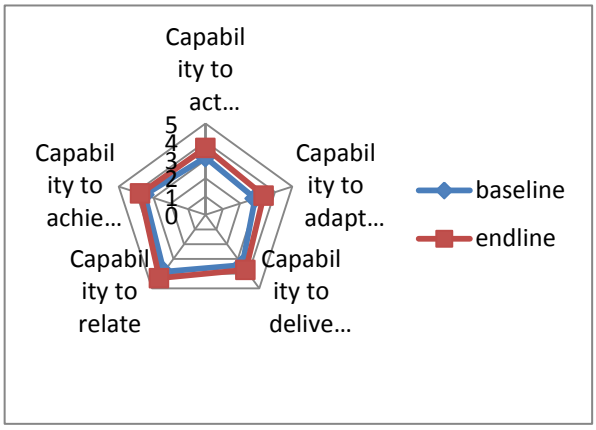
Since the baseline, two years ago, improvements took place in all of the capabilities. Over the last two years some small improvements took place in the indicators under the capability to act and commit. The management of CARE Ethiopia is responsive and now receiving regular information from projects to use for taking action. In the last two years a substantial amount was budgeted for training of staff and staff are encouraged to seek education opportunities in-country and abroad. Many opportunities have been



offered to staff, staff has taken CARE Academy courses and are offered in-country scholarships. Staff skills have therefore improved and the training opportunities are also seen as an important incentive. Staff salaries have increased and the merit-based salary increment policy has been further implemented. In the capability to adapt and self-renew CARE Ethiopia saw many small improvements. The application of M&E improved slightly because more competent staffs were hired and the information system has been strengthened. Staff's M&E competencies were strengthened through MFS II funded training. CARE Ethiopia has established a knowledge centre through which learning takes place and lessons are shared. In this way M&E findings are used to inform future strategies. There has been a very slight improvement in terms of room for critical reflection which was triggered by feedback from CARE Netherlands. CARE Ethiopia has become more responsive to its stakeholders as they are now organising a yearly partnership day and are following a community development approach. In terms of the capability to deliver on development objectives, CARE Ethiopia has improved in various indicators. Staff's awareness of the importance to work cost-effectively has increased. In various projects CARE Ethiopia has reduced costs by maximising the contribution of the community. The organisation is reaching or surpassing its planned outputs and the partners are satisfied with the results. There was a very slight improvement in ensuring that beneficiary needs are met because of the presence of qualified staff, regular monitoring and beneficiary consultations. Staffs have become more experienced e.g. through learning events, and are therefore better able to balance quality and efficiency. Hiring new staff for the program quality and learning unit has also helped in this regard. In the capability to relate, CARE Ethiopia very slightly improved in engaging with their target groups. The CARE PfR program manager visits projects and discusses with beneficiaries more frequently now. With regards to relations within the organisation, communication has improved due to Wi-Fi connection in the field offices with USAID funding. Finally, CARE Ethiopia has shown slight improvements in some of the indicators under the capability to achieve coherence. There has been a very slight improvement in operational guidelines due to a revision of the HR manual and policy and development of implementation guidelines and transparent financial procedures. There is a slight improvement in staff's capacity to ensure the complementarity of the various projects to CARE's new program approach for a better impact.

ECFA

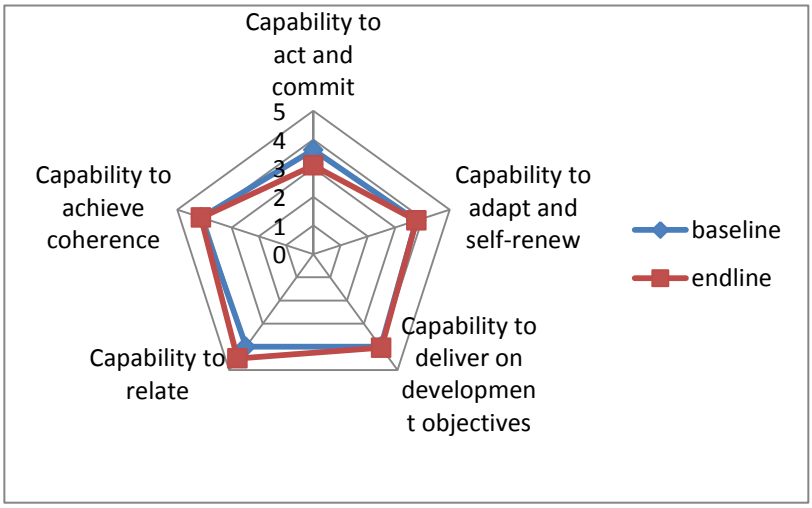
Since the baseline, two years ago, improvements took place in all of the capabilities. In the capability to act and commit ECFA improved on many indicators. Most important was a new organisational structure, for example a division between administrative and program issues. This has led to the delegation tasks from leadership to appropriate staff, so that the director can focus more on programs and provide organisational directions to his staff. And it led to more clarity for staff on their roles and responsibilities. ECFA has taken measures to retain staff: increased salaries, sustain freedom at work, giving opportunities for staff to let their voices be heard, and hiring new staff. Staff competencies have improved because of hiring qualified new staff and training opportunities on resource mobilisation and M&E. ECFA has slightly better articulated strategies, due to improved M&E on which these strategies are based. Also daily operations have slightly improved and are more in line with strategic plans because of review meetings and improved stakeholder involvement in the annual planning meetings. In the capability to adapt and self-renew ECFA also improved in many indicators. M&E has improved because of a dedicated M&E officer and regular review and planning meetings with stakeholders and staff. The M&E officer is skilled and can coach the other staff members. Different tools are used for monitoring and



supervision and M&E formats have been developed. ECFA makes more use of the CHI Principles and Standards Assessment to assess the quality of its work and they use biannual review meetings to plan for the next 6 months. The frequency of critical reflection meetings went up to weekly thus enhancing the opportunities for staff to share their ideas. There is a more free flow of ideas between different departments. ECFA has become more responsive to stakeholders, especially the Bureau of Women's and Children Affairs Office, one of their major stakeholders. In terms of the capability to deliver on development objectives, ECFA shows some improvement in almost all indicators. There are new guidelines in place to minimise operational costs and become more cost-effective. ECFA has been delivering outputs in a more timely fashion because of restructuring of the program department and recruitment of new staff. The organisation has better organised its way of getting feedback from beneficiaries. Through the organisational restructuring, new staff has been hired with better efficiency and quality. In the capability to relate, ECFA has improved as well. The organisation has improved its network with beneficiaries and stakeholders who continue to be engaged in project planning. ECFA has formed strong local networks with the community, the Bureau of Women's and Children Affairs, regional finance offices and the social affairs office. Having a social worker in all the kebeles that ECFA works in has helped to connect more with their target groups. In terms of relations within the organisation, there are new weekly meetings which have been good for the working relations among staff and have stimulated mutual sharing. Finally, ECFA has improved in one of the indicators under the capability to achieve coherence: a number of operational guidelines and manuals have been developed, e.g. financial guidelines, admin and HR manual.

FSCE

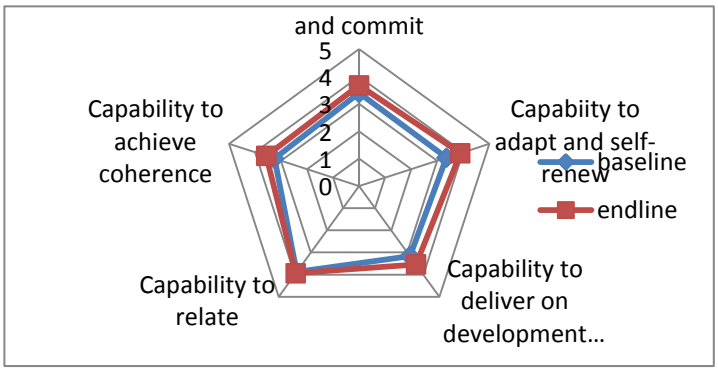
Since the baseline, two years ago, in all capabilities changes (improvements or deteriorations) took place. Deteriorations took place in the indicators under the capability to act and commit, due to internal problems FSCE experienced. In May 2013 an organisational development (OD) study was initiated, that was completed in Dec 2013. This study concluded that to improve internal functioning a new director was required. This new director started in March 2014, only two months prior to the endline workshop. Many staffs are still frustrated and funding is still low due to this period of internal problems. Funding is said to have declined because of many different reasons, one being the internal problems, but others include restrictive NGO legislation and donors wanting to work in coalitions. As the positive changes of installing a new director were very recent, many staffs still felt that there was some delay in implementing the OD study's recommendations. The strategic plan has been revised but it is not yet guiding FSCE's daily operations. Due to the lower annual budget, staff turnover increased. Some staff resigned due to low salaries and staff performance evaluation is not well managed. Compared to similar organisations, the benefit package at FSCE is poor and training opportunities for staff have decreased since the baseline. Little training has been given since 2012 because there has been less emphasis on getting funding for trainings and the 30/70 rule, in which trainings fall under the 30% of the budget that can be spent on administrative costs, has not helped in this respect. Skilled staff has left the organisation so that, although staff that remained has gained some skills due to experience and self-organised trainings, overall there is a slight deterioration in staff skills. New staffs hired do have clear roles and responsibilities that fit in the organisational structure of FSCE. In the capability to adapt and self-renew FSCE saw some deterioration and some improvements. Staff have improved there M&E competencies especially due to an M&E training during the Annual MFS II partner meeting in May 2014. There is a team of experts that works on M&E and support the area program offices. More emphasis is now given to reporting on outcome indicators. With the new leadership, organisational management is making use of M&E findings at organisational and program level to make timely decisions. While some improvements have been made in terms of creating moments for critical reflection, the general feeling among staff is that because of the internal problems and reorganisation process that followed not enough attention has been given to this. The same holds for staff's freedom to share ideas: there are some very recent positive developments but the internal communication problems under the previous management worsened the situation since the baseline. In terms of the capability to deliver on development objectives, FSCE shows very slight improvement in its cost-effectiveness. In this regard, the organisation is developing guidelines on project proposal development, project appraisal, realignment of activities and budgets in the annual action plan, and is undertaking financial activities with deadlines and reviewing the M&E system and M&E application. In the capability to relate, FSCE has shown slight improvements in engaging its stakeholders in policies and strategies. The organisation is using Multi Stakeholder Child Protection Structures (MSCPS) to engage different stakeholders in the program process. The relations within the organisation have, however, deteriorated compared to the baseline situation. Due to change processes and leadership problems, at different levels relations between staff have not been free and open. While some positive developments are taking place at the head office (with the new director) this has not yet reached the Area Program offices. Finally, FSCE has improved and deteriorated in indicators under the capability to achieve



coherence. After the OD assessment in 2013 and the change in leadership in 2014, the mission and vision statement of FSCE were revised and significant improvements were made in organisational structure, communication, program, finance and HR strategies. There was however, a slight deterioration in programs being aligned to the vision and mission, and while projects are still aligned, realignment to the new organisational level strategies and program categorisations is required.

HOAREC

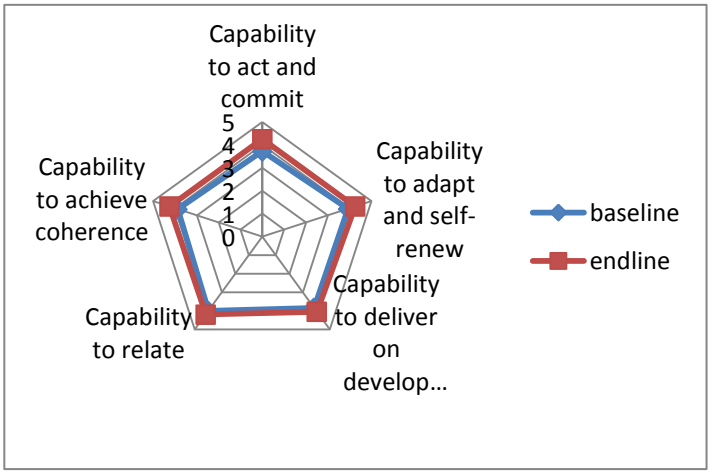
Since the baseline, two years ago, improvements took place in all of the capabilities. Over the last two years many small improvements and one slight deterioration took place in the indicators under the capability to act and commit. The management of HoA-REC/N is striving to be more responsive and to decentralise decision making. There are weekly management meetings and program officers have become more independent. There has been a slight improvement in the strategic guidance that management gives as they are strengthening program partnerships (to tap into new sources) and have pointed out six strategic objectives that will help HoA-REC/N better achieve its mission and vision. Staff turnover has increased among program and support staff, especially highly skilled staff and staff working in the remote areas. Since the baseline, the organisation has created an organisational structure with a new more decentralised grouping of programs and more clear roles and responsibilities. There has been a very slight improvement in staff skills especially in program design, implementation and M&E. Staff recruitment criteria have been revised and new staff that is hired is qualified in experience and education. Staffs have improved their skills due to more opportunities for trainings either in-house or abroad on technical topics such as climate change and carbon emissions as well as crosscutting topics like communication. HoA-REC/N now has a standard form to objectively assess staff performance and identify training needs. The incentives for staff to work at the organisation have improved very slightly because of the revised HR manual that has been put online, and staffs are now able to be informed about their entitlements. Over the last two years HoA-REC/N has diversified its funding with support from ICCO in developing proposals and improving their reporting capacity. The organisation now has a fundraising strategy in place and has assigned a consultant to liaise with the fundraising officer and identify calls for proposals, and develop proposals together. In the capability to adapt and self-renew HoA-REC/N saw many improvements. The organisation has put in place M&E software application system (Akvo FLOW). Staff has had training on using this tool and also on outcome mapping with support from ICCO. The M&E unit has been strengthened and now has three fulltime and one part-time staff. Management also raised awareness about the importance of M&E among other staff. Staffs are now using the monitoring system and data has been collected on a timely basis. Through the M&E software application system management has quick access to M&E findings and is using this in decision-making for future strategies. Staff is encouraged to speak out new ideas especially concerning proposal development and is recognised for providing these ideas. A communications officer has been hired under the public relations (PR) and communications department, who tracks HoA-REC/N's operating environment and is in regular contact with program staff. Staff uses this information e.g. when preparing proposals and capacity building for the PR and communications unit. A revised organogram and newly recruited staff has further helped with this. Over the last two years HoA-REC/N has become more responsive to stakeholders because program staffs frequently communicate with and work closely together with them. In terms of the capability to deliver on development objectives, HoA-REC/N also showed improvements in many indicators. The organisation has clear operational plans and budgets in place and technical staff



now provide specification on each item for procurement in the project's budget. Now that HoA-REC/N has moved to its new premises, there is no longer a lack of offices and all staff work together which saves costs in terms of time and transport. Reaching planned outputs has improved since the baseline. Because of an improved M&E system and a strengthened M&E unit, the M&E system is now working for almost all departments in the organisation and the M&E staff analyses reports on project input and output basis to monitor efficiency. HoA-REC/N has improved in balancing the quality and efficiency of its work because of the good functioning of the M&E unit that looks into this, updating of operational guidelines and ICCO recommendation to work with organisations that have the required structures and contacts in place for certain topics. In the capability to relate, HoA-REC/N very slightly improved in engaging in networks. The organisation's expertise has always been in networking, but over the last two years they established new networks with TERI, IRC, the Stockholm Environmental Institute, and UMass Boston. Finally, HoA-REC/N has improved in a few indicators under the capability to achieve coherence. HoA-REC/N has developed a strategic plan for the period of 2015-2020 and has revised its mission, vision and strategies with key staff, an external consultant and network partners. The organisation's vision and mission are now very well-articulated and project agreements have been amended based on the organisation's new vision and mission. Projects have become more mutually supportive because of better communication and synergy between programs and projects for example for the climate and WASH programs.

HUNDEE

Since the baseline, two years ago, improvements took place in all of the capabilities. Many improvements took place in the indicators under the capability to act and commit. The leader at HUNDEE is responsive and the Board has become more engaged in decision making and guiding the management since the baseline. Board and management meetings are held on a more regular basis. In 2014 HUNDEE updated its organogram. The new organisational structure segregates staff duties and provides more clarity on roles and responsibilities. The board, management and different donors felt the need for this more clear organisational structure because of the expansion of the organisation in terms of themes and geography. Strategies are now articulated based on situation analysis and M&E findings. Staff skills in HUNDEE have improved, especially in using ICT for data collection, sharing of information, community managed disaster risk management, reporting, resilient livelihoods etc. because of many trainings offered by different donors including ICCO and IICD under MFS II (C4C Alliance). No staff has left the organisation since the baseline and most staff have enjoyed working at HUNDEE for over ten years because of the enabling work environment. The salary scale has improved shortly before the endline evaluation. HUNDEE also revised its HR policy and provides limited staff loans. The total annual budget of HUNDEE doubled from 25 million in 2012 to 50 million in 2014 because the credibility of the organisation and the resource mobilisation capacity improved. This resource mobilisation capacity was also supported by ICCO through quality assurance of their proposals. With the new organisational structure there are now dedicated staff members for resource mobilisation, there is more clarity on responsibilities in this matter and there is a more proactive approach to exploring new funding opportunities. In the capability to adapt and self-renew HUNDEE also improved in many indicators. The organisation has slightly improved its M&E application because staff capacity to exercise and internalize the organisational accountability framework has increased. There is now an M&E team for each unit to strengthen the M&E system. ICCO has also been supporting HUNDEE to monitor and

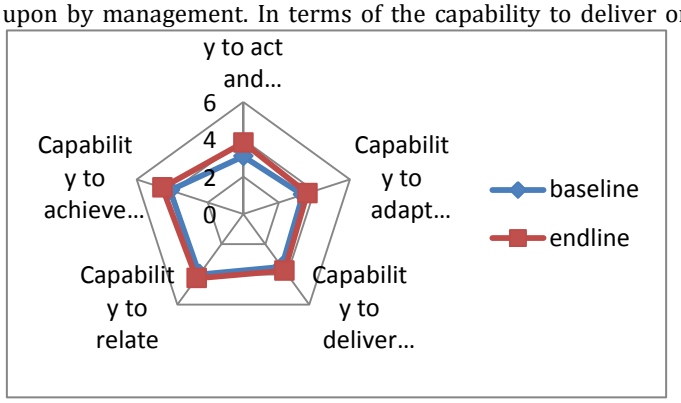


evaluate at different levels of impact and has provided training on downward accountability since 2009 (MFS II funded since 2011). The organisation is using M&E findings slightly more strategically as these findings have been used in project development. In terms of critical reflection, HUNDEE has institutionalized transparency and collective decision making and has established a grievance committee to resolve conflicts. HUNDEE keeps tracking its operating environment and has expanded its channels for getting information through working with other NGOs. Through implementing downward accountability, HUNDEE has become more responsive to its stakeholders and has gained the trust of the community. In terms of the capability to deliver on development objectives, HUNDEE shows some improvement. The organisation has very slightly improved in having more clear operational plans that consider financial inflation so that there is no budget shortage for implementation. HUNDEE now has a budgeting officer and has improved in its planning and resource allocation. Administration costs have been reduced to work more cost-effectively. Through mainstreaming downward accountability mechanisms HUNDEE is well aware of client satisfaction in projects funded by various donors. In the capability to relate, HUNDEE has improved as well. Understanding of the importance of working in networks has improved at top management level due to the advice of ICCO. HUNDEE is working more with networks and gets more information through them. Through the downward accountability mechanism, field staff and program staff have become more responsive to the target groups and visit them frequently. Within the organisation, between head office and field offices communication and information sharing has improved through the use of ICT. The new organisational structure also entails a formal communication and documentation system. Finally, HUNDEE has improved in three of the four indicators under the capability to achieve coherence. Staffs are now more aware of the vision, mission and strategy of the organisation and are involved in the process of revisiting them, which creates a sense of ownership. There was an improvement in operational guidelines because the HR and financial policy were revised and a Disaster Risk Reduction guideline was developed (with ICCO's support). HUNDEE's programs have grown to be more complementary. In the operation areas all projects fall under one unified leadership.

NVEA

Since the baseline, two years ago, improvements took place in all of the capabilities. Over the last two years many improvements took place in the indicators under the capability to act and commit. The management has become more responsive and takes swift action on issues raised by staff. Field staff is now participating in the management committee and there is a close collaboration between management, partners and beneficiaries. Strategic guidance has improved over the last two years in both formal and informal ways. Board members are giving better technical back-up for program and administrative staff, regular meetings are taking place and the reporting mechanism has strengthened. Staff turnover has been negligible in the last two years because of successful staff retention initiatives that were introduced after the feedback of the baseline evaluation in 2012. Incentives for staff have increased as the per diem rate increased, some medical and education costs are covered, salaries increased by 10 percent and there are more training opportunities for staff. Staff have improved their skills especially in report and proposal writing, project planning and management. DEC, CCRDA, Kinderpostzegels, Edukans and the World Bank have supported NVEA in this by giving trainings. Daily operations are in line with the strategic plan and this has improved because of recruitment of new staff and training on Project M&E. The overall fundraising capacity of NVEA has improved since the baseline: they have acquired new projects in 2013 and 2014 and MFS II funding has also increased. A new funding procedure that the organisation adopted is proposal writing in clusters, in this way they obtained funding from the British Embassy. In the capability to adapt and self-renew NVEA saw some improvements. The organisation's M&E application improved slightly because of establishing a cost-effective M&E system, using an M&E manual for project follow up and facilitating M&E on a quarterly basis. The program and project staffs have been trained in M&E and have gained experience in this. Since the baseline, NVEA is making very slightly more use of its M&E findings by compiling track records, communicating lessons learned to stakeholders and using them for decision making on strategies. Room for critical reflection has slightly improved because all levels of staff are now welcome to raise issues and

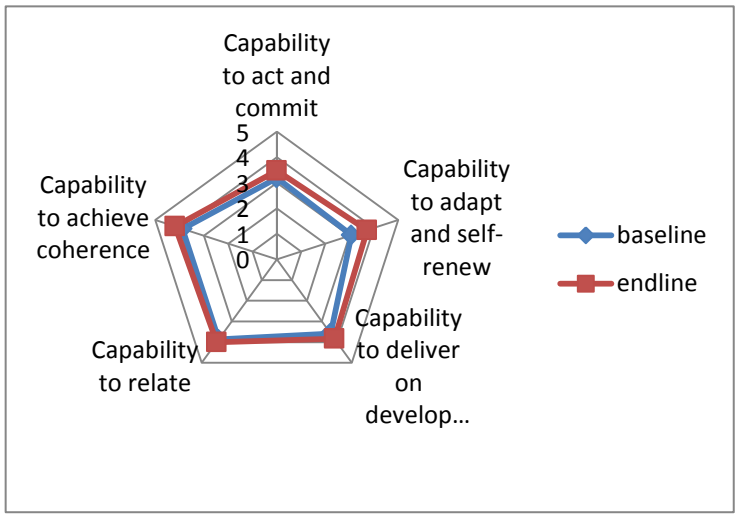
these are taken up and are often acted upon by management. In terms of the capability to deliver on development objectives, NVEA shows slight improvement in its operational plans. The field staffs now also make operational plans and day-to-day plans are developed. After the baseline in 2012, NVEA assigned an internal auditor to assure that budgets are used properly and in a transparent way. Finance staff is documenting their work more effectively and procurement is done in a more cost-effective way. Since the ESAP 2 (Ethiopian Social Accountability Program Phase 2) has been launched in 2013, NVEA has improved its bottom-up approach in doing needs assessments among beneficiaries of their programs to ensure their needs are being met. In the capability to relate, NVEA has shown very slight improvements in engaging in networks because they are now involved in a new partnership with the British Embassy and GTZ (German Development Cooperation)/DVV (Institute for International Cooperation of the German Adult Education Association). Frequency of visits to target groups has increased because thanks to Kinderpostzegels, NVEA now has motor bikes to visit the target groups more often. There has been a very slight improvement in internal relations because of better documentation and use of minutes of meetings. Finally, NVEA has improved in a few indicators under the capability to achieve coherence. In 2013 NVEA revised its vision, mission, goal, objective and core functions to include adaptations in line with the changing development agenda. New operational guidelines were developed since the baseline on topics including HRM, M&E, Child Protection Policy, SRH manual and resource mobilisation. In the implementation of all its program components, NVEA ensures mutually supportive efforts by establishing good relationships with the concerned government organisations, CBOs, and communities.



OSRA

Since the baseline, two years ago, improvements took place in all of the capabilities. Over the last two years many small improvements took place in the indicators under the capability to act and commit. Since the baseline, decision making has been further decentralised within OSRA, giving a decision-making role to programs and departments. The board members have become more responsive and involved in organisational issues. There is a very slight improvement in senior management leading and following up on strategic issues. Due to dwindling foreign funding, OSRA needed to strengthen its resource mobilisation strategy and performance, which they are doing by hiring qualified staff and involving stakeholders in planning and implementation. There is an improvement in collecting outcome related information which is used for operational management, but not yet used to articulate strategies. Staff trainings were provided on different topics since the baseline based on a training needs assessment done among OSRA staff. Most trainings were funded by ICCO and other donors like CRRDA. OSRA has made some improvements in incentives for staff by revising the salary scale and the HR policy; and introducing limited loan schemes for staff. OSRA has diversified its funding and the total amount of funding has increased with 30 percent since the baseline. Among the new projects there are some multi-year (3-5 year) projects. There is now a separate unit dedicated to fundraising, proposal development and income generation. In the capability to adapt and self-renew OSRA saw many improvements. The application of M&E improved because forms have been developed that help collect and report at outcome and impact level and OSRA has started to report case studies. ICCO is supporting OSRA in its M&E activities through providing technical support, training and introduction of various approaches. There are now two M&E teams: one at the head office and another at the area level. A monitoring officer is responsible for coordinating M&E activities. He has improved his skills in collecting and analysing information as a result of the ICT based interventions through the financial support of IICD. Area office

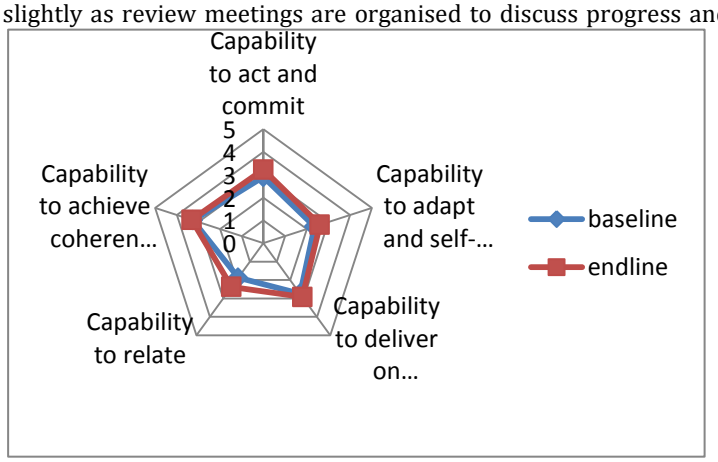
staff has also improved their skills in reporting and documenting changes. In terms of the capability to deliver on development objectives, OSRA has improved in various indicators. Planning is now done in a more participatory way and there are operational plans per project in place. Staffs use the operational work plans and budgets to guide them in their day-to-day activities. There is a very slight improvement in monitoring efficiency because of training on RBM in 2013 and experience of staff has helped with crudely comparing inputs with outputs. OSRA has improved their way of balancing quality and efficiency because they have prepared quality of work monitoring tools and these have been communicated to staff. For ensuring efficiency there is a well-designed project management plan in place for each project. In the capability to relate, OSRA slightly deteriorated in the indicator on engaging in networks. Though they continued to network in their alliances, in the zero grazing project there was limited coordination among stakeholders and the collaboration with financial service institutes was not effectively done. OSRA is however, engaging more with its target groups after feedback they gained from MFS II expertise field reports and improved leadership and management. OSRA's outreach has increased through the various projects they are involved in, in which the community is actively engaged. With regards to the relations within OSRA, access to telephone and internet at the head and field offices has improved, facilitating efficient communication between staff. Finally, OSRA has shown some improvement in the indicators under the capability to achieve coherence. The mission and the vision of OSRA have been regularly discussed since the baseline, with efficient participation of the staff especially in strategy and policy formulation. There has been an improvement in OSRA's operational guidelines: there now are revised and updated HRM, accounting and financial policy manuals in place. New procurement guidelines and financial formats have been developed.



TTCA

Since the baseline, two years ago, improvements took place in all of the capabilities. Over the last two years many small improvements took place in the indicators under the capability to act and commit. Members of management have become more responsive and proactive and the academic dean is more easily approached by all staff. The management has become better at providing strategic guidance and staffs are able to discuss the strategic plan, which is available for all departments, with management. TTCA is using M&E feedback and takes the current situation into consideration when articulating operational plans. Staff skills have improved since the baseline, as college teachers now have second degrees, while they used to have first degrees; key tutors and the vice dean have been trained through the C4C Alliance (MFS II); and staff is making better use of ICT. There has been a slight improvement in the training opportunities that are offered to staff. Trainings through the C4C alliance (DEC) are for a limited number of staff, but USAID, MoE and Save the Children UK have also offered training opportunities for staff. There has been a very slight improvement in the funding situation of TTCA because UNICEF and UNESCO have started supporting primary schools. No new funding procedures are in place but some (successful) efforts have been made to approach donors by writing proposals for funding for e.g. ICT infrastructure, reference books, library etc. In the capability to adapt and self-renew TTCA saw some improvements. Teaching practices are now evaluated in a more integrated way through joint M&E practice involving teachers, the department head and academic dean. Improvements have

been observed in the number of staff evaluations, the utilization of evaluation reports, preparations of students' results in a timely fashion, and in delivery of scheduled progress reports by Department heads. The student and teacher behaviour observation matrix that is provided by the C4C alliance (MFS II funding) provides inputs for strategic planning and also to make actions and corrections. Opportunities for critical reflection have improved slightly as review meetings are organised to discuss progress and design improvement actions. TTCA has seen a very slight improvement in the way it is tracking its operating environment. Through sharing experience within the C4C alliance, linkages with primary schools and working closely with communities, TTCA understands better what is happening in its environment. In terms of the capability to deliver on development objectives, TTCA has improved in some indicators. The centre has improved in delivering planned outputs because active teaching and learning strategies are now applied and teachers are aware of the need to actively involve students in the learning process. Mechanisms to check whether service meet beneficiaries' (students') needs, have improved very slightly because every 20 days there are discussions with students' representatives from each department and the students council about the teaching-learning process and other issues in the college with the academic dean and the respective heads of departments. Despite the limited resources, TTCA is trying to balance efficiency and quality by improving the quality of education and trainings. In the capability to relate, TTCA improved in all indicators. According to management TTCA has improved its relations with external groups and is considering partners' feedback and reflection in their strategy and future activity towards improving the quality of education. The college has started collaborating with Dessie and Jimma CTEs (through the C4C alliance) and therefore their engagement in networks improved slightly. TTCA is engaging slightly more with its target groups as there is now a formal system to support DEC intervention at schools, and parents' involvement in e.g. the preparation of strategies is encouraged. Within TTCA there is a slight improvement in relations between top management and staff as they are engaging more in open discussions and dialogue.



Finally, TTCA has shown a very slight improvement in the indicator "mutually supportive efforts" under the capability to achieve coherence. The college has started to work with other NGOs like USAID, UNESCO and UNICEF to complete projects and there are good efforts to help cluster schools through e.g. the provision of computers.

Al in all, changes took place in all the five capabilities, for most of the SPOs (8 out of 9), as can also be seen in the table below. Most of these changes have been slight improvements. For the following SPOs improvements of 0.5 or more have taken place: AMREF (all 5 capabilities), ECFA (3 capabilities), HOAREC (two capabilities). All in all, most of the changes can be seen with AMREF. FSCE is the only SPO were changes were a negative (2) or no changes (3) at all, in terms of overall capabilities. This is mainly related to problems with previous leadership.

Changes in terms of average capabilities	AMREF	CARE	ECFA	FSCE	HOAREC	HUNDEE	NVEA	OSRA	TTCA
Capability to act and commit	0.7	0.2	0.5	-0.5	0.7	0.6	0.8	0.3	0.3
Capability to adapt and self-renew	0.6	0.3	0.5	0.0	0.5	0.3	0.3	0.6	0.3
Capability to deliver on development objectives	0.5	0.2	0.3	0.0	0.4	0.2	0.3	0.3	0.2
Capability to relate	0.8	0.1	0.4	-0.1	0.1	0.2	0.3	0.1	0.5
Capability to achieve coherence	0.6	0.2	0.3	0.0	0.3	0.4	0.4	0.3	0.1

Key organisational capacity changes as perceived by the SPO - general causal map

For each organisation, a discussion with staff was facilitated, so as to understand what they perceived as the key organisational capacity changes in the organisation since the baseline, and how these changes have come about. It was expected that this would provide a comprehensive story for the SPO on what they perceived as the most important changes as well as providing reasons for change, which were difficult to surface from the 33 standard indicators. It must be noted that this information for the SPO story has not been verified with other sources of information, as has been done with the process tracing as explained in the next paragraph. Below you find the results per SPO. On the whole, a mix of internal and external factors were perceived to be important in the key organisational capacity changes, as experienced by the SPO staff. For more details about the specific findings please see the 5C reports for the SPOs.

AMREF

During the endline workshop, changes that were perceived by SPO staff as the most important organisational capacity changes since the baseline in 2012 were improved leadership capacity, improved staff capacity and improved resource mobilization competences. Leadership capacity improved because of a more active engagement of the new advisory council at national level and the international Board at corporate level; improved leadership knowledge and skills through continuous and short term training; and performance targets that were set for leaders. These performance targets were set to address the gaps identified in the "behavioural survey" conducted by Amref headquarters in Nairobi. Staff capacity has improved because of improved staff competences in planning, M&E and PCM among others things, which resulted from recruiting more competent staff, training, and more regular experience sharing. Other improvements like the improved team coherence from the more regular experience sharing, and closer follow up and technical support by the renewed management also contributed to improved staff capacity. Improved resource mobilisation competences happened because of improved concept and proposal writing skills of staff due to training and recruiting staff with fundraising skills; taking up business development as a special focus as a result of the organisational restructuring; increased capacity to create partnerships due to the assistance they had in networking from Amref-NL and other offices; and Dutch support in terms of salary, training, donor contacts and technical reviews. Many of these changes have been brought about by the change in leadership at country level, and a behavioural survey by Amref global. There was no particular mention made of MFS II funded capacity development interventions but during process tracing these have clearly come up.

CARE

During the endline workshop some key organisational capacity changes were brought up by CARE Ethiopia's staff in the general 'key changes in organisational capacity' causal map: better understanding and knowledge of disaster risk reduction and management; enhanced knowledge and understanding of options for local adaptation to climate change; enhanced M&E and learning capacity including automated data base management; enhanced capacity of staff in strengthening and utilizing school clubs for environment protection interventions; enhanced capacity in joint monitoring through partnership with government and community; and knowledge and awareness to carry out reconciliation of results versus expenses. According to CARE Ethiopia's staff, they improved their knowledge on disaster risk reduction and management (DRRM) because of joint bi-monthly review meetings with PFR (Partners for Resilience) partners (MFS II funded); experience gained from implementation of the BREAD IV project (funded by DFID); a training on community management disaster risk reduction in 2013 (funded by MFS II), quarterly meetings of the agricultural task force organised by MoA and FAO; participation in the climate change strategy for CARE; and past experiences in joint monitoring with implementing partners.

The organisation enhanced its knowledge and understanding of options for local adaptation to climate change because of participating in the climate change strategy for CARE; participation in the CARE climate working group that discusses on local adaptation; and because of exploration of knowledge by contacting partners, experts and consulting documents. CARE Ethiopia enhanced its M&E and learning capacity (including having automated data base management) because of a training on M&E in 2014 (funded by MFS II); CARE Ethiopia's robust M&E system and M&E unit; and support for planning and quality learning by a new impact measurement advisor since 2013. CARE Ethiopia has enhanced its staff capacity in strengthening and utilising school clubs through partnership with the government and the community due to two midterm review meetings organised in Dire Dawa, Ethiopia and Uganda (MFS II funded); and past experience and knowledge on group formation and working with groups in different development interventions. The organisation said to have enhanced its capacity in joint monitoring through their partnerships with government and communities because of past experiences in joint progress monitoring with implementing partners; and the nature of the MFS II funded program that required a multidisciplinary approach, community involvement and is implemented in partnership with a local NGO. Finally, CARE Ethiopia improved its knowledge and awareness on carrying out reconciliation of results versus expenses because of exposure to the MFS II reporting system (reporting costs by activity and result area). According to CARE Ethiopia's staff, MFS II funded capacity development interventions have thus played a role in better understanding and knowledge of disaster risk reduction and management; and enhanced M&E and learning capacity. This was through bi-monthly review meetings with PFR partners, training on M&E; and midterm review meetings. However, internal factors like participation in CARE's climate change strategy and climate working group; experiences in joint monitoring; hiring an impact measurement advisor, having a robust M&E system and unit; and exploring knowledge have also played an important role in the key organisational capacity changes that the CARE Ethiopia staff considered important since the baseline in 2012. Support from other funders, like, DFID, FAO and MoA, in terms of meetings and experience gained through projects, has also been mentioned among the underlying factors for these changes.

ECFA

During the endline workshop the following key organisational capacity changes were brought up by ECFA's staff as the most important capacity changes in the organisation since the baseline: improved capacity for partnerships and networking with a large number of stakeholders; improved resource mobilization capacity; improved capacity to reach a larger number of beneficiaries; improved capacity to implement livelihood improvement activities; and improved leadership and management capacity.

According to ECFA staffs present at the endline workshop, the improved capacity for partnerships and networking with a large number of stakeholders was due to renewing and maintaining its memberships with different networks and associations; and improved lobbying and communication skills of the organisation, as a result of opportunities created by CHI (MFS II related) in linking the organisation with its networks and partners and because of ECFA's own experience which created new opportunities.

The resource mobilisation capacity of ECFA improved because of the identification of the need and the recommendations to diversify and increase ECFA's financial resources by a consultant who did a MFS II funded assessment in 2012; and improved capacity in preparing convincing proposals. ECFA improved this latter capacity because of MFS II and other donors' training on resource mobilisation, hiring qualified staff (partially funded by MFS II), and improved capacity to identify the needs of the community. This capacity change is further detailed in a process tracing causal map.

ECFA improved its capacity to reach a larger number of beneficiaries because of improved capacity in preparing convincing proposals (explained above) and improved community mobilisation capacity. This last capacity improved because of the improved capacity to design people engagement strategies, which in turn was triggered by the recommendations of a multi-sectorial project evaluation conducted in 2010.

The organisation furthermore improved its capacity to implement livelihood improvement activities because of the enhanced attention of ECFA to deploy livelihood interventions geared towards income generating activities (IGAs), because of the demand for this of communities and government.

Finally, the organisation felt it improved its leadership and management capacity because of improved follow up and supervision, past experience of the leadership and donor feedback and financial support. Manuals on organisational and operational management; and donor feedback helped in improved follow up and supervision.

All in all, there is some mention of MFS II funded capacity development interventions which helped to improve the capacity to write convincing proposals, which is related to improved resource mobilisation capacity and improved capacity to reach a large number or beneficiaries. Other external factors have also played a role in these organisational capacity changes as experienced by ECFA, i.e. trainings funded by other organisations; evaluation recommendations (2010); inputs from government, communities and other funders. To a lesser extent internal factors played a role, such as organisational and operational manuals. During process tracing these and more MFS II funded capacity development interventions have clearly come up which will be further explained below.

FSCE

During the endline workshop the following key organisational capacity changes were brought up by FSCE's staff: "improved implementation capacity in holistic approach"; "improved M&E capacity including reporting"; and "improved organizational system of operations". According to FSCE staff present at the endline workshop, the capacity to implement a holistic approach improved because of improved knowledge of staff to apply a Multi Stakeholder (MS) approach and a more harmonious collaboration with and between staff from different departments; improved application of different strategies to support target groups; and improvement in working with target groups. FSCE's knowledge on MS improved because of a MFS II funded training on Multi-Stakeholder Processes (MSP) in September 2012, at CDI in the Netherlands, in which one FSCE staff member participated, who shared his knowledge with other staff in a workshop in December 2012. FSCE improved its application of different strategies to support target groups because of experience sharing visits to Tanzania and the Netherlands (MFS II funded) and coaching and mentoring of staff by FSCE Head Quarters (HQ). The organisation improved the way it works with target groups because of a training on SHG related implementation (Kinder Not Hilfe funded) and training on the area based approach and exposure visit to the Netherlands (MFS II funded). Secondly, FSCE improved its M&E capacity, including reporting, because of increased intensity and frequency of visits to the target groups, and improvements in standard and concise reporting, which were both triggered by a training on outcome level reporting in 2012, organised by FSCE. M&E capacity also improved because of an improvement in outcome oriented reporting capacity due to the same training and the requirements of FSCE for outcome level information. Improved recording of case stories and publication capacity also contributed to improved M&E capacity. This was the result of regular mentorship given by the new director. Finally according to FSCE staff, they improved their organisational operating system because there are now systems in place to apprehend the concerns of staff due to the new leadership and regular discussions; improved formal, interdepartmental communication due to improved joint planning and team work capacity; and improved multi stakeholder engagement capacity because of the MSP training at CDI (MFS II funded). FSCE improved its joint planning and team working capacity as a result of coaching and mentoring of staff by HQ and the experience sharing visit to the Netherlands and Tanzania (MFS II funded). All in all, there is some mention of MFS II funded capacity development interventions in two of the three key organisational capacity changes that FSCE staff identified. During process tracing these and more MFS II funded interventions, in particular training and experience sharing visits have clearly come up. However, internal factors like the change in leadership, training, coaching and mentoring, have also played an

important role in the key organisational capacity. Some support from other funders in terms of training, has also been mentioned as one of the underlying factors to these changes.

HOAREC/N

During the endline workshop the following key organisational capacity changes were brought up by HoA-REC/N's staff in the 'general causal map': increase in number and quality of staff; clear roles and responsibilities for staff and programme created; improved knowledge on development of implementation strategy; improved knowledge and understanding of logframe and preparation of M&E tools; improved report quality and time of reporting; improved knowledge of financial planning and budget management; and improved knowledge and understanding about procurement procedures. The evaluators considered it important to also note down the SPO's story about what they perceived as key organisational capacity changes since the baseline, as this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team. According to HoA-REC/N staff, the number and quality of staff increased because they set a requirement to hire only experienced and qualified staff, who they were able to hire after the revision of the salary scale and staff benefits (with support of the Dutch Embassy) and because of HoA-REC/N's affiliation to the University (attracts staff that wants to be academician and practitioner at the same time). The number and quality of staff also increased because of the creation of clear roles and responsibilities for staff and programmes. These clear roles and responsibilities were created because four thematic program areas were identified, which in turn was the result of developing a new organogram and more clarification on the organisational focus. These last developments both happened after a capacity assessment was carried out by PricewaterhouseCoopers (PWC) in 2012 (funded by the Dutch Embassy). HoA-REC/N improved its knowledge on developing an implementation strategy because of their increased emphasis on looking for calls for proposals and the sharing and coaching on proposal development and project implementation because of deployment of expatriate staff for sharing and exposure through MFS II. The organisation increasingly focussed on looking for calls for proposals because of a need for diversifying funding sources which was identified by the capacity assessment by PWC (funded by Dutch Embassy). HoA-REC/N improved its knowledge and understanding of logframes and preparation of M&E tools because of sharing and coaching on proposal development and project implementation (funded by MFS II); and a training on M&E by MDF in 2013 (funded by the Dutch Embassy). The organisation improved the quality and timing of their reporting because of the M&E training by MDF in 2013; the automation of the financial and monitoring system established by support of Nuffic and MFS II; and the training they received on project cycle management (PCM) in 2012 funded by Nuffic. HoA-REC/N now has knowledge on financial planning and budget management because of the automation of the financial and monitoring system established by support of Nuffic and MFS II and the training on PCM they received in 2012 funded by Nuffic. Finally, HoA-REC/N improved its knowledge and understanding about procurement procedures because of the same PCM training in 2012. In general most of the capacity building initiatives that were implemented since 2012, were based on the recommendations of the capacity assessment carried out by PWC in 2012 with financial support from the Dutch embassy. According to HoA-REC/N, MFS II funded capacity development interventions have played a role in improved knowledge on development of implementation strategy; improved knowledge and understanding of logframe and preparation of M&E tools; improved quality and timing of reporting; and improved knowledge of financial planning and budget management. This was through sharing by expatriate staff and exposure through MFS II, the automation of the financial and monitoring system established with support of Nuffic and MFS II. However, internal factors like their affiliation to the university, development of a new organogram, deciding and clarification of organisational focus have also played an important role in the key organisational capacity changes that the HoA-REC/N staff considered important since the baseline in 2012. Support from other funders, like the Dutch Embassy and Nuffic, in terms of training and funding of revision of salary scales, has also been mentioned among the underlying factors for these changes.

HUNDEE

During the endline workshop the following key organisational capacity changes were brought up by HUNDEE's staff: "improved capacity to facilitate behavioural change in rural communities"; "improved capacity in adaptive management"; "improved capacity in communication and information sharing"; "improved capacity to apply an integrated (multidisciplinary) M&E system"; "improved capacity in resource mobilization"; and "improved capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas". According to HUNDEE staff present at the endline workshop, the capacity to facilitate behavioural change in rural communities improved because of the ability to use the appreciative inquiry approach through training on Asset Based Community Development (ABCD) by the COADY institute in 2012; and the ability to identify opinion leaders or other power centres due to understanding the power of mass mobilization which they gained during training on mass mobilization by GIZ in 2013. Secondly, the organisation improved its capacity in adaptive management in the sense of adapting strategies to the interest and areas of concern of the government by understanding these interests and concerns. They gained this understanding by identification of possible alternatives that would be in agreement with the new CSO regulation and that could be accepted by the government, at an internal reflection meeting on adaptive management by HUNDEE. Thirdly, HUNDEE improved its capacity in communication and information sharing because of access to information technology (broadband network, computers, smart phones etc. funded by MFS II), knowledge and skills in data management and computer utilisation for different purposes (due to MFS II funded computer skills trainings), and knowledge and skills on data collection, sharing and receiving by using smart phones because of a MFS II funded training on this topic. Fourthly, the organisation improved its capacity to apply an integrated (multidisciplinary) M&E system because HUNDEE realized the need to involve all department units in M&E and clarifying the M&E responsibilities for the different programs/departments and M&E manager. Both these developments were due to the realisation that the work cannot be done by one person after HUNDEE expanded its work in terms of geographic areas and themes. The need to involve all departments in M&E also came from the need for quality reporting which takes all programmes into account. How this capacity was improved and the role of MFS II funded interventions will be further explained in the process tracing on this subject further below. Fifthly, HUNDEE improved their resource mobilisation capacity because they started preparing big proposals, had a good track record, were willing to diversify their work, realised that donors' preferences are changing because of general limitations in terms of funding and the general manager showed networking and leadership capacity. HUNDEE started to prepare big proposals because of knowledge on detailed program proposal preparation they gained during a financial management training by Trocaire in 2013 and because they were forced to look for big projects to run the organisation because of the CSO regulation that allows only 30 percent of the project budget to be used for administrative purpose. Finally the organisation improved its capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas because of their improved skills in preparation of proposals related to Community based Disaster Risk Reduction and Management (CDRRM) and their improved capacity to implement resilience projects. The knowledge on CDRRM and implementing it was gained through training on CDRRM and the experience sharing/visit to Tigray, Dire Dawa and Awassa in 2013 (both MFS II funded), due to the needs assessment carried out in 2013 by the IRR consortium to identify capacity gaps in the area of CDRRM with the support of ICCO (MFS II funded). All in all, there is some mention of MFS II funded capacity development interventions in the improved capacity for integrated M&E; improved capacity in communication and information sharing; and improved capacity to design drought resilient livelihood programs. During process tracing these and more MFS II funded interventions (such as trainings on these computer skills, and the use of smart phones and CMDRR; and the provision of broadband connection, computers and smart phones) have clearly come up, see further below. Other factors that were mentioned by HUNDEE staff include external factors like trainings by other funders (GIZ, Trocaire); changing funding climate; and CSO regulations. Also, there have been internal factors like internal reflections; expanding the program and have a good relationships with the government.

NVEA

During the endline workshop some key organisational capacity changes were brought up by NVEA's staff in the 'general causal map': improved capacity to prepare winning proposals; improved capacity for networking and partnerships; improved capacity in financial reporting and compiling; improved capacity in social cognition and team spirit; and improved capacity in PME. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team. According to NVEA staff, their capacity to prepare winning proposals improved because staff has knowledge on which key components to include in proposals. This was due to training on project cycle management in 2013 (funded by Basic Education Network Ethiopia (BEN-E), training on fundraising by BEN-E and sharing experiences during these trainings. The organisation has improved its capacity in partnerships and networking because of improved knowledge on partnerships and networking. This knowledge was gained through a training on networking by the Ethiopia Center for Disability and Development (ECDD) in 2013; through advice from Kinderpostzegels and Edukans (MFS II funded) regarding donor preferences for working with partners for better impact; and by implementing the social accountability program in 2013 (funded by the World Bank). NVEA improved its capacity in financial reporting and compilation due to better knowledge about a functioning financial system and the assignment of an internal auditor. NVEA learned about a functioning financial system through the feedback of the MFS II 5c baseline evaluation in 2012, feedback and recommendations from Kinderpostzegels (MFS II funded) and a training on financial management and budgeting in 2013 by Edukans (MFS II funded). According to NVEA staff they improved their capacity in social cognition and team spirit due to regular review meetings (on a quarterly basis) which were introduced as a result of the feedback and advice of the NVEA board, of Kinderpostzegels (MFS II funded) and experience from other organisations. Finally, NVEA improved its capacity in PME because of improved knowledge in preparing results based reports and on conducting checklist based M&E supervision. Knowledge on preparing reports improved because of a training on Results Based Management (RBM) in 2012 (funded by MFS II); a training on RBM in 2014 by Cheshire Service Ethiopia; and the preparation of M&E guidelines by a consultant in 2013 (partly funded by MFS II). Knowledge on M&E supervision improved because of these M&E guidelines; a training on M&E in 2013 by board members (partially MFS II funded); and regular quarterly monitoring. According to NVEA, MFS II funded capacity development interventions have thus played a role in improved capacity in networking and partnerships; improved capacity in financial reporting and compilation; Improved capacity in social cognition & team spirit; and improved PME capacity. This was through training, advice and feedback, and the development of an M&E guideline. However, internal factors like advice from board members, assigning an internal auditor and regular review meetings have also played an important role in the key organisational capacity changes that the NVEA staff considered important since the baseline in 2012. Support from other funders, like BEN-E, ECDD, the World Bank, Cheshire Service Ethiopia in terms of training, has also been mentioned as among the underlying factors for these changes.

OSRA

During the endline workshop some key organisational capacity changes were brought up by OSRA's staff in the 'general causal map': improved capacity to reach a larger numbers of beneficiaries (also increased

geographical coverage); improved M&E capacity; decentralization of planning process; improved capacity in project design and fund raising; and improved capacity to involve and mobilize the community. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team. According to OSRA's staff, they improved their capacity to reach a large number of beneficiaries because of their improved resource mobilisation capacity due to increased staff numbers (following the advice of OSRA's board partly funded by MFS II) which helped in proposal writing; and improved capacity to mobilise and involve the community because of the trust they gained from the community and from donors. OSRA improved its M&E capacity because of donors' demand for outcome data; improved capacity to collect client satisfaction information and provide feedback to the community; feedback from donor after field visit (MFS II funded); and experience from other networks. OSRA improved its capacity to collect client satisfaction information because of a seminar on downward accountability and client satisfaction feedback in 2012 (funded by MFS II); and the development of a manual on downward accountability in 2012 (funded by MFS II). OSRA decentralised its planning process because of past experience and problems in the planning process and enhanced capacity of process staff. Staff enhanced their capacity because of on the job training by HQ staff; training on project development in 2013 by CCRDA; and training on gender mainstreaming in value chain development in 2012 (funded by MFS II). According to OSRA staff, the organisation has improved its capacity in project design and fundraising because of enhanced capacity of staff; creation of an independent fundraising unit due to an OSRA future directions assessment report; and hiring new staff; improved management to scan the environment; and training on mainstreaming Community Managed Disaster Risk Reduction (CMDRR) (funded by MFS II). The organisation became better at scanning their environment because of regular monthly review meetings; training on leadership and management by CCRDA and Colombia University in 2013; and donor staff's feedback after field visits (MFS II funded). Finally, OSRA improved its capacity to involve and mobilise the community because of trust gained by the community; donor requirements and advice; and past experience gained in project implementation. According to OSRA's staff, MFS II funded capacity development interventions have thus played a role in improved M&E capacity; decentralization of planning process; and improved capacity in project design and fund raising. This was through a seminar on downward accountability, development of a manual on the same topic; feedback from field visits; training on gender mainstreaming in value chain development; and training on CMDRR. However, internal factors like advice of their Board; trust of community and donors; experiences in other networks; past experiences; on the job training; recommendation from the OSRA future directions assessment report; and meetings have also played an important role in the key organisational capacity changes that the OSRA's staff considered important since the baseline in 2012. Support from other funders, like CCRDA and Colombia University; in terms of training, has also been mentioned among the underlying factors for these changes.

TTCA

During the endline workshop some key organisational capacity changes were brought up by TTCA's staff in the 'general causal map': "improved knowledge in the application of active learning approaches and teaching skills"; "improvement in ICT utilization"; and "improved skills in compiling and recording student grades". The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, as this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team. According to TTCA staff, they have improved their knowledge in the application of active learning approaching and teaching skills because of progressively built knowledge on the different approaches of active learning and the improvement in ICT utilisation. Knowledge was progressively built during a training for mathematics and science teachers by the MoE and JICA (Japan

International Cooperation Agency) in 2013; a training on active learning organized by USAID in 2012; Continuous Professional Development (CPD) on different subjects by the MoE and the college; practice active learning approaches in project elementary schools (MFS II funded), which teachers has learned during a series of trainings by DEC in 2012-2014 (MFS II funded) and through continuous supervision and follow up by DEC, UvA and Edukans in 2012-2014 (MFS II funded). TTCA improved its utilisation of ICT because of installation of required infrastructure by DEC (MFS II funded); material (computer etc.) provision by USAID before 2012; and material provision and training by DEC during 2012-2013 (MFS II funded). The college improved its skills in compiling and recording student grades because of improvement in ICT utilisation; cascading of the MIS training by USAID for the management before 2012 to other staff; and guidance and coaching by the college management, which was triggered by the USAID MIS training. According to TTCA's staff, MFS II funded capacity development interventions have thus played a role in improved knowledge in the application of active learning approaches and teaching skills; improvement in ICT utilization; and the improved skills in compiling and recording student grades. This was through MFS II funded trainings, supervision and the provision of ICT infrastructure and material. However, internal factors like Continuous Professional Development by the college have also played an important role in the key organisational capacity changes that the TTCA's staff considered important since the baseline in 2012. Support from other funders, like MoE, JICA, USAID, in terms of trainings and material provision, has also been mentioned among the underlying factors for these changes.

On the whole, according to SPOs for which a 'general causal map' was developed based on what they perceived as key organisational capacity changes since the baseline, MFS II funded capacity development interventions were mentioned as playing a role in bringing about these changes, especially in terms of enhancing staff capacity for all SPOs, except AMREF did not explicitly mention this although it has come back in the process tracing (next section). Internal factors have also played an important role (for all except for CARE not mentioned), whilst support from other funders, mainly in terms of training (7 out of 9 SPOs), also played a role. Improved M&E was mentioned as key organisational capacity change by 7 SPOs; technical/general staff competences by 5 SPOs; improved resource mobilization by 4 SPOs; improved leadership capacity by 2 SPOs; improved financial competencies by 2 SPOs.

Key underlying reasons for key identified organisational capacity changes, as perceived by the SPO									
SPOs:	AMREF	CARE	ECFA	FSCE	HOAREC	HUNDEE	NVEA	OSRA	TTCA
Key organisational capacity changes as identified by SPO and key underlying reasons for change	improved leadership capacity, improved staff capacity and improved resource mobilization competences. See also next section on process tracing	better understanding and knowledge of disaster risk reduction and management; enhanced knowledge and understanding of options for local adaptation to climate change; enhanced M&E and learning capacity including automated data base management;	improved capacity for partnerships and networking with a large number of stakeholders; improved resource mobilization capacity; improved capacity to reach a larger number of beneficiaries; improved capacity to implement livelihood improvement activities; and improved leadership and management capacity. See also next section on process tracing	"improved implementation capacity in holistic approach"; "improved M&E capacity including reporting"; and "improved organizational system of operations". See also next section on process tracing	increase in number and quality of staff; clear roles and responsibilities for staff and programme created; improved knowledge on development of implementation strategy; improved knowledge and understanding of logframe and preparation of M&E tools; improved report quality and time of reporting; improved knowledge of financial planning and budget management; and improved knowledge and understanding about procurement	"improved capacity to facilitate behavioral change in rural communities"; "improved capacity in adaptive management"; "improved capacity in communication and information sharing"; "improved capacity to apply an integrated (multidisciplinary) M&E system"; "improved capacity in resource mobilization"; and "improved capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas".	improved capacity to prepare winning proposals; improved capacity for networking and partnerships; improved capacity in financial reporting and compiling; improved capacity in social cognition and team spirit; and improved capacity in PME.	improved capacity to reach a larger numbers of beneficiaries (also increased geographical coverage); improved M&E capacity; decentralization of planning process; improved capacity in project design and fund raising; and improved capacity to involve and mobilize the community.	"improved knowledge in the application of active learning approaches and teaching skills"; "improvement in ICT utilization"; and "improved skills in compiling and recording student grades".

Key underlying reasons for key identified organisational capacity changes, as perceived by the SPO									
		enhanced capacity of staff in strengthening and utilizing school clubs for environment protection interventions; enhanced capacity in joint monitoring through partnership with government and community; and knowledge and awareness to carry out reconciliation of results versus expenses.			procedures.	See also next section on process tracing			

Key underlying reasons for key identified organisational capacity changes, as perceived by the SPO									
MFS II funded capacity development interventions	-	better understanding and knowledge of disaster risk reduction and management and enhanced M&E and learning capacity, through bi-monthly review meetings with PFR partners; training on M&E; and midterm review meetings.	Interventions to improve the capacity to write convincing proposals	training and experience sharing visits: training on Multi-Stakeholder Processes (MSP) – CDI (Netherlands); experience sharing visits to Tanzania and the Netherlands (MFS II funded)	sharing by expatriate staff and exposure through MFS II, the automation of the financial and monitoring system	improved capacity for integrated M&E; improved capacity in communication and information sharing; and improved capacity to design drought resilient livelihood programs	training, advice and feedback, and the development of an M&E guideline.	seminar on downward accountability, development of a manual on the same topic; feedback from field visits; training on gender mainstreaming in value chain development; and training on CMDRR.	trainings, supervision and the provision of ICT infrastructure and material

Key underlying reasons for key identified organisational capacity changes, as perceived by the SPO									
Internal factors	Change in leadership at country level		organisational and operational manuals	change in leadership; training (e.g. outcome level reporting); coaching and mentoring by HQ staff	affiliation to the university; development of a new organogram; deciding and clarification of organisational focus.	internal reflections; expanding the program and have a good relationships with the government	advice from board members, assigning an internal auditor and regular review meetings	advice of their Board; trust of community and donors; experiences in other networks; past experiences; on the job training; recommendation from the OSRA future directions assessment report; and meetings	Continuous Professional Development by the college
External factors (including other funders)	behavioural survey by Amref global		trainings funded by other organisations; evaluation recommendations (2010); inputs from government, communities and other funders.	Training by other funders	recommendations of the capacity assessment carried out by PWC in 2012 with financial support from the Dutch embassy; financial and monitoring system established (Nuffic); training and funding of revision of salary scales	trainings by other funders (GIZ, Trocaire); changing funding climate; and CSO regulations.	Support from other funders in terms of training: BEN-E, ECDD, the World Bank, Cheshire Service Ethiopia	Support from other funders, like CCRDA and Colombia University; in terms of training,	Support from other funders, like MoE, JICA, USAID, in terms of trainings and material provision,

5.2.3 Attribution of changes in partner organisation's capacity and reasons for change (evaluation question 2 and 4)

This section describes the main findings and conclusions for the second evaluation question*: **To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia*** **(i.e. measuring effectiveness)?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. Furthermore, since 'process tracing' is used for this purpose, and this is a very intensive process, not all capabilities could be focused on. For more information about the methodology, please see annex B. AMREF, ECFA, FSCE and HUNDEE were the four SPOs selected for process tracing. Below the key findings are discussed. But for more detailed information please see the 5C reports for the SPOs.

AMREF

For Amref Ethiopia, the organisational capacity changes that were focused on were "improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services" and "improved planning, monitoring and evaluation (PME) capacity". Based on the detailed causal map developed through process tracing, the changes that took place since the baseline in 2012 in terms of improved Amref ET staff competencies to deliver SRHR services can be largely attributed to MFS II supported capacity development interventions, such as multiple training and workshops on SRHR related issues, SRHR outcome measurement, and SRHR advocacy; and SRHR alliance review meetings. To a lesser extent the improved competences to deliver SRHR services can be attributed to other, non MFS II related reasons, i.e. the recruitment of already skilled staff & reproductive health professionals at organisational level; the regular scheduled visits and advice from programme managers; trainings organised by Amref HQ (Nairobi); and the sexual curriculum to train youth/ schools adopted from Rutgers WPF. The latter was adopted from another Dutch funded (non-MFS II) project at Amref ET. Improved PME capacity at Amref can be partly attributed to MFS II supported capacity development interventions, mainly through PME related and outcome measurement related trainings and review meetings from SRHR as well as WASH Alliances; and the OCA assessments that helped the organisation to identify issues that needed improvement. For the other part the improved PME capacity can be attributed to organisational structure changes and improved managerial guidance following the leadership change; the introduction and institutionalization of a number of PME and information management related manuals, procedures and tools; Amref HQ training; the recruitment of skilled staff; and donor requirements and feedback in general.

ECFA

For ECFA the organisational capacity changes that were focused on were "improved fundraising capacity", "improved capacity to respond to child protection issues", and "improved capacity to implement M&E and provide quality M&E information". Based on the process tracing causal map it can be said that ECFA's "improved fundraising capacity" can to a large extent be attributed to a range of MFS II supported capacity development interventions, including: training on counselling, data management and reporting; training on resource mobilisation; Plan International Ethiopia (PIE) partners forum; regional and international consultation meetings; support from CHI in funding proposals; helpline

infrastructure, employment of councillors, and general capacity development support of the CFA like helping with planning and costing of activities and for fundraising policies. All of this has helped the organisation to expand to 4 other towns and thereby become more attractive to donors. Other factors to which these changes can be attributed include: experience gained in the past and in other activities; resource mobilisation training by PANE; and coaching and mentoring by senior staff and management. The underlying reasons for change included donor requirements and the precarious situation in the organisation in terms of funding, which triggered the organisation to develop a policy on diversifying its funds. The "improved capacity to respond to child protection issues" of ECFA can to a large extent be attributed to MFS II supported capacity development interventions: training, and international and regional consultation meetings, the conference on sexual child abuse in Ghana and through learning visits to the Helplines of other African countries. The only other reasons for change included coaching, mentoring and follow up by senior staff, employing staff with small scale business management skills, and the training on male engagement by Hiwot Ethiopia. The "improved M&E capacity" at ECFA can to a large extent be attributed to MFS II supported capacity development interventions, through M&E related training, a (5C) baseline assessment by Plan International, feedback and advice from Plan International and CHI, and the provision of infrastructure and training for a digitalised data management system. The only non-MFS II related reasons for this improved M&E capacity since the baseline in 2012, were an internally felt need to have a monitoring and evaluation unit, and the provision of three computers by Oak Foundation.

FSCE

For FSCE the organisational capacity changes that were focused on were "Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach", and "Improved M&E capacity using a Results Based Management (RBM) approach". Based on the process tracing causal map it can be said that the changes that took place since the baseline in 2012 in terms of improved capacity of FSCE to apply a Community Centred Multi Stakeholder Approach can be largely attributed to MFS II supported capacity development interventions, notably the above mentioned MSP training at the CDI in the Netherlands; life skills, facilitation leadership and conflict management training for FSCE area office staff and community, social workers and other stakeholders; and guidance and counselling for applying a child based community conversation approach. However, it must be noted that these approaches were already initiated in the organisation before the baseline with the support of Kinderpostzegels since 2010. The additional MFS II supported trainings that took place since 2012 helped to strengthen the MSP approach as well as to increase the capacity of FSCE to create, strengthen and engage CBOs for child protection.

In terms of improved M&E capacity for using RBM approach, can be partly attributed to MFS II capacity development interventions, such as providing formats for outcome reporting, M&E training with a focus on outcome reporting, and close follow-up by MFS II partners. However, there is also an important role for the organisation in developing its own M&E tools and formats, biannual monitoring meetings and establishing a separate PME unit.

HUNDEE

For HUNDEE the organisational capacity changes that were focused on were "Enhanced resource mobilisation capacity", "Improved competences for gender mainstreaming", "Improved ICT capacity for information sharing and communication" and "Improved M&E practices including institutionalized downward accountability". Based on the process tracing causal map, it can be said that HUNDEE's enhanced resource mobilisation capacity can partly be attributed to MFS II supported capacity development interventions, notably by improved financial management capacity: through training and technical support on adapting financial system and accounting procedures in line with CSA regulations (although this was also done by other organisations); and through coaching and mentorship. Furthermore, the organisation increased its knowledge on funding trends and donor intelligence partly

because of an improved ICT infrastructure (MFS II funded). There are also other factors to which enhanced resource mobilisation capacity of HUNDEE can be attributed. These include internal factors like experience from working on development projects, and experience and feedback from previous funding proposals. But there has also been support from other donors like by OXFAM Canada, who provided the training on gender analysis tools, and oriented the organisation to principals and useful empowerment tools integrated into to the ABCD approach, both useful for donor requirements in these areas. Then a range of funders have also contributed to the earlier mentioned trainings related to financial management capacity. Being an active member of new and existing consortia and networks helped them in understanding the importance of networks for resource mobilisation.

HUNDEE's improved competences for gender mainstreaming can partly be attributed to MFS II supported capacity development interventions, notably in the area of women in value chain development: i.e. training, coaching and an exchange visit to Kenya in relation to gender in value chain development which helped the organisation to review projects with a gender lens and increase their knowledge on these issues. Especially Oxfam Canada has also played an even more important role in terms of supporting annual organisation wide gender audits; and training on gender analysis with related tools and manual. Other donors have also played a role in terms of promoting gender mainstreaming and providing training on gender mainstreaming (CST). Internal factors like previous experience and establishing a gender task force have also played a role. And a USAID funded project has helped the organisation in addressing gender related issues.
ICT capacity has improved which can almost entirely be attributed to MFS II funded capacity development interventions by IICD and ICCO (C4C Alliance), by providing training and hardware: in particular training capacity based data collection using smart phones; training on data analysis software and website development; training on basic computer skills; and training on computer troubleshooting and hardware maintenance; provision of smart phones; provision of DVD and video deck; provision of Wi-Fi internet infrastructure and computers. The 6NGO consortium meeting has been the main source of some of these ideas and proposals. The provision of smartphones by USAID and the engagement of the agricultural research centre documenting information for technology use have a relatively minor role.
Based on the process tracing causal map it can be said that the "improved M&E practices including institutionalised downward accountability", can partly be attributed to MFS II supported capacity development interventions, and particularly in the area of downward accountability through the training trajectory on downward accountability that started in 2009 (MFS I) by the workshop organised by ICCO on client satisfaction instruments, and continued in 2011 with MFS II funding; including the training sessions on participatory filmmaking. In terms of improved competences to apply RBM and M&E tools, this can be attributed to efforts by training and coaching supported by MFS II (in M&E and PIM) but also training by other funders, including the World Bank, Trocaire, and Christian Aid.

Concluding, one can say that for all of the SPOs, the selected key organisational capacity changes can to a large extent be attributed to MFS II funded capacity development interventions: AMREF (1 out of 2); ECFA (3 out of 3); FSCE (1 out of 2); HUNDEE (1 out of 3). For ECFA, all of the identified key organisational capacity changes can be largely attributed to MFS II supported capacity development interventions. Internal factors have also played a relatively important role for all of the SPOs although not for all key organisational capacity changes. External factors have played a minor role except for HUNDEE, where the role of other funders, especially, Oxfam Canada has been important. Improved (planning), monitoring and evaluation were key organisational capacity changes that were selected for process tracing for all of the SPOs - falling under the capability to adapt and self-renew. All of these SPOs received training in monitoring and evaluation, but for two of these SPOs (AMREF, HUNDEE), training was also non-MFS II funded. For 2 out of the 4 SPOs fundraising/resource mobilisation has been an important organizational capacity that was further developed, since the baseline. Improved staff competencies were also identified as key organisational capacity changes, in the capability to act and commit, for all of the 4 SPOs that were selected for process tracing. All in all, in the SPOs selected for process tracing MFS II support has played an important role in the capabilities to act and commit – in

particular improved staff competencies (all 4 SPOs) but also fundraising/ resource mobilization; and the capability to adapt and self-renew – in terms of improved (planning), monitoring and evaluation.

Attribution of selected, key organisational capacity changes to key underlying factors											
SPOs:	AMREF		ECFA			FSCE		HUNDEE			
Key organisational capacity changes and key underlying reasons for change	improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services	improved planning, monitoring and evaluation (PME) capacity	improved fundraising capacity	improved capacity to respond to child protection issues	improved capacity to implement M&E and provide quality M&E information	Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach	Improved M&E capacity using a Results Based Management (RBM) approach	Enhanced resource mobilisation capacity	Improved competences for gender mainstreaming	Improved ICT capacity for information sharing and communication	Improved M&E practices including institutionalized downward accountability
MFS II funded capacity development interventions	xxx multiple training and workshops on SRHR related issues, SRHR outcome measurement, and SRHR advocacy; and SRHR alliance review meetings.	xx PME related and outcome measurement related trainings and review meetings from SRHR as well as WASH Alliances; OCA assessments	Xxx training on counselling, data management and reporting; training on resource mobilisation; Plan International Ethiopia (PIE) partners forum; regional and international consultation meetings; support from CHI in funding proposals; helpline infrastru	Xxx training, and international and regional consultation meetings; conference on sexual child abuse in Ghana; learning visits to the Helplines of other African countries.	Xxx M&E related training; (5C) baseline assessment by Plan International; feedback and advice from Plan International and CHI; provision of infrastructure and training for a digitalised data management system	xxx MSP training at the CDI in the Netherlands; life skills, facilitation leadership and conflict management training for FSCE area office staff and community, social workers and other stakeholders; and guidance and counselling for applyin	Xx formats for outcome reporting; M&E training with a focus on outcome reporting; close follow-up by MFS II partners	Xx training and technical support on adapting financial system and accounting procedures in line with CSA regulations; coaching and mentorship; improved ICT infrastructure	Xx i.e. training, coaching and exchange visit to Kenya in relation to gender in value chain development.	Xxx training capacity based data collection using smart phones; training on data analysis software and website development; training on basic computer skills; and training on computer troubleshooting and hardware maintenance; provision of smart phones; provision of DVD and video deck; provision of Wi-Fi internet infrastructure and computer	Xx training trajectory on downward accountability that started in 2009 (MFS I) and continued in 2011 with MFS II funding; training sessions on participatory filmmaking; M&E and PIM by training and coaching

Attribution of selected, key organisational capacity changes to key underlying factors											
			cture; employment of councillors, and general capacity development support			g a child based community conversation approach. Note: continued support on MS approaches since 2010				s.	
Internal factors	xx recruitment of already skilled staff & reproductive health professionals at organisational level; the regular scheduled visits and advice from programme managers	xx organisational structure changes and improved managerial guidance following the leadership change; the introduction and institutionalization of a number of PME and information management related manuals, procedures and tools; the recruitment of skilled staff	xx experience gained in the past and in other activities; and coaching and mentoring by senior staff and management; and the precarious situation in the organisation in terms of funding,	Xx coaching, mentoring and follow up by senior staff; employing staff with small scale business management skills	X internally felt need to have a monitoring and evaluation unit		xx developing its own M&E tools and formats, biannual monitoring meetings and establishing a separate PME unit.	xx experience from working on development projects; experience and feedback from previous funding proposals; Being an active member of new and existing consortia and networks	x previous experience and establishing a gender task force		
External factors (including other funders)	x trainings organised by Amref HQ (Nairobi); the	x Amref HQ training; donor requirements and feedback in general.	x resource mobilisation training by PANE; donor requirements	X training on male engagement by Hiwot Ethiopia.	X provision of three computers by Oak Foundation			xx training and technical support on adapting financial system	xxx Oxfam Canada: annual organisation wide gender audits; training on gender	x 6NGO consortium meeting; smartphones by USAID; engagement of the agricultur	Xx RBM and M&E training by other funders, including the World Bank, Trocaire, and

Attribution of selected, key organisational capacity changes to key underlying factors											
	sexual curriculum to train youth/ schools adopted from Rutgers WPF. The latter was adopted from another Dutch funded (non-MFS II) project at Amref ET.							and accounting procedures in line with CSA regulations; OXFAM Canada - training on gender analysis tools, and oriented HUNDEE to principals and useful empowerment tools integrated into to the ABCD approach;	analysis with related tools and manual. Other donors: promoting gender mainstreaming and providing training on gender mainstreaming (CST); USAID funded project	al research centre documenting information for technology use	Christian Aid.

xxx= can to a large extent be attributed to this factor; xx= can partly be attributed to this factor; x = can to a minor extent be attributed to this factor; - = no link indicated

6. Civil Society

This section represents the findings of the Civil Society component of Ethiopia for which the CIVICUS framework was used and which looks at five dimensions: civic engagement, level of organisation, practice of values, perception of impact and the civil society context. This last dimension influences the space – the arena - that civil society organisations and citizens have to debate, discuss, associate and to influence society with regards to the concerns or the ambitions they have that may impact upon the civil society arena itself, households, the public and/or the private sector.

1.1 The sample of NGOs in this evaluation

The sample

For the Civil Society Component the sample of the SPOs to be included in the evaluation was conducted by the evaluation team in 2012. As the ToR explicitly emphasized the focus on the relevant MDGs and themes in the selected country for the civil society evaluation, the team first identified the most relevant MDGs and themes in terms of the number of MFS II funded projects classified under the MDGs and themes that have a civil society and/or policy influencing component. The sampling procedure was the following:

1. Identify the most relevant (frequent) MDGs and themes.
2. Randomly sample SPOs per selected MDG/theme, from which the last 2 are reserves.
3. If the SPO is part of the capacity development sample, replace the SPO from the reserve list.

Only those SPOs were eligible for the civil society evaluation that had an on-going contract with a CFA on 1 January 2012 and were directly contracted by the CFA, in consequence leading to a total population of 60 SPOs. The most frequently mentioned MDGs or themes in this population were that of MDG 1 with 23 SPOs; MDG 2 with 36 SPOs, and; MDG 4,5,and 6 with 23 SPOs. For each MDG, three SPOs were randomly selected.

The following table presents the SPOs and their Dutch partner organisations in the sample.

Table 5

Sample of SPOs and their Dutch partners in the civil society evaluation

SPO	Dutch Partner	Dutch Alliance	MDG/theme	Contract period	Contract amount MFS II
CCGG&SO	Cordaid	Communities of Change	MDG 1	January 2010 – December 2012	€ 200.000
				January 2013 – December 2015	€ 225.000
RiPPLE	WASTE, ICCO and RAIN Foundation	WASH Alliance	MDG 1	July 2011 – December 2012 – WASTE and ICCO	€ 147.000
				July 2011 – December 2012 – WASTE and RAIN	€ 40.660
				2 contracts from May 2011 – April 2013 – RAIN	€157.841
ERSHA	ICCO	Connect for Change (C4C)	MDG 1	September 2011 - 2013	€525,000 Euro for C6NGOs, of which €81,900 for ERSHA.
ADAA	SKN	Child and Development Alliance	MDG 2	4 contracts from January 2011- December 2014	€ 282.250,00
EfDA	Edukans Foundation	C4C	MDG 2	October 2011 – December 2015	€ 606.714 for 11 partners.
JeCCDO	Edukans Foundation	ICCO Alliance	MDG 2	3 contracts from January 2012 – December 2014	€ 408.422 of which € 120.000 for JeCCDO
EKHC	Tear Fund NL	ICCO Alliance	MDG 4,5,6	February 2011 – January 2015	€ 376.354
MKC-RDA	TEAR Fund NL	ICCO Alliance	MDG 4,5,6	3 contracts from July 2011 – June 2014	€ 143.222
OSSA	Cordaid	Communities of Change	MDG 4,5,6	2 new contracts and one budget neutral extension November 2011 – June 2014	€ 164.877

In 2014, all SPOs were again contacted, however the end-line assessment for RiPPLE did not take place, because early 2013, two of the three partners of the WASH alliance decided to end their partnership with RiPPLE, in particular those involved in the project which is most related to MDG 1 and which was subject of the baseline study. ICCO is the only partner that continued collaboration in the second semester of 2014. In the period 2013 – 2014 hardly any activities were implemented.

Short description of the SPOs in the sample for MDG 1

Catholic Church Goma Gofa and South Omo (CCGG&SO) has engaged in community based development related to health, education, food security and gender issues for the last 35 years. With support of Cordaid, it implements an Integrated Community Development Program (ICDP) in Southern Nations Nationalities and Peoples Regional State (SNNPRS), in particular in Hamar district since 2012. Most important components relate to community based health care; primary education, and sustainable livelihoods. Apart from Cordaid, other donors are supporting these interventions. This end line study focussed on the livelihoods component.

Research Inspired Policy and Practice Learning in Ethiopia (RiPPLE) was established as a WASH research programme and became an independent organisation in 2012. Its vision is to "*see all Ethiopians attain sustainable water & food security and live in a clean & healthful environment".* The organisation promotes multiple uses of rainwater and it is well positioned in the WASH sector in Ethiopia. RiPPLE implemented projects with three partners of the Dutch WASH Alliance, but collaboration was suspended in 2013 and 2014, after which only ICCO resumed collaboration in the second semester of 2014.

Ethiopian Rural Self Help Association (ERSHA) started its operations in January 1998 and supports rural communities to attain food security. ERSHA is one of the members of the Consortium of six NGOs (C6NGOs) that implement the 'Integration of ICT in Agricultural Commodity Value Chain' project with support of IICD and ICCO and the Connect for Change Alliance. This project aims to integrate ICT in the daily practices of small-holders as a means to improve their livelihoods. It is complementary to another project implemented with support of ICCO, "Farmers Competitiveness on Agricultural Commodity Value Chain". It intervenes in Oromia Regional State where it supports Famer Market Organisations (FMOs) and Unions.

Short description of the SPOs in the sample for MDG 2

African Development Aid Association (ADAA) was created in 1998 and works in many sectors to develop the capacities of communities to become self-reliant and to upgrade their living standards. With Stichting Kinderpostzegels Nederland (SKN) the SPO works in ten communities in one district of Oromia Regional State, supporting ten Alternative Basic Education centres; reducing the prevalence of Female Genital Mutilation and Early Forced Marriages, and; reducing child labour.

Education for Development Association (EfDA) was created in 1999 and aims for a literate, self-confident and productive community that is capable of solving their economic, social and environmental problems. For this to happen, EfDA wants to fill the gap in information, resources and technical skills that are needed by communities to manage their own life and environment. EfDA, together with ten other organisations, implements a project with IICD and Edukans to improve teacher-learning processes and education management through ICT. The project is being coordinated by Development Expertise Centre (DEC) in Ethiopia. The ten partners support 55 schools: EfDA is in charge of 5 schools in one district.

Jerusalem Children and Community Development Organization (JeCCDO) was created in 1985 and its development approach can be summarised as child centred, family focussed and community based. Each year it reaches about 850,000 beneficiaries directly or indirectly. The organisation is one of the four NGOs in the 'Amhara Cluster' that implement Edukans' programme "Improving Access to Quality Basic Education for Marginalized Children in Amhara region". The SPO is operational in three administrative zones in the Amhara region and focuses on Education for All (EFA), including Basic Education, Partner Formal Schools Support and Integrated Functional Adult Literacy.

Short description of the SPOs in the sample for MDG 4,5 and 6

Ethiopian Kale Heywet Church (EKHC) was created in 1927. One of the programmes it implements is Medan Acts that addresses Health and HIV-AIDS issues. Tear Fund NL supports the programme in three districts in SNNPRS. EKHC is one of seven Ethiopian partners that together implement the Ethiopia Health Country Plan 2011-2015 of the ICCO Alliance. This

plan has three components: creating accountability mechanisms that hold the health system to account for the delivery of equally accessible basic health care; capacitate change agents who promote the prevention of Sexual and Reproductive Health (SRH) and; improving the quality, accessibility and sustainability of the health system.

Meserete Kristos Church – Relief and Development Association (MKC-RDA) is the second partner of Tear Fund NL that implements the Ethiopia Health Country Plan in two districts in Oromia Regional State. The SPO was created in 1951 and it addresses issues related to food security, health, education and self-help group development schemes.

Organisation for Social Service for Aids (OSSA) was founded in 1989 by a group of religious ministers from various faiths in Ethiopia in conjunction with the Ministry of Health. The founding of OSSA was a response to the growing incidence of HIV/AIDS in Ethiopia. In 2013, OSSA supported over 20,000 OVCs, 5,000 PLHIV (People Living with HIV) and a large number of AIDS affected families. The OSSA Hawassa branch works with 140 community volunteers and 16 community based organizations (CBO) and receives support from Cordaid.

1.2 The evaluation methodology

1.2.1 Evaluation procedures

The evaluation questions consisted of identifying changes occurred in line with the CIVICUS dimensions in the 2012 – 2014 period, the extent to which these changes are to be attributed to the Indonesian NGOs and to MFS II, the relevance of these changes and factors explaining the changes. Information about the CIVICUS framework and the evaluation methodology used can be found in the appendices.

The first evaluation question identified *changes in civil society* in the 2012 – 2014 period, with a particular focus on the relevant MDGs in Ethiopia. A scoring tool with 17 indicators was developed during the baseline, resulting in the description and a score (0-3) in 2012. During a workshop with the SPO in 2014, workshop participants received the description of the indicator obtained during the baseline and where asked to describe qualitative changes as well as give an indication of the importance of the change on a scale of -2 -- +2. Apart from this document analysis and follow-up interviews with the SPO provided additional information.

For the *attribution question* a theory based methodology was used for four of the nine SPOs and comprising a maximum of two outcomes achieved in the 2012 – 2014 period because of resource constraints. For this in-depth outcome explaining process tracing method was used. A quick contribution assessment was done for the remaining four NGOs. The selection of the four NGOs was based upon an estimation of the MFS II budget for that SPO that is related to CIVICUS dimensions, ensuring that both SPOs working on MDG 1, MDG 2 and MDG 4,5 and 6 were amongst the selected and a variety of Dutch partners.

For those SPOs included for in-depth process tracing in Ethiopia, priority was given towards assessing impact with regards to the creation and performance of new CSOs by the SPOs and with regards to civic engagement which addressed amongst others social inclusion and people engaged in civil society. The steps to be followed were as follows:

- With the SPO identifying outcomes achieved in the 2012 -2014 period, providing evidence for these outcomes and develop pathways that according to the SPO explains the outcome
- With external resource persons and written materials, confirm that the outcome was achieved, and develop pathways that according to these persons explain the outcome (with a particular focus on rival pathways)
- Construct a model of change that encompasses all pathways that possibly explain the outcome.
- Identify information needs to confirm or reject each of the pathways and collect relevant information be it through interviews, document search etc.
- Analyse findings and conclude about the most likely pathway that explains the outcome, the nature of the relation between the pathway and the outcome and the role of the SPO and MFS II in this.

The *relevance question* was assessed through interviews with the Indian NGOs and their Dutch partners, as well as through context information and written documents. Relevance was assessed against the Theory of Change constructed with the

NGO during the baseline assessment in 2012, the context in which the NGO is operating and the civil society policies of the Dutch MFS II alliance.

The *explaining factors* question assessed organisational factors of the SPO itself, its external context and the relation between the Dutch and the Ethiopian SPO that explained the civil society changes achieved or not. No additional information was collected for this question.

A last additional assessment was made with regards to the *design* of the interventions by the Ethiopian partner.

In 2013, a decision was made with the commissioner of the study to exclude an evaluation question related to efficiency because of the resources available.

More information on the methodology can be found in the annex F.

1.2.2 Limitations

Generally speaking we observe that the CIVICUS framework has never been used for evaluation purposes, and that the period between the baseline and end line study hardly covers two years, whereas the entire MFS II period covers 5 years. Furthermore, we observe that the interventions by the SPOs do not distinguish interventions that relate to Civil Society or Policy influencing from other interventions. This makes it occasionally difficult to obtain a clear focus for the civil society evaluation.

Project documentation was needed as a means to link outcomes to the CIVICUS framework, to obtain an overview of outputs-outcomes achieved versus planned, and to orient the in-country evaluation team for the attribution question. In practice the most recent progress reports were hardly available, did hardly report on outcomes and no monitoring systems are in place to track the performance of CSOs created by the SPOs.
A number of organisations that the evaluation team looked at are working in a programmatic approach with other partner organisations. In consequence reporting was organised at the programme level and to a lesser extent at the level of the individual partner, which seriously hampered the possibilities to get oversight on outcomes and outputs achieved. This was the case with EKHC and MKC-RDA, ERSHA, EfDA and JeCCDO.

Critical steps in the evaluation methodology are the following:

1. Linking project interventions from the SPO to the CIVICUS framework. The project documents do not provide this information and are based upon the interpretation by the evaluation team in the Netherlands.
2. The extent to which the project documentation enables the Dutch team to understand the in-country realities. If the quality of the reports is weak, then the guidance provided to the in-country evaluation team is weak. Therefore deciding upon the outcomes to be selected for in-depth process tracing was sometimes hampered by incomplete and un-clear project documents.
3. After the workshop with the SPO, the in-country team had to decide upon which outcomes they will focus on for the in-depth process tracing. There was a tendency to selecting positive outcomes achieved.
4. Designing the model of change that explains the outcome achieved, followed by the inventory of rival pathways to explain that outcome has also proven to be a critical and difficult step. A major challenge is that in-country teams at this moment of the evaluation have obtained a lot of information from the SPO, and not from other NGOs or resource persons, which possibly might strengthen their bias in favour of attributing change to the SPO. This bias was countered a s much as possible by using Bayesian thinking; the more confidence the in-country evaluation team had in the SPO explaining the outcome, the harder they had to concentrate on rival explanations.

The Ethiopian evaluation team observes that they had no difficulties in triangulating information obtained from different resource persons (Government, beneficiaries and SPOs); that the guidance provided by CDI was helpful and the use of the Models of Change for process-tracing helped both the evaluation team as the SPO staff in obtaining a clear picture of the outputs and outcomes and to get a general picture of the evaluation. The team also observes that there was a repetition in

a number of questions in the evaluation methodology that came back in different information collection forms, which may have impacted upon SPO staff losing interest in the evaluation.
Challenges encountered by the team consist of resource persons, including SPO staff not being able to provide exact figures when needed and reports high staff turnovers.

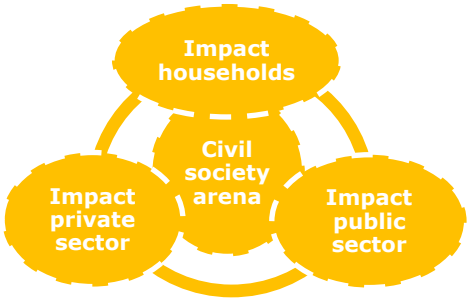
1.3 Evaluation findings

1.3.1 Changes in Civil Society

Introduction

The CIVICUS framework has five dimensions, civic engagement, level of organisation, practice of values, perception of impact and civil society context. During data collection we observed considerable overlap in indicators and also between dimensions. For a more meaningful overview of *changes* that occurred in the 2012 – 2014 period we here conclude about changes and perceived impacts that occurred in the civil society arena, those at household level, the public sector and the private sector level (see figure 1). These relate in the following way to the CIVICUS dimensions:

- Within the civil society arena all findings regarding civic engagement, level of organisation, practice of values and a number of indicators from the perception of impact dimension are regrouped together.
- Perceived impacts at household level are derived from information mostly found in the civic engagement dimension and that of perception of impact.
- The perceived impacts for the public and the private sector are part of the perception of impact dimension.



In line with the evaluation question, we draw conclusions for each of the MDGs. However we have not found any information suggesting that SPOs and their interventions have mutually reinforced each other's civil society arena. Each SPO had and still has its own arena, with possible impacts upon households, public sector and private sector.

Changes in MDG 1

Table 6
Perception of impact upon civil society, households, public and private sector.
Presentation of the absolute scores in 2012 (0-3) + relative change observed in 2014 (-2---+2)

SPO	Civil Society	Households	Public Sector	Private Sector
CCGG&SO	2+0	2+1	3-2	NA+0
ERSHA	2+1	2+2	2+2	1+0

Figure 1: Changes in civil society

Source: Individual evaluation reports.

CCGG&SO did have some positive influence on the civil society arena, but most positive impacts date from before the baseline. At household level some Income Generating Activities helped to generate an income but not for the 1300 households planned. Relations with the local administration deteriorated since the baseline and CCGG&SO did not engage with private sector organisations.

ERSHA's 15 Farmer Market Organisations and their Union became better positioned in the civil society arena since the baseline. More women are said to take leadership positions in the FMOs, indicating social inclusion taking place. The situation of the FMO members is said to have improved in economic terms. ERSHA, the FMOs and the union have a constructive relationship with the local administration to jointly address market access; however, with regards to the private sector ERSHA lacks the necessary capacities at field level to connect the FMOs to promising value chains.

Changes in MDG 2

Table 7

Perception of impact upon civil society, households, public and private sector.

Presentation of the absolute scores in 2012 (0-3) + relative change observed in 2014 (-2---+2)

SPO	Civil Society	Households	Public Sector	Private Sector
ADAA	2+1	2+1	2+1	NA
EfDA	2+1	1+0	2+0	NA
JeCCDO	2+0	2+1	2+1	NA+1

Source: Individual evaluation reports.

Whereas ADAA itself did not position itself better in the civil society arena, the SPO contributed to the creation of many CBOs that seem to be capable to address education issues, child labour and harmful traditional practices at community level. Also EfDA's strength is its community based approach which is more related to its education project than to the ICT project under evaluation. Contrary to ADAA, JeCCDO positioned itself in the first place better in the CS arena at regional and district level and did not engage with communities. Instead it focussed on quality education at schools like EfDA. All three organisations helped to increase school attendance of children and reduced dropout rates. They engaged constructively with the local administration and apart from that, JeCCDO was capable to influence the procedures of some regular meetings between NGOs and the government. None of the three SPOs engaged with private sector organisations.

Changes in MDG 4,5 and 6

Table 8

Perception of impact upon civil society, households, public and private sector.

Presentation of the absolute scores in 2012 (0-3) + relative change observed in 2014 (-2---+2)

SPO	Civil Society	Households	Public Sector	Private Sector
EKHC	1+1	2+1	1+1	0+1
MKC-RDA	2+1	2+1	2+0	NA
OSSA	2+0	1+1	1+0	NA

Source: Individual evaluation reports.

ALL three SPOs supported traditional civil society institutions (idirs) and at a more strategic level they created a religious forum or an idir coalition at district level, which can engage more easily with district health services. In particular the idirs have been oriented towards a new role in society beyond that of financially and emotionally supporting families that are mourning; they are in charge of awareness raising activities and ensuring care and support services. Unfortunately those structures supported by OSSA were not independent enough at the end of the project. Impact at household level occurred not only in economic terms but also in social terms by means of the creation of Self Help and Literacy groups that helped the guardians of orphans and vulnerable children as well as people living with HIVAIDs to become a more integrated part in society. Practically no changes occurred with regards to the rapport between the SPO and local administration, except for EKHC's religious forum that developed some countervailing power vis-à-vis the local administration, whilst at the same time the relations between the SPOs and the administration have remained constructive. EKHC managed to engage private sector organisations in the accomplishment of its objectives, the other two didn't.

Changes in the civil society arena, at household level, in the public and private sector

The previous tables gave an indication of changes that occurred in the civil society arena, household level and the public and private sector. The following table presents the total scores of these changes, which should be interpreted in terms of trends rather than of quantitative data.

Table 9
Changes observed in scores between baseline and end line
Total of scores presented in the previous tables

	Baseline situation	End line situation
Civil Society arena	15	5
Household level	14	8
Public sector	15	3
Private sector	1	2

Scores obtained for the civil society arena, households and the public sector were already high during the baseline, whereas collaboration and influencing the private sector did hardly occur, except for ERSHA. In terms of changes that occurred since the baseline we observe that most changes relate to impact at household level, followed by contributions to the civil society arena. Relations with the public sector hardly improved (three points for nine SPOs), including a considerable deterioration for CCGG&SO. Only JeCCDO and EKHC started collaboration with the private sector.

1.3.2 Attribution/contribution/effectiveness

This section presents the findings of the in-depth process tracing analysis, presents the overall findings of the contribution analysis for all SPOs and including an assessment of the planned outcomes versus achieved outcomes in the project document, concludes about the effectiveness of MFS II funding for civil society.

Introduction

This section presents findings with regards to the attribution question. Starting with an outcome achieved, the evaluation team developed a model of change that identifies different pathways that possibly explain the outcome. Data collection was done to confirm or reject these pathways. Based upon this assessment, the evaluation team concluded about the most plausible explanations of the outcome after which the role of the SPO and MFS II were being discussed.

The relations between the pathways and the outcomes can differ in nature as is being explained in the following table.

Table 10
Nature of the relation between parts in the Model of Change

Nature of the relation between parts and other parts or outcome
The part is the only causal explanation for the outcome. No other interventions or factors explain it. (necessary and sufficient)
The part does not explain the outcome at all: other subcomponents explain the outcomes.
The part explains the outcome but other parts explain the outcome as well: there are multiple pathways (sufficient but not necessary)
The part is a condition for the outcome but won't make it happen without other factors (necessary but not sufficient)
The part is a contributory cause it is part of a 'causal package' of actors and factors that together are sufficient to produce the intended effect.

Sources: Mayne, 2012; Stern et al, 2012

Not all SPOs underwent the same in-depth process tracing assessment and the procedures for selecting those SPOs included for in-depth process tracing has been explained in the appendix on the evaluation methodology. These were OSSA, EKHC, CCGG&SO and JeCCDO. The other SPOs underwent a quick assessment.

Findings with regards to in-depth process tracing

CCGG&SO

The only outcome achieved that the evaluation team looked at is increased food security at household level. Whereas CCGG&SO's target was to reach out to 1300 households, only some households may have improved their food security situation. is the capacity of the health micro finance schemes, cooperatives, Saving and Internal Lending Communities (SILC) and IGA groups to improve food security at household level that were put in place by CCGG&SO. No evidence was found that 1300 households improved their food security situation according to plan, but some 500 households may have done so.

Five pathways were identified that possibly explain the outcome: 1) households access small loans and emergency grants through the Saving and Internal Lending Committees created by the SPO; 2) the health micro finance schemes created by the SPO; 3) cooperatives provide consumer goods to prohibit traders from inflating prices in times of shortage of which three were created by CCGG&SO; 4) food security is most likely to be increased through individual Income Generating Activities supported by the SPO, and; 5) households earn an income through the cash/food for work programme run by the Government. The first and the third pathway were rejected and the most likely explanation for the outcome consist of CCGG&SO's support to some IGAs (the solidarity groups for goat keeping, poultry and carpeting) as well as a food safety net programme by the government. Those two pathways each provide a *sufficient but not necessary explanation* of the outcome. No information is available that confirms the role of the popular health micro finance schemes. CCGG&SO's contribution since 2012 has been minimal it had to hand over all groups formed to the local administration and had to close its doors since the beginning of 2014 due to internal problems that escalated.

MFS II funding has contributed to this outcome until 2012.

JeCCDO

The first outcome to be explained is that quality education has been ensured for marginalised and disabled children. Four rival pathways were identified, the first consisting of the Parent Teacher Association and the Center Management Committees supported by JeCCDO; the second consisting of the Kebele Education and Training Board (public administration) supported by JeCCDO; the third the local government and fourth other NGOs. JeCCDO's interventions partly explain that marginalized and disabled children access education, since other actors also contribute to this outcome. JeCCDOs interventions are *sufficient* to explain increased access of marginalised and disabled children to quality education, but *not necessary*: other actors contribute to this outcome as well and include other NGOs and the local administration.

The second outcome to be explained is that the education budget of the region increased significantly from 18 million in 2011 to 43 million birr (USD 2.1 million) in 2014. Three rival pathways were identified; 1) the cluster of SPOs, including JeCCDO, regularly attends forum meetings at regional level; 2) JeCCDO is a member of the district government – NGO network and; 3) Primary education is the highest priority for the government. The evaluation team concludes that the outcome is to be explained by a *causal package* comprising the three pathways. In addition, each member of the Amhara cluster organizes experience sharing visits in which local authorities take part and that in consequence inform the district and the zonal education bureaus for the allocation of budgets. JeCCDO's role in this is considerable, because it is a rather big NGO with a good reputation and with strong relations at national, regional and local level: They manage to take high level government officials along on experience sharing visits which is an occasion to influence policies.

EKHC

The first outcome explained is that of reintegration of Orphans and Vulnerable Children into the school community and their enhanced chances of becoming a full member in society. The following pathways were identified to possibly explain the outcome; 1) EKHC supports peer education groups by training 50 students each year, which through a cascade training system train some 400 – 500 other students to support orphans and vulnerable children (OVCs); 2) Anti Aids Clubs and girls clubs in and out of schools conduct awareness creation sessions aimed at convincing communities not to socially exclude OVCs and provide material and psychological support to OVCs, also with the support of EKHC; 3) the local administration supports OVCs financially by covering different expenses and with support of other NGOs provides them

with food and materials, and; 4) other actors and factors, like USAID that also supports OVCs through a network of volunteers through EKHC and the Red Cross. The most plausible explanation of the outcome consists in the first place of the mobilisation of material support of diverse nature (food, school uniform, school contributions, etc). Once these conditions (*necessary but not sufficient*), counselling services by both peers in the AACs and education groups help to create solidarity, trust and comfort of OVC that allows for more open discussions of sensitive topics. It remains difficult to disentangle the performance of the peer education groups, that of the AACs, both supported by MFS II, and the performance of the network of volunteers supported by USAID. Each of these actors provides a *sufficient but not necessary* explanation of the outcome. EKHC's support under MFS II in particular covers the social issues, the material issues are covered to a lesser extent.

The second outcome that we looked at is 'enhanced food and nutritional support for vulnerable groups'. A first pathway that possibly explains the outcome is the religious forum, initiated by religious leaders together with EKHC in 2010 to support to the most vulnerable groups in the community and which is operational at district level; the second pathway consists of food and nutritional support being provided through grain banks, also supported by EKHC; the third pathway consists of support being provided through the National Health Extension Programme, and; the fourth pathway is support provided by other actors, like USAID that works with the World Food Programme to reach children and PACT NGO that also supports children. The third pathway with the national programme was rejected and each of the other pathways explains the outcomes *sufficiently but not necessarily.* The capacity of the religious forum (due to the nature of donations given) and the grain banks (due to rampant inflation) to deliver foods and nutritional support is limited. Apart from these the grain banks cannot provide the food and nutritional requirements needed for PLWHIV under ART. EKHC's contribution to the forum and the grain banks is limited and most of these entities were already *formed* before 2011, during MFS I.

OSSA

The first outcome achieved consists of OVCs (and their guardians) and People Living With HIV (PLWHIV) having improved their social and economic capital to become a full member in society (no figures available). Two rival pathways were identified that possibly explain the outcome; three saving associations that in total have 55 members who received extensive support from OSSA and; OVCs, their guardians and PLWHIV do not adhere to the saving association but start their own IGAs (petty trade) or start working as daily labourer on a construction site, become a civil servant as a cleaner etc. whilst having received a minimum of non-economic support from OSSA. The outcome is most likely explained by the following conditions *(necessary but not sufficient):* volunteers who identify OVCs and PLWHIV and support them; the access to free ART provided by the government, and; community conversations that show that PLWHIV can live with effective ART. When these conditions are in place, PLWHIV supporting each other, their engagement in IGA or in daily labourers help them to further reintegrate into society. OSSA's most important support consists of the community conversations and covering other medical costs than ART. The saving association help to create mutual support, but compulsory saving on a bank account for one year in a context of rampant inflation is to be considered as an adverse effect of the intervention. Interventions supported since 2008 explain the outcome so are a combination of MFS I and II support.

The second outcome that we looked at is 'improved referral to health services through referral and care and support efforts' by CBOs. Four pathways possibly explain the outcome which are: 1) the idir coalition that is operational at district level and in charge of raising people's awareness on HIV; 2) the volunteers that amongst others improve people's referral to health services with support from OSSA; 3) the public health extension workers (HEW) who extend health services to the community, including mobile testing facilities and; 4) other actors. The contribution of the idir coalition to the outcome does *not provide a sufficient and necessary explanation.* Individual idirs, who manage to reach all people in the community through awareness raising conversations; volunteers who visit people; HEW to some extent, all explain the outcome in a *sufficient but not necessary* way. Conditions for the outcome *(necessary but not sufficient)* are the fact that ART medication is free of charge, and; testing taking place in health centres for those who come for other reasons (voluntary testing) and for pregnant women (mandatory testing). OSSA's role with regard to this outcome is not convincing. Their work through

the idir coalition does not explain the outcome and volunteers are not sufficiently motivated to do a good job after they receive training from OSSA.

Findings contribution analysis for all SPOs

Until so far 11 outcomes achieved have been assessed: three for MDG 1 and six for MDG 2 and MDG 4,5 and 6 each[18].

Five of these outcomes can be explained by multiple actors and the SPO is one of these actors that in itself is *necessary but not a sufficient explanation.* Concrete examples of this are for instance that many NGOs and the public sector are improving the food security of the 1300 households identified by CCGG&SO or the vulnerable groups identified by EKHC; that not only JeCCDO ensures quality education for marginalised and disabled children; that OVCs and PLWHIV improved their social and economic capital not only due to OSSA's interventions, but also due to health centres and; that there are multiple ways and actors that refer people to health centers for HIV testing and for ART in OSSA's case, except the idir coalition that was created by the SPO.

Five outcomes seemingly can only be explained by the SPO, however these outcomes were not assessed with an in-depth-process tracing procedure. ERSHA's improved performance of the FMOs and the networks in which these FMOs and the union engage are explained by ERSHA being in the driver seat, but requiring a constructive relation with local administration. The same applies for ADAA's community conversation groups who helped to increase school attendance and fewer children being burdened by household tasks and for EfDA where communities started to build their own class rooms and where girls are increasingly attending school.

Three outcomes are the result of a causal package: different actors and factors contributing, which however cannot be disentangled. The economic empowerment of women who now buy school materials for their children is the result of both start-up capital provided by a network of NGOs SLUF and technical support by ADAA. The increase of the education budget at regional and zonal level is the result of a combination of events that mutually reinforce each other, such as meetings between NGOs and the administration at regional and zonal level; JeCCDO and other members of the Amhara cluster inviting local and higher education officials to participate in field visits etc. However JeCCDO's reputation and credibility has been a positive factor in this influencing process. OVC's reintegration in school and in society requires both material support (hardly provided by EKHC) and social support given through peer education groups and AACs.

Effectiveness

Considering the analysis of outcomes planned vs. achieved and the findings of the contribution analysis we estimate the effectiveness of the MFS II programme between 50 and 60 percent, with organisations like RiPPLE, CCGG&SO, OSSA performing below 50 percent. A number of outcomes are the result of interventions already financed under MFS I and co-funding from other organisations. This is the case with ADAA, CCGG&SO, EKHC and OSSA.

1.3.3 Relevance of the changes

With regards to the relevance of the outcomes in relation to the ToC constructed in 2012, for two SPOs these were low because hardly any change was perceived in society (CCGG&SO and OSSA). EfDA's ToC does not integrate ICT interventions which is not (yet) relevant for civil society but for schools and improved education. For JeCCDO the information collected does not help to answer the question and for ERSHA, ADAA and EKHC changes were achieved in line with their ToC.

Generally speaking the changes achieved are relevant in relation to the context in which the SPO is operating. However it is being observed that CCGG&SO operates in a difficult political and administrative context; ERSHA also needs to work towards making relevant market information available through its FMOs; no clear outcomes were identified for the two new project sites were EKHC is working; the health services increasingly are taking over tasks previously carried out by OSSA, in particular HIV testing and counselling.

[18] The outcomes included in this analysis are those related to civil society in particular and some outcomes achieved but not related to civil society have been excluded in this analysis.

In relation to the MFS II policies the outcomes achieved by the partners of Cordaid and the Community of Change Alliance were not relevant; JeCCDO's approach to quality education misses a community based component, which makes its interventions less relevant for the ICCO alliance, whereas EKHC's religious forum is very relevant for the same alliance. Learning and sharing lessons amongst partners of the Child and Development Alliance has not yet materialised and is seen as part of civil society building. ERSHA's outcomes are partially relevant in the light of the C4C ICT4Development policies but those of EfDA are not (yet) relevant.

1.3.4 Factors explaining the findings drawn from the questions above

CCGG&SO faced serious organisational problems since the baseline and that hampered its operations in the field. Apart from JeCCDO, all other SPOs faced some organisational problems that hampered their capability to deliver on development outcomes: ERSHA at field level misses for instance the capacity to integrate the FMOs into promising value chains, ADAA experienced problems with financial management, EKHC's two new project sites required high transportation, and OSSA had human resource problems.

The most important external factor that impacted upon the effectiveness of the organisations is the 30/70 percent rule that caused problems for RiPPLE, JeCCDO, OSSA and EKHC. The political context (CCGG&SO), high staff turnovers of administrative staff, the transformation of ABECs into official schools are some of the other external issues mentioned.

Generally speaking the relations between the Co-Funding Agency and the SPO were constructive. Worthwhile mentioning though is that OSSA's relation with Cordaid ended because the project was transferred from Cordaid's health department to the education department.

1.3.5 Design of the intervention

Apart from CCGG&SO and OSSA who need to be redesigned, the other five project interventions are replicable under the following conditions.

- ERSHA needs to take the context in which it operates into account as a means to provide valid market information and as a means to ensure the sustainability of the ICT tools introduced.
- EKHC's creation of forums like the religious forum take more time than an average project and largely depends upon the capacity of congregations or idirs willing to cooperate and the capacity of the SPO to create such a civil society space.
- JeCCDO education quality project requires strong and constructive relations with the government at multiple levels as a means to get the education system right. Another organisation wanting to implement such a programme needs to show that it knows what it is talking about.
- EfDA's ICT intervention model is replicable under the conditions of access to electricity, fully equipped schools, skilled teachers and good performing school management boards.

References and resource persons

Methodology

Anderson, A. A. Ph.D. (date unknown) *The Community Builder's Approach to Theory of Change*, A Practical Guide to Theory Development, The Aspen Institute Roundtable on Community Change

Annie E. Casey Foundation, 2004, *Theory of Change: A Practical Tool for Action, Results and Learning*. www.aecf.org

Bennet, Andrew (2010) *Process Tracing and Causal Inference*, in: Henry Brady & David Collier (eds). Rethinking Social Inquiry: Diverse Tools, Shared Standards. (Rowman and Littlefield, 2010)

Caluwe de, Leon & Vermaak, Hans. (2003), *"Learning to Change. A Guide for Organization Change Agents"* . Sage Publications.

Carden, F., Michael Bamberger, and Jim Rugh. November 2010. *Alternatives to the conventional counterfactual: follow up note to Session 713 Think Tank*. American Evaluation Association annual conference. (http://www.Realworldevaluation.org/Additional_RWE_materials.html)

Clark H. & Anderson A.A., (date unknown) *Theories of Change and Logic Models: Telling Them Apart*, ActKnowledge and The Aspen Institute Roundtable on Community Change

Greene, Jennifer. 2007. *Employing mixed methods in evaluation.* Handout prepared for the Summer Evaluation Training Institute in Atlanta.

Heinrich, Volkhart Finn/ (date unknown), *Assessing and Strengthening civil society worldwide: A Project Description of the CIVICUS Civil Society Index: A Participatory Needs Assessment & Action-*

Planning Tool for Civil Society , Civil Society Index Paper Series Vol. 2, Issue 1, CIVICUS

Hind, Julie. 2010. "Additionally: a useful way to construct the counterfactual qualitatively?" *Evaluation Journal of Australasia* 10:28-35.

Hivos People unlimited. 2009. *Working with a theory of change in complex change processes. An introduction".* Hivos, the Hague, The Netherlands

Jacob M. Mati, Federico Silva and Tracy Anderson (April 2010), *Assessing and Strengthening Civil Society Worldwide: An updated programme description of the CIVICUS Civil Society Index*: Phase 2008 to 2010.

Keystone (2008) *Developing a Theory of Change,* A Keystone IPL Guidewww.keystoneaccountability.org

Keystone (unknown) , *Developing a Theory of Change, a Framework for Accountability and Learning for Social Change*, a Keystone Guide, Keystone accountability for social change.

Kurtz, C. F. and D. J. Snowden, David J. (2003) *The new dynamics of strategy: Sense-making in a complex and complicated world,* in IBM Systems Journal vol 42, no 3, 2003

NVivo qualitative data analysis software; QSR International Pty Ltd. Version 9, 2010.

Patton, Michael Quinn. 2008. *Utilization-Focused Evaluation.* Thousand Oaks, CA: Sage Publications.

Rogers, Patricia. 2004. *Theory-based evaluation: Reflections ten years on.* In: New Directions for Evaluation, Volume 2007, Issue 114, page 63-81. Summer 2007.

Sadler, D. Royce. 1981. "Intuitive Data Processing as a Potential Source of Bias in Naturalistic Evaluations." *Educational Evaluation and Policy Analysis*, 3(4):25-31.

Tembo, Fletcher. (January 2012), *Citizen Voice and state accountability: Towards theories of change that embrace contextual dynamics,* Working Paper 343 Overseas Development Institute.

Weiss, Caroll. 2004. *Theory-based evaluation: Past, present, and future.* In: New Directions for Evaluation, Volume 2007, Issue 114, page 41-55. Summer 2007.

White, Howard. 2009. Theory-based impact evaluation: theory and practice.

White, Howard and Phillips, Daniel. (unknown) Addressing attribution of cause and effect in small n impact evaluations;

Yarbrough et al. 2011 The Program Evaluation Standards. A Guide for Evaluators and Evaluation Users'. Joint Committee on Standards for Educational Evaluation. 3rd Edition. Sage publications.

CIVICUS

Mati J.M., Silva F., Anderson T., April 2010, Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010.

7. Conclusion

This report presented a summary of the results of the three pillars of the evaluation. What remains is to assess whether there is a linkage between the findings of the three components. Since there is no overlap between the civil society sample on the one hand and the MDG and capacity development (CD) samples on the other hand, the focus is on the relationship between the MDG findings and the CD findings. In this concluding section, in order to examine the relationship between MDG projects and the capacity of the SPO, we present a correlation matrix concerning the grading on MDG (see table 4) and endline scores on CD constructed by summing the baseline scores and the changes over the evaluation period. We do not consider the question "the observed results are attributable to the project interventions" for this outside of the SPO's control. The correlation matrix obviously contains only SPOs represented in both samples and for which baseline and endline analyses have been conducted (See table below). It seems as if there is some correlation between the scores on MDG and CD. The capacity to act and commit is significantly related at the five percent level with the question "the observed results are relevant to the project beneficiaries". The capability to adapt and self-renew is significantly at the ten percent level related to the question "the project reached all its objectives". A significant effect at the ten percent level is also found between the capacity to achieve coherence and the question "the project was implemented as designed". Obviously this analysis is very rudimentary and more in depth research is needed to examine the exact relationship between the capacities of the SPOs and the impact of their projects.

Table 11: Correlation matrix table between MDG and Capacity development scores

	Act and commit	Adapt and self-renew	Deliver on development objectives	Relate	Achieve coherence
The project was well designed.	0.1582	0.0177	-0.1417	-0.1905	0.0035
	0.6422	0.9589	0.6777	0.5747	0.9918
The project was implemented as designed.	0.3748	0.0586	0.3783	0.3236	0.5742
	0.256	0.8641	0.2513	0.3316	0.0647
The project reached all its objectives.	-0.0865	0.5481	-0.2729	-0.1459	0.3955
	0.8004	0.0808	0.4169	0.6686	0.2286
The observed results are relevant to the project beneficiaries.	0.7031	-0.0309	0.2506	0.2539	0.3173
	0.0158	0.9281	0.4574	0.4513	0.3417
The project was implemented efficiently.	0.3915	0.3214	0.4718	0.4993	0.0897
	0.2338	0.3351	0.1429	0.1179	0.7931

The upper number denotes the correlation coefficient and the lower number denotes the significance level.

ANNEXES TO THE EXECUTIVE SUMMARY

Annex A: Millennium Development Goals (MDGs)

Table A1: **Millennium Development Goals (MDGs)**
MDG 1: Eradicate extreme poverty and hunger
MDG 2: Achieve universal primary education
MDG 3: Promote gender equality and empower women
MDG 4: Reduce child mortality
MDG 5: Improve maternal health
MDG 6: Combat HIV/AIDS, malaria and other diseases
MDG 7: Ensure environmental sustainability
MDG 8: Develop a global partnership for development

Annex B: Methodological approach & reflection of Capacity Development

1.1 Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

1.2 Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[19] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff; This general causal map was developed to also get the SPO perspective on what they considered as important capacity development changes since the baseline. For this reason, and since the indicators by themselves could not provide this overall SPO story and perspectives on what they considered important changes, only the SPO perspective has been included. This was an additional activity that wasn't planned for during the baseline. The analysis in terms of organisational capacity changes has however mainly focused on changes in the 5c indicators.
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

The scores were developed by the evaluation team, after thorough analysis and description of the situation during endline and how this changes since the baseline. These scores are based on mainly proportional differences. Whilst the

[19] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

information provided by staff may have provided socially desirable answers, the information provided has been cross-checked using different sources of information (different staff groups based on functions; self-assessments in interviews; interviews with CFA and other externals).

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - -2 = Considerable deterioration
   - -1 = A slight deterioration

- 0 = No change occurred, the situation is the same as in 2012
- +1 = Slight improvement
- +2 = Considerable improvement

2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - Intervention, actor or factor at the level of or by **SPO**: ..... .
   - Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - **Other** interventions, actors or factors: ..... .
   - Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);

- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

Purpose of the fieldwork**:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map'

was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

***Self-assessments*:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

1.3 Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

- Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.
- Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.
- Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that

the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table B1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing.

Table B2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table B3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[20]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.
Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table B4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[20] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table B5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.
Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table B6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table B7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.
Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table B8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

1.

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

- A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.
- A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).
- **Part** or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.
- **Attributes of the actor** = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;

- During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the

CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.

The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011- up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

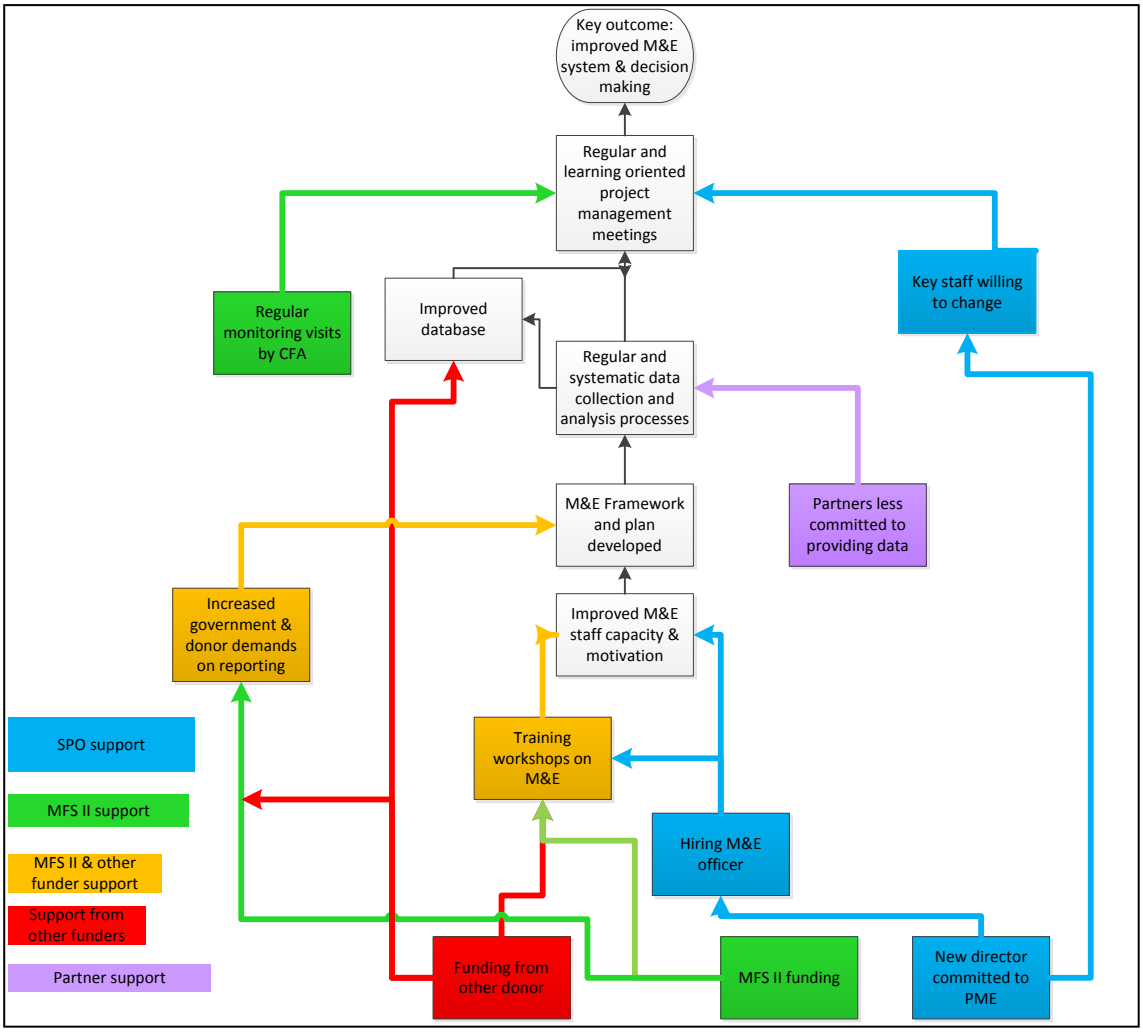


Figure 1 *An imaginary example of a model of change*

*Step 5. Identify **types of evidence** needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

- **Pattern evidence** relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.
- **Sequence evidence** deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).
- **Trace evidence** is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.
- **Account evidence** deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table B9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

Step 6. ***Collect data*** *to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

Step 7. ***Assess the quality*** *of data and* ***analyse data****, and develop the* ***final detailed causal map*** *(model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

- Confirming/ rejecting a causal relation (yes/no);
- Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
- Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) **Description of causal relation**	**Confirming/ rejecting a causal relation (yes/no)**	**Type of information providing the background to the confirmation or rejection of the causal relation**	**Strength of evidence: strong/ rather strong/ rather weak/ weak**	**Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed/ rejected**
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

1.3 Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

1.4 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing

asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.

- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome. Staff turnover may have seriously affected institutional memory , which is an important factor, next to the difficulty of recall when describing a chain of events, in qualitative information. These factors are important to take into account.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs and providing a comprehensive story per SPO in terms of its organisational capacity development. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation. For future evaluation purposes, it is important to keep 'utility' in mind since this is the first and most important evaluation standard. Helping to think through how evaluation can be useful for primary intended users is crucial. Ensuring a process whereby stakeholders involved are engaged in a learning process can support utility. However, it must be noted that, with qualitative information, respondents may suffer from recall bias if they describe a chain of events. Particularly when attrition is high, learning becomes limited since it is hard to find institutional memory.

For future evaluations it is important to be more utilisation focused next time with engagement of stakeholders in a learning process so that they can also take up the lessons learned for further improve upon their organisations. Now, the evaluation was too much accountability driven. Furthermore, it's important that enough time is taken into account for the evaluation process, to provide useful insights for all involved. The time period of two years was too short to see remarkable change in terms of capacity development. Process tracing has proven to be a useful exercise that provided a lot of insight into how changes in terms of capacity development have taken place. Many SPOs and CFAs valued this insightful learning process and indicated they would work with the results to further improve the organisational capacity of the SPO. Furthermore, in case of staff turnover, this may have seriously affected institutional memory, which is an important factor, next to the difficulty of recall when describing a chain of events, in qualitative information. Organisational capacity contains many different aspects that are constantly changing and it's important to see these as part of a whole rather than a separate issues, which had to be done for this specific evaluation in terms of standard indicators. The different aspects relate to each other, a need to be seen more from a whole systems perspective. Furthermore, organisational capacity is complex, methodologies for evaluation need to be tuned to the specific situation of each organisation. For future purposes it would be useful if SPO and CFA develop a clear theory of change together in terms of organisational capacity strengthening. This would strengthen theory-based evaluation.

Annex C: Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

Capacity is referred to as the overall ability of an organisation or system to create value for others;

Capabilities are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);

Competencies are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1. The capability to act and commit;
2. The capability to deliver on development objectives;
3. The capability to adapt and self-renew;
4. The capability to relate (to external stakeholders);
5. The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each

situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Annex D: Overview of capabilities, and related outcome domains and performance indicators

Capabilities	Outcome domains	Performance indicators
Capability to act and commit	Level of Effective Leadership	1.1.Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'
		1.2.Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'
		1.3.Staff turnover: 'Staff turnover is relatively low'
	Level of realistic strategic planning	1.4.Organisational structure: 'Existence of clear organisational structure reflecting the objectives of the organisation'
		1.5.Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'
	Level of translation of strategy into operations	1.6.Daily operations: 'Day-to-day operations are in line with strategic plans'
	Level of Staff Capacity and Motivation	1.7.Staff skills: 'Staff have necessary skills to do their work'
		1.8.Training opportunities: 'Appropriate training opportunities are offered to staff'
		1.9.1.Incentives: 'Appropriate incentives are in place to sustain staff motivation'
	Level of Financial Resource Security	1.9.2.Funding sources: 'Funding from multiple sources covering different time periods'
		1.9.3.Funding procedures: 'Clear procedures for exploring new funding opportunities'
Capability to adapt and self-renew	Level of effective application of M&E	2.1.M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'
		2.2.M&E competencies: 'Individual competencies for performing M&E functions are in place'
	Level of strategic use of M&E	2.3.M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'
	Level of openness to strategic learning	2.4.Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'
		2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives
	Level of context awareness	2.6.System for tracking environment: 'The organisation has a system for being in touch with general trends and developments in its operating environment'
		2.7.Stakeholder responsiveness: 'The organisation is open and responsive to their stakeholders and the general public'

Capabilities	Outcome domains	Performance indicators
Capability to deliver on development objectives	**Extent to which organisation delivers on planned products and services**	3.1.Clear operational plans: 'Organisation has clear operational plans for carrying out projects which all staff fully understand'
		3.2.Cost-effective resource use: 'Operations are based on cost-effective use of its resources'
		3.3.Delivering planned outputs: 'Extent to which planned outputs are delivered'
	Extent to which delivered products and services are relevant for target population in terms of the effect they have	3.4.Mechanisms for beneficiary needs: 'The organisation has mechanisms in place to verify that services meet beneficiary needs'
	Level of work efficiency	3.5.Monitoring efficiency: 'The organisation monitors its efficiency by linking outputs and related inputs (input-output ratio's)'
		3.6.Balancing quality-efficiency: 'The organisation aims at balancing efficiency requirements with the quality of its work'
Capability to relate	**Level of involving external parties in internal policy/strategy development**	4.1.Stakeholder engagement in policies and strategies: 'The organisation maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organisation'
	Level of engagement of organisation in networks, alliances and collaborative efforts	4.2.Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'
	Extent to which organisation is actively engaging with target groups	4.3.Engagement with target groups: 'The organisation performs frequent visits to their target groups/ beneficiaries in their living environment'
	Level of effective relationships within the organisation	4.3.Relationships within organisation: 'Organisational structure and culture facilitates open internal contacts, communication, and decision-making'
Capability to achieve coherence	**Existence of mechanisms for coherence**	5.1.Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'
		5.2.Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'
	Level of coherence of various efforts of organisation	5.3.Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organisation'
		5.4.Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

Appendix E: CIVICUS and Civil Society Index Framework Title

CIVICUS, the World Alliance for Citizen Participation is an international alliance of members and partners which constitutes an influential network of organisations at the local, national, regional and international levels, and spans the spectrum of civil society. It has worked for nearly two decades to strengthen citizen action and civil society throughout the world. CIVICUS has a vision of a global community of active, engaged citizens committed to the creation of a more just and equitable world. This is based on the belief that the health of societies exists in direct proportion to the degree of balance between the state, the private sector and civil society.

One of the areas that CIVICUS works in is the Civil Society Index (CSI). Since 2000, CIVICUS has measured the state of civil society in 76 countries. In 2008, it considerably changed its CSI.

1.1 Guiding principles for measuring civil society

Action orientation: the principal aim of the CSI is to generate information that is of practical use to civil society practitioners and other primary stakeholders. Therefore, its framework had to identify aspects of civil society that can be changed, as well as generate knowledge relevant to action-oriented goals.

CSI implementation must be participatory by design: The CSI does not stop at the generation of knowledge alone. Rather, it also actively seeks to link knowledge-generation on civil society, with reflection and action by civil society stakeholders. The CSI has therefore continued to involve its beneficiaries, as well as various other actors, in this particular case, civil society stakeholders, in all stages of the process, from the design and implementation, through to the deliberation and dissemination stages.

This participatory cycle is relevant in that such a mechanism can foster the self-awareness of civil society actors as being part of something larger, namely, civil society itself. As a purely educational gain, it broadens the horizon of CSO representatives through a process of reflecting upon, and engaging with, civil society issues which may go beyond the more narrow foci of their respective organisations. A strong collective self-awareness among civil society actors can also function as an important catalyst for joint advocacy activities to defend civic space when under threat or to advance the common interests of civil society vis-à-vis external forces. These basic civil society issues, on which there is often more commonality than difference among such actors, are at the core of the CSI assessment.

CSI is change oriented: The participatory nature that lies at the core of the CSI methodology is an important step in the attempt to link research with action, creating a diffused sense of awareness and ownerships. However, the theory of change that the CSI is based on goes one step further, coupling this participatory principle with the creation of evidence in the form of a comparable and contextually valid assessment of the state of civil society. It is this evidence, once shared and disseminated, that ultimately constitutes a resource for action.

CSI is putting local partners in the driver's seat: CSI is to continue being a collaborative effort between a broad range of stakeholders, with most importance placed on the relationship between CIVICUS and its national partners.

1.2 Defining Civil Society

The 2008 CIVICUS redesign team modified the civil society definition as follows:

The arena, outside of the family, the state, and the market – which is created by individual and collective actions, organisations and institutions to advance shared interests.

Arena: In this definition the arena refers to the importance of civil society's role in creating public spaces where diverse societal values and interests interact (Fowler 1996). CSI uses the term 'arena' to describe the particular realm or space in a society where people come together to debate, discuss, associate and seek to influence broader society. CIVICUS strongly believes that this arena is distinct from other arenas in society, such as the market, state or family.

Civil society is hence defined as a political term, rather than in economic terms that resemble more the 'non-profit sector'.

Besides the spaces created by civil society, CIVICUS defines particular spaces for the family, the state and the market.

Individual and collective action, organisations and institutions: Implicit in a political understanding of civil society is the notion of agency; that civil society actors have the ability to influence decisions that affect the lives of ordinary people. The CSI embraces a broad range of actions taken by both individuals and groups. Many of these actions take place within the context of non-coercive organisations or institutions ranging from small informal groups to large professionally run associations.

Advance shared interests: The term 'interests' should be interpreted very broadly, encompassing the promotion of values, needs, identities, norms and other aspirations.

They encompass the personal and public, and can be pursued by small informal groups, large membership organisations or formal associations. The emphasis rests however on the element of 'sharing' that interest within the public sphere.

1.3 Civil Society Index- Analytical Framework

The 2008 Civil Society Index distinguishes 5 dimensions of which 4 (civic engagement, level of organisation, practice of values and perception of impact), can be represented in the form of a diamond and the fifth one (external environment) as a circle that influences upon the shape of the diamond.

Civic Engagement, or 'active citizenship', is a crucial defining factor of civil society. It is the hub of civil society and therefore is one of the core components of the CSI's definition. Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

Level of Organisation. This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena. Key sub dimensions are:

- Internal governance of Civil Society Organisations;
- Support infrastructure, that is about the existence of supporting federations or umbrella bodies;
- Self-regulation, which is about for instance the existence of shared codes of conducts amongst Civil Society Organisations and other existing self-regulatory mechanisms;
- Peer-to-peer communication and cooperation: networking, information sharing and alliance building to assess the extent of linkages and productive relations among civil society actors;
- Human resources, that is about the sustainability and adequacy of human resources available for CSOs in order to achieve their objectives:
  - Financial and technological resources available at CSOs to achieve their objectives;
  - International linkages, such as CSO's membership in international networks and participation in global events.

Practice of Values. This dimension assesses the internal practice of values within the civil society arena. CIVICUS identified some key values that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals. These are:

- Democratic decision-making governance: how decisions are made within CSOs and by whom;
- Labour regulations: includes the existence of policies regarding equal opportunities, staff membership in labour unions, training in labour rights for new staff and a publicly available statement on labour standards;
- Code of conduct and transparency: measures whether a code of conduct exists and is available publicly. It also measures whether the CSO's financial information is available to the public.
- Environmental standards: examines the extent to which CSOs adopt policies upholding environmental standards of operation;
- Perception of values within civil society: looks at how CSOs perceive the practice of values, such as non-violence. This includes the existence or absence of forces within civil society that use violence, aggression, hostility, brutality and/or fighting, tolerance, democracy, transparency, trustworthiness and tolerance in the civil society within which they operate.

Perception of Impact. This is about the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions are

- Responsiveness in terms of civil society's impact on the most important social concerns within the country. "Responsive" types of civil society are effectively taking up and voicing societal concerns.
- Social impact measures civil society's impact on society in general. An essential role of civil society is its contribution to meet pressing societal needs;
- Policy impact: covers civil society's impact on policy in general. It also looks at the impact of CSO activism on selected policy issues;
- Impact on attitudes: includes trust, public spiritedness and tolerance. The sub dimensions reflect a set of universally accepted social and political norms. These are drawn, for example, from sources such as the Universal Declaration of Human Rights, as well as CIVICUS' own core values. This dimension measures the extent to which these values are practised within civil society, compared to the extent to which they are practised in society at large.

Context Dimension: *External Environment*. It is crucial to give consideration to the social, political and economic environments in which it exists, as the environment both directly and indirectly affects civil society. Some features of the environment may enable the growth of civil society. Conversely, other features of the environment hamper the development of civil society. Three elements of the external environment are captured by the CSI:

- Socio-economic context: The Social Watch's basic capabilities index and measures of corruption, inequality and macro-economic health are used portray the socioeconomic context that can have marked consequences for civil society, and perhaps most significantly at the lower levels of social development;
- Socio-political context: This is assessed using five indicators. Three of these are adapted from the Freedom House indices of political and civil rights and freedoms, including political rights and freedoms, personal rights and freedoms within the law and associational and organisational rights and freedoms. Information about CSO experience with the country's legal framework and state effectiveness round out the picture of the socio-political context;
- Socio-cultural context: utilises interpersonal trust, which examines the level of trust hat ordinary people feel for other ordinary people, as a broad measure of the social psychological climate for association and cooperation. Even though everyone experiences relationships of varying trust and distrust with different people, this measure provides a simple indication of the prevalence of a world view that can support and strengthen civil society. Similarly, the extent of tolerance and public spiritedness also offers indication of the context in which civil society unfolds.

Appendix F: Methodology for Civil Society

This appendix describes the evaluation methodology that was developed to evaluate the efforts of Dutch NGOs and their Southern Partner Organisations (SPO) to strengthen Civil Society in India, Ethiopia and Indonesia. The first paragraph introduces the terms of reference for the evaluation and the second discusses design issues, including sampling procedures and changes in the terms of reference that occurred between the 2012 and 2014 assessment. The third paragraph presents the methodologies developed to answer each of the evaluation questions. The evaluation team uses the qualitative software programme NVIVO and how this is being used is presented in paragraph 1.4.

1.1 Introduction

1.1.1 Terms of reference for the evaluation

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System ('MFS) is its most recent expression. MFS II is the 2011-2015 grant programme which meant to achieve sustainable reduction in poverty. A total of 20 consortia of Dutch Co Financing Agencies have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

One component of the MFS II programme addresses the extent to which the Southern Partners of the Dutch Consortia are contributing towards strengthening civil society and this evaluation assesses this contribution for Southern Partner countries in Indonesia, India and Ethiopia. The evaluation comprised a baseline study, carried out in 2012, followed by an end line study in 2014.

The entire MFS II evaluation comprises assessments in eight countries where apart from a civil society component, also assessments towards achieving MDGs and strengthening the capacity of the southern partner organisations by the CFAs. A synthesis team is in place to aggregate findings of all eight countries. This team convened three synthesis team meetings, one in 2012, one in 2013 and one in 2014. All three meetings aimed at harmonising evaluation methodologies for each component across countries. CDI has been playing a leading role in harmonising its Civil Society and Organisational Capacity assessment with the other organisations in charge for those components in the other countries.

This appendix describes the methodology that has been developed for the evaluation of the efforts to strengthen civil society priority result area. We will first explain the purpose and scope of this evaluation and then present the overall evaluation design. We will conclude with describing methodological adaptations, limitations and implications.

1.1.2 Civil Society assessment – purpose and scope

The overall purpose of the joint MFS II evaluations is to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern partners and to contribute to the improvement of future development interventions.

The civil society evaluation is organised around 5 key questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- Were the development interventions of the MFS II consortia efficient?
- What factors explain the findings drawn from the questions above?

Furthermore, the evaluation methodology for efforts to strengthen civil society should:

- Describe how a representative sample of Southern partner organisations of the Dutch CFAs in the country will be taken
- Focus on five priority result areas that correspond with dimensions of the Civil Society Index (CSI) developed by CIVICUS (see paragraph 6.4 - Call for proposal). For each of those dimensions the call for proposal formulated key evaluation questions.
- Should compare results with available reference data (i.e. a CSI report or other relevant data from the country in question).

The results of this evaluation are to be used by the Dutch Ministry of Foreign Affairs, the Dutch Consortia and their partner organisations. The evaluation methodology has to be participatory in the sense that Dutch Consortia and their partner organisation would be asked to give their own perception on a range of indicators of the adjusted CIVICUS analytical framework in 2012 and in 2014.

1.2 Designing the methodology

1.2.1 Evaluation principles and standards

The overall approach selected is a participatory, theory-based evaluation through a before and after comparison. This paragraph briefly describes these principles and how these have been translated into data collection principles. It also describes how a 'representative sample' of Southern Partner Organisations was selected and how the initial terms of references were adjusted with the consent of the commissioner of the evaluation, given the nature of the evaluation component and the resources available for the evaluation.

Recognition of complexity

The issues at stake and the interventions in civil society and policy influence are complex in nature, meaning that cause and effect relations can sometimes only be understood in retrospect and cannot be repeated. The evaluation methods should therefore focus on recurring patterns of practice, using different perspectives to understand changes and to acknowledge that the evaluation means to draw conclusions about complex adaptive systems (Kurtz and Snowden, 2003)[21].

Changes in the values of the Civil Society Indicators in the 2012-2014 period are then the result of conflict management processes, interactive learning events, new incentives (carrots and sticks) that mobilise or demobilise civil society, rather than the result of a change process that can be predicted from A to Z (a linear or logical framework approach)[22].

A theory-based evaluation

Theory-based evaluation has the advantage of situating the evaluation findings in an analysis that includes both what happened over the life of the project as well as the how and why of what happened (Rogers 2004). It demonstrates its capacity to help understand why a program works or fails to work, going further than knowing only outcomes by trying to systematically enter the black box (Weiss 2004).

Theory-based evaluations can provide a framework to judge effectiveness in context of high levels of complexity, uncertainty, and changeability when traditional (impact) evaluation methods are not suitable: the use of control groups for the civil society evaluation is problematic since comparable organizations with comparable networks and operating in a similar external environment would be quite difficult to identify and statistical techniques of matching cannot be used because of a small n.

Because SPO's theories of change regarding their efforts to build civil society or to influence policies may alter during the 2012-2014 period, it requires us to develop a deep understanding of the change process and the dynamics that affect civil society and policies. It is important to understand what has led to specific (non-) changes and (un)-expected changes. These external factors and actors, as well as the SPO's agency need to be taken into account for the attribution question. Linear input-activities-outputs-outcomes-impact chains do not

[21] C. F. Kurtz, D. J. Snowden, The new dynamics of strategy: Sense-making in a complex and complicated world, in IBM Systems Journal vol 42, no 3, 2003)

[22] Caluwe de, L & Vermaak H. (2003) "Learning to Change. A Guide for Organization Change Agents" Sage Publications.

suffice for complex issues where change is both the result of SPOs' interventions as those by other actors and/or factors.

Therefore, the most reasonable counterfactual that can be used for this evaluation is that of considering alternative causal explanations of change (White and Philips, 2012). Therefore the SPOs' Theory of Change constructed in 2012 is also related to a Model of Change constructed in 2014 that tries to find the ultimate explanations of what happened in reality, including other actors and factors that might possibly explain the outcomes achieved.

Triangulation of methods and sources of information

For purposes of triangulation to improve the robustness, validity or credibility of the findings of the evaluation we used different types of data collection and analysis methods as well as different sources of information. The CIVICUS analytical framework was adjusted for this evaluation in terms of providing standard impact outcome indicators to be taken into account. Data collection methods used consisted of workshops with the SPO, interviews with key resource persons, focus group discussions, social network analysis (during the baseline), consultation of project documents; MFS II consortia documents and other documents relevant to assess general trends in civil society

Participatory evaluation
The evaluation is participatory in that both baseline and end line started with a workshop with SPO staff, decision makers and where possible board members. The baseline workshop helped SPOs to construct their own theory of change with regards to civil society. . Detailed guidelines and tools have been developed by CDI for both baseline and follow-up, and these have been piloted in each of the countries CDI is involved in. Country based evaluators have had a critical input in reviewing and adapting these detailed guidelines and tools. This enhanced a rigorous data collection process. Additionally, the process of data analysis has been participatory where both CDI and in-country teams took part in the process and cross-check each other's inputs for improved quality. Rigorous analysis of the qualitative data was done with the assistance of the NVivo software program..

Using the evaluation standards as a starting point
As much as possible within the boundaries of this accountability driven evaluation, the evaluation teams tried to respect the following internationally agreed upon standards for program evaluation (Yarbrough et al, 2011). These are, in order of priority: Utility; Feasibility; Propriety; Accuracy; Accountability. However, given the entire set-up of the evaluation, the evaluation team cannot fully ensure the extent to which the evaluation is utile for the SPO and their CFAs; and cannot ensure that the evaluation findings are used in a proper way and not for political reasons;

1.2.2 Sample selection

The terms of reference for this evaluation stipulate that the evaluators draw a sample of southern partner organisations to include in the assessment. Given the fact that the first evaluation questions intends to draw conclusions for the MDGs or the themes (governance or fragile states) for each countries a sample was drawn for the two or three most frequent MDGs or themes that the SPOs are working in.

The Dutch MFS II consortia were asked to provide information for each SPO regarding the MDG/theme it is working on, if it has an explicit agenda in the area of civil society strengthening and/or policy influence. The database then give an insight into the most important MDG/themes covered by the partner organisations, how many of these have an explicit agenda regarding civil society strengthening and/or policy influence. For Indonesia, 5 partner organisations were randomly selected for respectively MDG 7 (natural resources) and 5 for the governance theme. For India 5 SPOs were selected for MDG 1(economic or agricultural development) and 5 others for the theme governance. The sample in Ethiopia consists of 3 SPOs working on MDG 4,5 and 6 (Health); 3 SPOs for MDG 2 (education) and 3 SPOs for MDG 1 (economic or agricultural development).

1.2.3 Changes in the original terms of reference

Two major changes have been introduced during this evaluation and accepted by the commissioner of the MFS II evaluation. These changes were agreed upon during the 2013 and the 2014 synthesis team meetings.

The efficiency evaluation question:

During the June 2013 synthesis meeting the following decision was made with regards to measuring how efficient MFS II interventions for organisational capacity and civil society are:

[...] it was stressed that it is difficult to disentangle budgets for capacity development and civil society strengthening. SPOs usually don't keep track of these activities separately; they are included in general project budgets. Therefore, teams agreed to assess efficiency of CD [capacity development] and CS activities in terms of the outcomes and/or outputs of the MDG projects. This implies no efficiency assessment will be held for those SPOs without a sampled MDG project. Moreover, the efficiency assessment of MDG projects needs to take into account CD and CS budgets (in case these are specified separately). Teams will evaluate efficiency in terms of outcomes if possible. If project outcomes are unlikely to be observed already in 2014, efficiency will be judged in terms of outputs or intermediate results (e-mail quotation from Gerton Rongen at February 6, 2014).

Attribution/contribution evaluation question

During the June 2013 NWO-WOTRO workshop strategies were discussed to fit the amount of evaluation work to be done with the available resources. Therefore,

1. The number of SPOs that will undergo a full-fledged analysis to answer the attribution question, were to be reduced to 50 percent of all SPOs. Therefore the evaluation team used the following selection criteria:
   - An estimation of the annual amount of MFS II funding allocated to interventions that have a more or less direct relation with the civil society component. This implies the following steps to be followed for the inventory:
   - Covering all MDGs/themes in the original sample
   - Covering a variety of Dutch alliances and CFAs
2. The focus of the attribution question will be on two impact outcome areas, those most commonly present in the SPO sample for each country. The evaluation team distinguishes four different impact outcome areas:
   - The extent to which the SPO, with MFS II funding, engages more and diverse categories of society in the 2011-2014 period (Civicus dimensions "Civic engagement" and "perception of impact")
   - The extent to which the SPOs supports its intermediate organisations to make a valuable contribution to civil society in the 2011 -2014 period (Civicus dimension "Level of organisation" and "perception of impact")
   - The extent to which the SPO itself engages with other civil society organisations to make a valuable contribution to civil society in the 2011-2014 period (Civicus dimension "level of organisation")
   - The extent to which the SPO contributes to changing public and private sector policies and practices in the 2011-2014 period (Civicus dimension "perception of impact")
3. The CS dimension 'Practice of Values' has been excluded, because this dimension is similar to issues dealt with for the organisational capacity assessment.

The aforementioned analysis drew the following conclusions:

Table F1

SPOs to be included for full-fledged process tracinganalysis.

Country	SPO in the in-depth analysis	Strategic CS orientation to include
Indonesia	Elsam, WARSI, CRI, NTFP-EP, LPPSLH	1. Strengthening intermediate organisations AND influencing policies and practices 2. If only one of the two above mentioned is applicable, then select another appropriate impact outcome area to look at.
India	NNET, CWM, CECOEDECON, Reds Tumkur, CSA	1. Enhancing civic engagement AND strengthening intermediate organisations 2. If only one of the two above mentioned is applicable then select another appropriate impact outcome area to look at.
Ethiopia	OSSA, EKHC, CCGG&SO, JeCCDO	1. Strengthening the capacities of intermediate organisations AND SPO's engagement in the wider CS arena 2. If only one of the two above mentioned is applicable then select another appropriate impact outcome area to look at.

Source: Consultation of project documents

1.3 Answering the evaluation questions

1.3.1 Evaluation question 1 - Changes in civil society for the relevant MDGs/topics

Evaluation question 1: *What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country*?

Indicators and tools used
In line with the CIVICUS Civil Society Index, a scoring tool was developed in 2012 which comprises 17 indicators. The selection was inspired by those suggested in the terms of reference of the commissioner. Each indicator was, also in line with the CIVICUS index accompanied by an open evaluation question to be used for data collection in 2012 and 2014. In 2012 the scoring tool contained four statements describing the level of achievements of the indicator and scores ranged from 0 to 3 (low score - high score).

A comparison of the scores obtained in 2012 informed the evaluation team that there was a positive bias towards high scores, mostly between 2 and 3. Therefore during the 2014 assessment, it was decided to measure relative changes for each indicator in the 2012 – 2014 period, as well as the reasons for changes or no changes and assigning a score reflecting the change between -2 (considerable deterioration of the indicator value since 2012) and +2 (considerable improvement).

In 2012 and based upon the Theory of Change constructed with the SPO, a set of *standard indicators* were identified that would ensure a relation between the standard CIVICUS indicators and the interventions of the SPO. However, these indicators were not anymore included in the 2014 assessment because of the resources available and because the methodology fine-tuned for the attribution question in 2013, made measurement of these indicators redundant.

Also in 2012, as a means to measure the 'level of organisation' dimension a *social network analysis tool* was introduced. However this tool received very little response and was discontinued during the end line study.

Key questions to be answered for this evaluation question
In 2012, SPO staff and leaders, as well as outside resource persons were asked to provide answers to 17 questions, one per standard indicator of the scoring tool developed by CDI.

In 2012, the SPO staff and leaders were given the description of each indicator as it was in 2012 and had to answer the following questions:

1. How has the situation of this indicator changed compared to its description of the 2012 situation? Did it deteriorate considerably or did it improve considerably (-2 → +2)
2. What exactly has changed since 2012 for the civil society indicator that you are looking at? Be as specific as possible in your description.
3. What interventions, actors and other factors explain this change compared to the situation in 2012? Please tick and describe what happened and to what change this led. It is possible to tick and describe more than one choice.
   - Intervention by SPO, NOT financed by any of your Dutch partners ……..…..
   - Intervention SPO, financed by your Dutch partner organisation ……..(In case you receive funding from two Dutch partners, please specify which partner is meant here)
   - Other actor NOT the SPO, please specify…….
   - Other factor, NOT actor related, please specify……
   - A combination of actors and factors, INCLUDING the SPO, but NOT with Dutch funding, please specify…
   - A combination of actors and factors, INCLUDING the SPO, but WITH Dutch funding, please specify…
   - Don't know
4. Generally speaking, which two of the five CIVICUS dimensions (civic engagement, level of organisation, practice of values, perception of impact, environment) changed considerably between 2012 – 2014? For each of these changes, please describe:
   - Nature of the change

- Key interventions, actors and factors (MFS II or non-MFS II related) that explain each change (entirely or partially).

Sources for data collection
During the baseline and the end line and for purposes of triangulation, several methods were used to collect data on each (standard) indicator:

- Self-assessment per category of staff within the SPO: where possible, three subgroups were made to assess the scores: field staff/programme staff, executive leadership and representatives of the board,, general assembly, and internal auditing groups if applicable completed with separate interviews;
- Interviews with external resource persons. These consisted of three categories: key actors that are knowledgeable about the MDG/theme the SPO is working on and who know the civil society arena around these topics; civil society organisations that are being affected by the programme through support or CSOs with which the SPO is collaborating on equal footing, and; representatives of public or private sector organisations with which the SPO is interacting
- Consultation and analysis of reports that relate to each of the five CIVICUS dimensions.
- Project documents, financial and narrative progress reports, as well as correspondence between the SPO and the CFA.
- Social network analysis (SNA), which was discontinued in the end line study.

During the follow-up, emphasis was put on interviewing the same staff and external persons who were involved during the baseline for purpose of continuity.

1.3.2 Evaluation question 2 – "Attribution" of changes in civil society to interventions of SPOs.

Evaluation question 2: *To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?*

Adapting the evaluation question and introduction to the methodology chosen
In line with the observation of Stern et al. (2012) that the evaluation question, the programme attributes, and the evaluation approaches all provide important elements to conclude on the evaluation design to select, the teams in charge of evaluating the civil society component concluded that given the attributes of the programmes it was impossible to answer the *attribution* question as formulated in the Terms of References of the evaluation and mentioned above. Therefore, the evaluation teams worked towards answering the extent *to which the programme contributed towards realising the outcomes.*

For this endeavour explaining outcome process-tracing[23] was used. The objective of the process tracing methodology for MFS II, in particular for the civil society component is to:

- Identify what interventions, actors and factors explain selected impact outcomes for process tracing.
- Assess how the SPO with MFS II funding contributed to the changes in the selected impact outcomes and how important this contribution is given other actors and factors that possibly influence the attainment of the outcome. Ruling out rival explanations, which are other interventions, actors or factors that are not related to MFS II funding.

Methodology – getting prepared
As described before a limited number of SPOs were selected for process tracing and for each country strategic orientations were identified as a means to prevent a bias occurring towards only positive impact outcomes and as a means to support the in-country evaluation teams with the selection of outcomes to focus on a much as was possible, based upon the project documents available at CDI. These documents were used to track realised outputs and outcomes against planned outputs and outcomes. During the workshop (see evaluation question on changes in civil society) and follow-up interviews with the SPO, two impact outcomes were selected for process tracing.

[23] Explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented. The aim of process tracing is not to verify if an intended process of interventions took place as planned in a particular situation, but that it aims at increasing our understanding about what works under what conditions and why (Beach & Pedersen, 2013).

Steps in process tracing

1. Construct the theoretical model of change – by in-country evaluation team

After the two impact outcomes have been selected and information has been obtained about what has actually been achieved, the in-country evaluation team constructs a visual that shows all pathways that might possibly explain the outcomes. The inventory of those possible pathways is done with the SPO, but also with external resource persons and documents consulted. This culminated in a Model of Change. A MoC of good quality includes: The causal pathways that relate interventions/parts by any actor, including the SPO to the realised impact outcome; assumptions that clarify relations between different parts in the pathway, and; case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance specific attributes of the actor or socio-cultural-economic context. The Models of Change were discussed with the SPO and validated.

2. Identify information needs to confirm or reject causal pathways as well as information sources needed.

This step aims to critically reflect upon what information is needed that helps to confirm one of causal pathways and at that at same time helps to reject the other possible explanations. Reality warns that this type of evidence will hardly be available for complex development efforts. The evaluators were asked to behave as detectives of Crime Scene Investigation, ensuring that the focus of the evaluation was not only on checking if parts/interventions had taken place accordingly, but more specifically on identifying information needs that confirm or reject the relations between the parts/interventions. The key question to be answered was: "What information do we need in order to confirm or reject that one part leads to another part or, that X causes Y?". Four types of evidence were used, where appropriate:[24]

- *Pattern evidence* relates to predictions of statistical patterns in the evidence. This may consist of trends analysis and correlations.
- *Sequence evidence* deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A. However, if we found that event B took place before event A, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).
- *Trace evidence* is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of meeting minutes, if authentic, provides strong proof that the meeting took place.
- *Account evidence* deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

3. Collect information necessary to confirm or reject causal pathways

Based upon the inventory of information needs the evaluation teams make their data collection plan after which data collection takes place.

4. Analyse the data collected and assessment of their quality.

This step consists of compiling all information collected in favour or against a causal pathway in a table or in a list per pathway. For all information used, the sources of information are mentioned and an assessment of the strength of the evidence takes place, making a distinction between strong, weak and moderate evidence. For this we use the traffic light system: **green letters mean strong evidence**, **red letters mean weak evidence** and **orange letter mean moderate evidence:** The following table provides the format used to assess these issues.

[24] Beach and Pederson, 2013

Table F2

Organisation of information collected per causal pathway and assessing their quality

Causal pathway	Information that confirms (parts of) this pathway		Information that rejects (parts of) this pathway	
Pathway 1	**Information 1**	Source of information	**Information 1**	Source of information
Part 1.1	**Information 2**	Source of information	**Information 2**	Source of information
Part 1.2	**Information 3**	Source of information	**Information 3**	Source of information
Etc	etc	etc	etc	etc
Pathway 2	**Information 1**	Source of information	**Information 1**	Source of information
Part 2.1	**Information 2**	Source of information	**Information 2**	Source of information
Part 2.2	**Information 3**	Source of information	**Information 3**	Source of information
Etc.	etc	etc	etc	etc
Pathway 3				

5. Assessing the nature of the relations between parts in the model of change

The classification of all information collected is being followed by the identification of the pathways that most likely explain the impact outcome achieved. For this the evaluators assess the nature of the relations between different parts in the MoC. Based upon Mayne (2012) and Stern et al (2012) the following relations between parts in the MoC are mapped and the symbols inserted into the original MoC.

Table F3

Nature of the relation between parts in the Model of Change

Nature of the relation between parts and other parts or outcome	
The part is the only causal explanation for the outcome. No other interventions or factors explain it. (necessary and sufficient)	
The part does not explain the outcome at all: other subcomponents explain the outcomes.	
The part explains the outcome but other parts explain the outcome as well: there are multiple pathways (sufficient but not necessary)	
The part is a condition for the outcome but won't make it happen without other factors (necessary but not sufficient)	
The part explains the outcome, but requires the help of other parts to explain the outcome in a sufficient and necessary way (not a sufficient cause, but necessary) → it is part of a causal package	

Sources: Mayne, 2012; Stern et al, 2012

6. Write down the contribution and assess the role of the SPO and MFS II funding

This final step consists of answering the following questions, as a final assessment of the contribution question:

- The first question to be answered is: What explains the impact outcome?
- The second question is: What is the role of the SPO in this explanation?
- The third question, if applicable is: what is the role of MFS II finding in this explanation?

Sources for data collection

Information necessary to answer this evaluation question is to be collected from:

- Interviews with resource persons inside and outside the SPO
- Project documents and documentation made available by other informants
- Websites that possibly confirm that an outcome is achieved and that the SPO is associated with this outcome
- Meeting minutes of meetings between officials
- Time lines to trace the historical relations between events
- Policy documents
- etc

1.3.3 Evaluation question 3 – Relevance of the changes

Evaluation question 3: *What is the relevance of these changes?*

The following questions are to be answered in order to assess the relevance of the changes in Civil Society.

- How do the MFS II interventions and civil society outcomes align with the Theory of Change developed during the baseline in 2012? What were reasons for changing or not changing interventions and strategies?

- What is the civil society policy of the Dutch alliance that collaborates with the SPO? And how do the MFS II interventions and civil society outcomes align with the civil society policy of the Dutch alliance that collaborates with the SPO?
- How relevant are the changes achieved in relation to the context in which the SPO is operating?
- What is the further significance of these changes for building a vibrant civil society for the particular MDG/ theme in the particular context?

Sources for data collection
For this question the following sources are to be consulted:
- Review of the information collected during interviews with the SPO and outside resource persons
- The 2012 Theory of Change
- Interview with the CFA liaison officer of the SPO;
- Review of reports, i.e: the civil society policy document of the Dutch Alliance that was submitted for MFS II funding, relevant documents describing civil society for the MDG/ theme the SPO is working on in a given context.

1.3.4 Evaluation question 4, previously 5 - Factors explaining the findings

Evaluation question 4: *What factors explain the findings drawn from the questions above?*

To answer this question we look into information available that:
- Highlight changes in the organisational capacity of the SPO
- Highlight changes in the relations between the SPO and the CFA
- Highlight changes in the context in which the SPO is operating and how this might affect positively or negatively its organisational capacity.

Sources for data collection
Sources of information to be consulted are:
- Project documents
- Communications between the CFA and the SPO
- Information already collected during the previous evaluation questions.

1.4 Analysis of findings

A qualitative software programme NVivo 10 (2010) was used to assist in organizing and making sense of all data collected. Although the software cannot take over the task of qualitative data analysis, it does 1) improve transparency by creating a record of all steps taken, 2) organize the data and allow the evaluator to conduct a systematic analysis, 3) assist in identifying important themes that might otherwise be missed, and 4) reduce the danger of bias due to human cognitive limitations, compared to "intuitive data processing" (Sadler 1981). The qualitative data in the evaluation consisted of transcripts from semi-structured interviews, focus group discussions workshops, field notes from observation, and a range of documents available at the SPO or secondary information used to collect reference data and to obtain a better understanding of the context in which the CS component evolves.

To analyse this diverse collection of data, several analytical strategies are envisioned, specifically content analysis, discourse analysis, and thematic analysis. Although each of these strategies can be understood as a different lens through which to view the data, all will require a carefully developed and executed coding plan.

Data have been coded according to: standard civil society indicator; outcome included for in-depth contribution analysis; relevance, and; explaining factors.

This qualitative analysis will be supported by a limited amount of quantitative data largely arising from the score assigned by the evaluation team to each performance indicator described in the civil society scoring tool. Other quantitative data in this study are drawn information provided in background literature and organisational documents as well as the Social Network Analysis method.

1.5 Limitations to the methodology

1.5.1 General limitations with regards to the MFS II evaluation

The MFS II programme and CIVICUS

Although the MFS II programme stated that all proposals need to contribute to civil society strengthening in the South[25], mention was made of the use of the CIVICUS framework for monitoring purposes. The fact that civil society was to be integrated as one of the priority result areas next to that of organisational capacity and MDGs became only clear when the MoFA communicated its mandatory monitoring protocol. In consequence, civil society strengthening in the MFS II programmes submitted to the ministry is mainstreamed into different sub programmes, but not addressed as a separate entity.

This late introduction of the Civil Society component also implies that project documents and progress reports to not make a distinction in MDG or theme components vs those of civil society strengthening, leaving the interpretation of what is a civil society intervention our outcome and what not to the interpretation of the evaluation team.

At the same time the evaluation team observes that SPOs and CFAs have started to incorporate the organisational capacity tool that is being used in the monitoring protocol in their own organisational assessment procedures. None of the SPOs is familiar with the CIVICUS framework and how it fits into their interventions.

Differences between CIVICUS and MFS II evaluation

CIVICUS developed a Civil Society Index that distinguishes 5 dimensions and for each of these a set of indicators has been developed. Based upon a variety of data collection methods, a validation team composed of civil society leaders provides the scores for the civil society index.

Major differences between the way the Civil Society Index is been used by CIVICUS and for this MFS II evaluation is the following:

2. CIVICUS defines its unit of analysis is terms of the civil society arena at national and/or subnational level and does not start from individual NGOs. The MFS II evaluation put the SPO in the middle of the civil society arena and then looked at organisations that receive support; organisations with which the SPO is collaborating. The civil society arena boundaries for the MFS II evaluation are the public or private sector organisations that the SPO relates to or whose policies and practices it aims to influence
3. The CIVICUS assessments are conducted by civil society members itself whereas the MFS II evaluation is by nature an external evaluation conducted by external researchers. CIVICUS assumes that its assessments, by organising them as a joint learning exercise, will introduce change that is however not planned. With the MFS II evaluation the focus was on the extent to which the interventions of the SPO impacted upon the civil society indicators.
4. CIVICUS has never used its civil society index as a tool to measure change over a number of years. Each assessment is a stand-alone exercise and no efforts are being made to compare indicators over time or to attribute changes in indicators to a number of organisations or external trends.

Dimensions and indicator choice

The CIVICUS dimensions in themselves are partially overlapping; the dimension 'perception of impact' for instance contains elements that relate to 'civic engagement' and to 'level of organisation'. Similar overlap is occurring in the civil society scoring tool developed for this evaluation and which was highly oriented by a list of evaluation questions set by the commissioner of the evaluation.

Apart from the overlap, we observe that some of the standard indicators used for the civil society evaluation were not meaningful for the SPOs under evaluation. This applies for instance for the political engagement

[25] Policy Framework Dutch Cofinancing System II 2011 - 2015

indicator "How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?".

Measuring change over a two-year period

The MFS II programme started its implementation in 2011 and it will finish in 2015, whereas its evaluation started mid-2012 and will end in the beginning of 2014. The period between the baseline and the end line measurement hardly covers 2 years in some cases. Civil society building and policy influence are considered the type of interventions that requires up to 10 years to reap significant results, especially when taking into account attitudes and behaviour. Apart from the fact that the baseline was done when MFS II was already operational in the field for some 1,5 years, some SPO interventions were a continuation of programmes designed under the MFS I programme, hence illustrating that the MFS II period is not a clear boundary. Contracts with other SPOs ended already in 2012, and practically coincided with the baseline assessment being conducted at the moment the relationship with the CFA had practically ended.

Aggregation of findings

Although working with standard indicators and assigning them scores creates expectations of findings being compared and aggregated at national and international level, this may lend itself to a quick but inaccurate assessment of change. Crude comparison between programs on the basis of findings is problematic, and risks being politically abused. The evaluation team has to guard against these abuses by ensuring the necessary modesty in extrapolating findings and drawing conclusions.

Linking the civil society component to the other components of the MFS II evaluation
The Theory of Change in the terms of reference assumes that CFAs are strengthening the organisational capacity of their partners, which is evaluated in the organisational capacity components, which then leads to impact upon MDGs or upon civil society. Because the evaluation methodology designed for both the organisational capacity and the civil society evaluation require considerable time investments of the SPOs, a deliberate choice was made not to include SPOs under the organisational capacity component in that of Civil Society. This may possibly hamper conclusions regarding the assumption of capacitated SPOs being able to impact upon civil society. However, where information is available and where it is relevant, the civil society component will address organisational capacity issues.

No such limitations were made with regards to SPOs in the MDG sample, however, apart from Indonesia; none of the SPOs in the civil society sample is also in that of MDG.

1.5.2 Limitations during baseline with regards to the methodology

A very important principle upon which this evaluation methodology is based is that of triangulation, which implies that different stakeholders and documents are consulted to obtain information about the same indicator from different perspectives. Based upon these multiple perspectives, a final score can be given on the same indicator which is more valid and credible.

For Ethiopia this has not always been possible:

- A Survey Monkey questionnaire was developed to assess the intensity of the interaction between stakeholders in the Basic Education Network of Ethiopia. Out of 85 actors that were invited to fill in this 5 minute questionnaire, none of them effectively filled in the questionnaire. The online Social Network Analysis aims at having both the opinion of the SPO on the intensity of the interaction with another actor, as well as the opinion of the other actor for triangulation. Important reasons for not filling in this form are that actors in the network are not technology savvy, or that they have difficulties in accessing internet.
- With regards to filling in offline interview forms or answering questions during interviews a number of civil society actors did not want to score themselves because they do not benefit from the interventions of the MFS II projects. Having the scores of their own organisations will help to assess the wider environment in which the SPO operates and possibly an impact of the SPO on other civil society organisations in 2014.

- All respondents working for CSOs are working on a voluntary basis. It has not been easy for the evaluation team to fix appointments with them. Voluntary work so high staff turn-over → new staff is not knowledgeable about the interview topics (loss of institutional memory)
- SPOs in Ethiopia are not influencing public sector policies but are implementing these public sector policies. This means that most often there will be no efforts to influence those policies, but efforts are made to make those policies operational at local level and to revitalise them.

1.5.3 Limitations during end line with regards to the methodology

Project documentation

The methodology assumed that project documents and progress reports would be helpful in linking project interventions to the CIVICUS framework and obtaining an overview of outputs-outcomes achieved versus planned. These overviews would then be used to orient the in-country evaluation teams for the quick or in-depth contribution analysis.

In practice the most recent progress reports were hardly available with the CFAs or were made available later in the process. These reports often were not helpful in accumulating outputs towards to the planned outputs and even outcomes. Hardly any information is available at outcome or impact level and no monitoring systems are available to do so. Key information missing and relevant for civil society impact (but also to track progress being made on effects of project interventions) is for instance a comprehensive overview of the organisational performance of organisations supported by the SPO.

For a number of SPOs the reality was different than the progress reports reflected which meant that constant fine-tuning with the in-country evaluation team was necessary and that CDI could not always provide them with the guidance needed for the selection of impact outcomes for contribution analysis.

A number of organisations that the evaluation team looked at for the civil society component are working in a programmatic approach with other partner organisations. In consequence reporting was organised at the programme level and to a lesser extent at the level of the individual partner, which seriously hampered the possibilities to get oversight on outcomes and output achieved. This was the case with EKHC and MKC-RDA, ERSHA, EfDA and JeCCDO.

The Ethiopian evaluation team made the following evaluation remarks with regards to the methodology.

1. What worked?

The team had no difficulties in triangulating information obtained from different resource persons (Government, beneficiaries and SPOs) which helped to cross check information.

The document analysis by CDI, including providing guidance for the fieldwork has been helpful for the team.

The use of the Models of Change for process-tracing helped both the evaluation team as the SPO staff in obtaining a clear picture of the inputs, out puts and outcomes and to get a general picture of the evaluation.

2. What didn't work and why?

There was repetition in a number of questions in the evaluation methodology, such the forms used during the workshop with the SPO, the interviews with the SPO after the workshops; questions were interpreted by the SPO staff of being more or less the same and therefore made them less interested to go into detail or be specific.

The workshop form to be filled in for the CS indicators was long and therefore answers given may have been too general. Some of the questions were not clear and seemed similar to the others and therefore were misunderstood and got wrong responses.

3. Challenges encountered

The team observes that it was very difficult to obtain exact information from resource persons, including those representing the SPOs. Resource persons were able to give facts based upon general observations in most cases but were not able to provide figures. Therefore the in country team suggests to identify a number of indicators during the baseline and to ask the SPO and their headquarters to monitor those indicators since the baseline as a means to inform the end line study.

Some beneficiaries were not aware or did not keep track of numbers and figures, making it also difficult to confirm or reject quantitative information from the SPO. The in-country evaluation team suggests to incorporate quantitative analysis in the evaluation of the CS component.

The partner organisations do not keep records of progress and what they document is available in hard copy. They also keep (monthly) records but do not aggregate these.

High staff turnover within the SPOs also hampered the evaluation.

1.6 Civil Society Scoring tool - baseline

Civil Society Assessment tool – Standard Indicators

Dimension	Outcome domains		Question	Statements 0	1	2	3	x	What are factors (strengths, weaknesses) that explain the current situation?
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	Are NOT taken into account	Are POORLY taken into account	Are PARTLY taken into account	Are FULLY taken into account	Question not relevant, because	
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	They are INFORMED about on-going and/or new activities that you will implement	They are CONSULTED by your organisation. You define the problems and provide the solutions.	They CARRY OUT activities and/or form groups upon your request. They provide resources (time, land, labour) in return for your assistance (material and/or immaterial)	They ANALYSE PROBLEMS AND FORMULATE IDEAS together with your organisation and/or take action independently from you.	Question not relevant, because	
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	No participation	You are occasionally CONSULTED by these bodies	You are a member of these bodies. You attend meetings as a participant	You are a member of these bodies. You are chairing these bodies or sub groups	Question not relevant, because	

organisation level of	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	No interaction at all	Networking - Cooperation: Inform each other; roles somewhat defined; all decisions made independently	Coordination - Coalition: ideas and resources shared; roles defined and divided; all have a vote in decision making	Collaboration: organisations belong to one system; mutual trust; consensus on all decisions.	Question not relevant, because	
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	No interaction at all	Less thatn 2 times a year	Between 2 and 3 times a year	More than 4 times a year	Question not relevant, because	
	6	Defending the interests of marginalised groups:	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	No interaction at all	Networking - Cooperation: Inform each other; roles somewhat defined; all decisions made independently	Coordination - Coalition: ideas and resources shared; roles defined and divided; all have a vote in decision making	Collaboration: organisations belong to one system; mutual trust; consensus on all decisions.	Question not relevant, because	
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendans to workshops of other CSOs; costs for organisational growth and/or networking?	Depends on 1 indernational donor	Depends on few financial sources: one fund cover(s) more than 75% of all costs.	Depends on a variety of financial sources; one fund cover(s) more than 50% of all costs.	Depends on a variety of sources of equal importance. Wide network of domestic funds	Question not relevant, because	
Practice of Values	**8**	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	(financial) information is made available and decisions are taken openly	They fulfil their formal obligation to explain strategic decisions and actions	They react to requests of social organs to justify/explain actions and decisions made	Social organs use their power to sanction management in case of misconduct or abuse	Question not relevant, because	
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	Between 0-10 % of all members of the social organs	Between 11-30 % of all members of the social organs	Between 31-65 % of all members of the social organs	More than 65% of all members of the social organs	Question not relevant, because	

	10	External financial auditing	How regularly is your organisation audited externally?	Never	Occasionally, upon request of funders	Periodically and regularly, because our external funder asks for it	Periodically and regularly, because it is part of our code of conduct	Question not relevant, because	
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	Majority of target groups are NOT satisfied	Majority of target groups are POORLY satisfied	Majority of target groups are PARTLY satisfied	Majority of target groups are MOSTLY satisfied	Question not relevant, because	
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	You have not undertaken any activities of this kind	You have undertaken activities of this kind but there is no discernible impact	You have undertaken activities of this kind but impact is limited	You have undertaken activities and examples of significant success can be detected.	Question not relevant, because	
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	No direct interaction	You have been invited by public sector organisations for sharing of information	You have been invited by public sector organisations for regular consultations (but public sector decides)	Formal and regular meetings as a multi-stakeholder task force.	Question not relevant, because	
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	No direct interaction	You have been invited by private sector organisations for sharing of information	You have been invited by private sector organisations for regular consultations (but public sector decides)	Formal and regular meetings as a multi-stakeholder task force.	Question not relevant, because	
	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	No activities developed in this area	Some activities developed but without discernible impact	Many activities developed in this area, but impact until so far has been limited	Many activities developed in this area and examples of success can be detected	Question not relevant, because	

	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	No activities developed in this area	Some activities developed but without discernible impact	Many activities developed in this area, but impact until so far has been limited	Many activities developed in this area and examples of success can be detected	Question not relevant, because	
Environmental context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	No analysis of the space and role of civil society has been done.	You are collecting information of the space and role of civil society but not regularly analysing it.	You are monitoring the space and role of civil society and analysing the consequences of changes in the context for your own activities. Examples are available.	You are involved in joint action to make context more favourable. Examples are available.	Question not relevant, because	

Appendix G: Changes in the Civil Society Context 2010-2014

Civil Society context

This section describes the civil society context in Ethiopia that is not SPO specific. The socioeconomic, socio-political, and sociocultural context can have marked consequences for civil society, perhaps more significantly at the lower levels of social development. The information used is in line with the information used by CIVICUS.[26]

1. Socio-economic context

Table G1
Ethiopia's rank on respectively the Human Development Index, World Bank Voice and Accountability Index and Failed State Index

Ranking Body	Rank	Ranking Scale (best – worst possible)
UN Human Development Index	173 (2013)	1 – 187
World Bank Voice & Accountability Indicators	12 (2012)	100 – 0
Failed State Index	19 (2013)	177 – 1

Sources: UNDP, World Bank Governance Indicators, and Fund for Peace

The Human Development Index (HDI) is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.[27] Ethiopia's HDI value for 2013 is 0.435— which is in the low human development category—positioning the country at 173 out of 187 countries and territories. Between 2000 and 2013, Ethiopia's HDI value increased from 0.284 to 0.435, an increase of 53.2 percent or an average annual increase of about 3.34 percent.

An alternative non-monetary measure of poverty and well-being is the Basic Capabilities Index (BSI). This index is based on key human capabilities that are indispensable for survival and human dignity.[28] Ethiopia falls with a BCI of 58 in the critical BCI category, which means the country faces major obstacles to achieving well-being for the population. 10% of children born alive do not grow to be five years old, only 6 % of women are attended by skilled health personnel and only 33% of school age children are enrolled in education and attain five years of schooling.

Ethiopia scores relatively low on the Social and Economic Rights Fulfilment Index (SERF Index)[29]. In 2012 Ethiopia is only protecting 58.10% of all its social and economic rights feasible given its resources, and the situation has worsened between 2010 and 2012. Especially the right to food and the right to housing remain problematic.

[26] Mati J.M., Silva F., Anderson T., April 2010, *Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010.,* CIVICUS

[27] A long and healthy life is measured by life expectancy. Access to knowledge is measured by: i) mean years of education among the adult population, which is the average number of years of education received in a life-time by people aged 25 years and older; and ii) expected years of schooling for children of school-entry age, which is the total number of years of schooling a child of school-entry age can expect to receive if prevailing patterns of age-specific enrolment rates stay the same throughout the child's life. Standard of living is measured by Gross National Income (GNI) per capita expressed in constant 2011 international dollars converted using purchasing power parity (PPP) rates.

[28] http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf

[29] http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf

The Transparency International's Global Corruption Barometer survey shows how 1,000 Ethiopian people assess corruption and bribery in their home country: A low score indicates that a country is perceived as highly corrupt, while a high score indicates that a country is perceived as very clean. Ethiopia has a Corruption Perception Index score of 3.3 out of 10 in 2014, which places the country on position 110 out of 174 countries.[30] Survey participants were furthermore asked to rate their perceptions of corruption within major institutions in their home country on a scale of 1 to 5, 5 being most corrupt and 1 being least corrupt[31]. With a range of perceived corruption scores from around 2 (military, education and NGO's) to over 3 (private sector, public officials, and judiciary), most major institutions are perceived as corrupt.

Ethiopia's economic freedom score in 2014 is 50.0, making its economy the 151st freest out of 174 countries in the 2014 Index. Its 2014 score is 0.6 point higher than in 2013 due to improvements in five of the 10 economic freedoms, including business freedom, labour freedom, and fiscal freedom. Ethiopia is ranked 35th out of 46 countries in the Sub-Saharan Africa region, and its overall score continues to be below the regional average.[32]

2. Socio-political context

In February 2009, the Government adopted the NO. 621/2009 Proclamation which is Ethiopia's first comprehensive law governing the registration and regulation of NGOs. This law violates international standards relating to the freedom of association. Notably, the Proclamation restricts NGOs that receive more than 10% of their financing from foreign sources from engaging in essentially all human rights and advocacy activities.

The UN Special Rapporteur on the rights to freedom of peaceful assembly and of association, Mr. Maina Kiai, has commented that "The enforcement of these provisions has a devastating impact on individuals' ability to form and operate associations effectively, and has been the subject of serious alarms expressed by several United Nations treaty bodies." Mr. Kiai went on to recommend that "the Government revise the 2009 CSO law due to its lack of compliance with international norms and standards related to freedom of association, notably with respect to access to funding".[33] The Ethiopian Proclamation may effectively silence civil society in Ethiopia by starving NGOs of resources, and thus essentially extinguish their right to expression.[34]

In November 2011, the Ethiopian Charities and Societies Agency issued the Guideline on Determining the Administrative and Operational Costs of CSOs, which is applicable to all charities and societies (international and domestic). Retroactive to July 2011, when approved by the Agency without any consultation with organizations or donors, the "70/30" regulation limits administrative costs for all charities and societies to a maximum of 30% of their budgets.[35]

Freedom of assembly and association are guaranteed by the constitution but limited in practice. Organizers of large public meetings must request permission from the authorities 48 hours in advance. Applications by opposition groups are routinely denied. Peaceful demonstrations were held outside mosques in July 2012, but the security forces responded violently, detaining protestors, including several prominent Muslim leaders. A total of 29 Muslims were eventually charged with offences under the antiterrorism law. They were awaiting trial at year's end.[36]

[30] http://www.transparency.org/country/#ETH
[31] http://www.transparency.org/gcb2013/country//?country=ethiopia
[32] http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf
[33] see UN Human Rights Council, Report of the Special Rapporteur on the rights to freedom of peaceful assembly and of association, Maina Kiai, April 24, 2013.
[34] http://www.icnl.org/research/monitor/ethiopia.html
[35] Idem
[36] Idem

Table G2

Ethiopia's rank on respectively the World Bank Rule of Law Index, Transparency International Perception of Corruption Index and Freedom House's Ratings of Freedom

Ranking Body	Rank	Ranking Scale (best – worst possible)
World Bank Rule of Law Index	31 (2012)	100 – 0
Transparency International perception of corruption index	111 (2013)	1 – 178
Freedom House: Freedom in the World	Status: Not Free Political Rights: 6 Civil Liberties: 6 (2014)	Free/Partly Free/Not Free 1 – 7 1 – 7

Sources: World Bank Governance Indicators, Transparency International and Freedom House

Freedom House evaluates the state of freedom in 195 countries annually. In 2014, Ethiopia scored a 6 on both the political rights and civil liberties ratings, indicating that the country is not politically free nor performing on protecting civil rights.[37] Its total aggregate scores from the Freedom House Index decreased with 15 points in the 2008-2012 period.[38]

The media are dominated by state-owned broadcasters and government-oriented newspapers. One of the few independent papers in the capital, Addis Neger, closed in 2009, claiming harassment by the authorities. Privately-owned papers tend to steer clear of political issues and have low circulations. A 2008 media law criminalizes defamation and allows prosecutors to seize material before publication in the name of national security[39].

Trade union rights are tightly restricted. All unions must be registered, and the government retains the authority to cancel registration. Two-thirds of union members belong to organizations affiliated with the Confederation of Ethiopian Trade Unions, which is under government influence. Independent unions face harassment. There has not been a legal strike since 1993.

Women are relatively well represented in Parliament, having won 152 seats in the lower house in the 2010 elections. Legislation protects women's rights, but they are routinely violated in practice. Enforcement of the law against rape and domestic abuse is patchy, with cases routinely stalling in the courts. Forced child labour is a significant problem, particularly in the agricultural sector. Same-sex sexual activity is prohibited by law and punishable with imprisonment.[40]

3. Socio-cultural context

The World Values Survey Wave 2005-2009 asked 1500 Ethiopians the question: "Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?" Out of 1500 respondents, only 21,4 % stated that most people can be trusted. 66,2% indicated they needed to be very careful.[41] Additionally, only 36,1% of the respondents mentioned 'tolerance and respect for other people' as a quality that needs to be encouraged to learn children at home.[42] 74% of the respondents think that churches are giving adequate answers to people's spiritual needs.[43]

[37] Puddington, Arch (2013) https://freedomhouse.org/report/freedom-world/2014/ethiopia-0
[38] http://www.freedomhouse.org/sites/default/files/FIW%202013%20Booklet.pdf
[39] Puddington, Arch (2013) https://freedomhouse.org/report/freedom-world/2014/ethiopia-0
[40] Idem
[41] http://www.worldvaluessurvey.org/WVSOnline.jsp
[42] Idem
[43] Idem

Appendix H: Data collection for MFS-II impact evaluation on MDGs

1. Sample size

The Ethiopian evaluation was planned for 13 projects drawn from different sectors and MDGs. Some of the projects were interrelated while others were different both in terms of topic and location. As a result, samples were drawn jointly for certain projects in order to maximize the sample size and avoid duplication of sampling in the same locality. The original plan was to select 500 respondents for each project for the baseline and follow-up surveys respectively. But, if two projects are conducted together, we can have 1000 respondents that can be used for the two projects. Of the 13 projects, samples are chosen jointly for 1) C5 and C7, 2) C11 and C13, and 3) C2 and C3. Because of this merging, we were left with 10 survey blocks for which sampling has been done independently. The summary of their lists, sample size and specific locations are shown in table H1 below.

The plan was to interview a total of 6500 samples in each phase. However, to account for population size and further requirements, the actual total sample size in 2012 increased to 6725. New samples were added in 2014 and including attrition of respondents interviewed in 2012, the actual total interviewed was 6975. The maximum attrition observed was 46%, for C2 and C3. The next highest attrition rates, 30-33%, were observed in Afar region for C12 and C13 projects. These attrition rates were expected due to the nature of the samples. In C2 and C3, the respondents were school girls and street girls, who are very mobile and very difficult to trace. In C11 and C13, the Afar community is a pastoral community continually moving from place to place in search of animal feeds and water. To compensate these attritions, new respondents representing different segment of projects beneficiaries, for example, community conversation participants in C2 and C3, and husbands in C11 and C13 were added in the follow-up survey so the sample size came close to the one of the baseline. The attrition rates for the education projects were significant, but a replacement is taken. In some projects, e.g. C8, the replacement goes beyond the number of attrition, so that the follow-up sample size is larger than the baseline. For most projects, the attrition rate was below 10%.

Table H1
Overview of survey blocks and sample size

Lists of survey blocks	Locations		Sample size		
	Region(s)	Zone/city /District	Plan	Baseline	Follow up
C1	Oromia	East Wollega	500	497	472
C2 & C3	Oromia	Adama	1000	891	883
C4	Afar	Assayita	500	484	552
C5 & C7	Oromia	Bale, West Arsi, South West and West shoa	1000	1023	960
C6	Afar	Zone 5	500	502	416
C8	Benishangul-Gumuz	Bertha, Gumuz, Shinasha and Mao-Komo	500	646	1073
C9	Tigray,	Kola Tembien	500	602	564
	Amhara,	Bati			
	Oromia, and	Fedis & Boset			
C10	Oromia	East Shoa	500	495	492
C11 and C13	Afar	Zone1, Zone3, Zone5	1000	1084	1067
C12	Oromia	West Arsi	500	501	496
Total			**6500**	**6725**	**6975**

2. Sampling

Sampling is done using multi-stage stratified sampling technique. First, we identified the Zones where the projects are implemented. Second, from each zone, we randomly or totally select districts (Woredas). Since some projects are implemented in a very few number of districts, all the districts are taken. Third, we selected villages (Kebeles) from the list of villages (Kebeles) in the district. The respondents are then chosen from the village lists. This was a procedure followed to select both treatment and control groups. However, there might

be some exceptions depending on the nature of the project. In areas where the project beneficiaries are very few, we chose treatment groups from the list of beneficiaries provided by the project implementers. The details are found in the specific report of each project.

3. **Questionnaire**

Depending on the type of respondents, each survey block had one or more sets of questionnaires. For example, we had three sets of questionnaires for C11 and C13 survey blocks; one for mothers, one for children and one for husbands. We had two for C2 & C3; one community conversation and the other for street girls and *edir* members. Similarly, a single questionnaire was used for two or three survey blocks. We used the same questionnaire for C1, C4 and C8. In total we had about eleven set of questionnaires. All the questionnaires were pretested prior to the baseline survey. Pre-testing was done by selected enumerators together with IFPRI researchers. In many cases, pre-testing was done in the areas where the project is implemented.

4. **Enumerators and interviewing**

Interviews are made using experienced and well-trained enumerators who speak the local language. We chose enumerators who have been working for IFPRI for many times. However, whenever we fail to get them to speak the local language, like the case of Afar and Benishanguel, enumerators are locally recruited. As a standard, five enumerators are supervised by an experienced supervisor who coordinates the field work and checks the quality of data every day. Local facilitators are used to identify and meet the sample respondents. The respondents were compensated for the time spent during the interview in the form small gifts. The type gifts depend on the type of projects. Whenever we interview students for education projects, we provide pens and notes books. Whenever we interview women for health projects, we give soaps. For farmers in the highlands we give sickles**.** Researchers from IFPRI made at least one field supervision during the data collection on top of the supervisors assigned to each team. In order to avoid data quality problems, enumerators were allowed to conduct only three interviews per day.

The enumerator training is organized separately for each set of questionnaires. Training to enumerators is conducted for two to three days by the IFPRI researchers. The first day is dedicated to explain the objective of the study and explain the questions point by point. On the second day, pairs of enumerators are asked to practice by assigning one as enumerator and the other as respondent and this will be done twice interchangeably. Any issues that arise during these practices are discussed latter in a joint session.

All interviews are conducted using the local language and are done within the village where only the interviewer and the respondent are present. Prior to the interview, enumerators are told to explain the rights of the respondents to refuse, terminate or leave questions unanswered. They also explain the privacy of the information as per the guidelines of research in social sciences.

During the baseline in 2012, all interviews were conducted using paper-questionnaires. As a result data entry is made in the office using experienced data entry personnel. Data entry usually starts with data re-coding and re-checking. We use a software program called CSPro (Census and Survey Processing System) to transfer the paper data in to electronic data. During the follow up in 2014, all interviews except the ones for education project and projects in Afar region were conducted using Computer Assisted Personal Interview (CAPI). This method uses the same software, CSPro, but tablets are used to enter the data directly from the respondents' response in the field. As soon as the interviews were completed, the data was ready. This approach helped us in reducing data processing time as well as in improving the quality of the data.

Endline report – Ethiopia, Amref MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Nicky Buizer [1]

Elias Zerfu [2]
Derbew Kefyalew [2]
Dereje Getu[2]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-031

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, N.N. Buizer, 2014. *Endline report Ethiopia, Amref. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI-15-031. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, Amref. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-031

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **7**

1.1 Purpose and outline of the report 7
1.2 Brief summary of analysis and findings 8

2 Context and General Information about the SPO – (Amref Health Africa Ethiopia) **11**

2.1 General information about the Southern Partner Organisation (Amref Health Africa Ethiopia) 11
2.2 The socio-economic, cultural and political context in which the partner operates 11
2.3 Contracting details 13
2.4 Background to the Southern Partner Organisation 14

3 Methodological approach and reflection **17**

3.1 Overall methodological approach and reflection 17
3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4 18
3.3 Attributing changes in organisational capacity - evaluation question 2 and 4 20

4 Results **25**

4.1 MFS II supported capacity development interventions 25
4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4 27
4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4 34

5 Discussion and conclusion **49**

5.1 Methodological issues 49
5.2 Changes in organisational capacity development 50
5.3 Attributing changes in organisational capacity development to MFS II 52

References and Resources **65**

List of Respondents **71**

Appendix 1 Methodological approach & reflection **73**

Appendix 2 Background information on the five core capabilities framework **98**

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators **100**

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation African Health Africa Ethiopia (Amref[1]) and the Co-Financing Agency Stichting Amref Flying Doctors Netherlands (Amref NL)for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to Amref, Amref NL, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

[1] In the course of 2014, Amref has changed its name from Africa Medical Research Foundation in **Amref Health Africa**. The correct name for the Ethiopia office is now **Amref Health Africa Ethiopia**, in this report referred to as “Amref”.

List of abbreviations and acronyms

Amref	Former “African Medical Research Foundation”. In the course of 2014, Amref has changed its name in **Amref Health Africa**. The correct name for the Ethiopia office is now **Amref Health Africa Ethiopia**, in this report referred to as “Amref”.
Amref-NL	Amref Flying Doctors the Netherlands (name has not (yet) changed)
BARR	BARR Foundation
Causal map	Map with cause-effect relationships. See also ‘detailed causal map’.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CIDA	Canadian International Development Agency
CSO	Civil Society Organization
Detailed causal map	Also ‘model of change’. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
DWA	Dutch Wash Alliance
EU	European Union
EWA	Ethiopian WASH Alliance
GSK	GlaxoSmithKline
IFPRI	International Food Policy Research Institute
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MFS	Dutch co-financing system
MIS	Management Information System
MoFA	Ministry of Foreign Affairs
NGO	Non-Governmental Organisation
OD	Organisational Development
PME	Planning, Monitoring and Evaluation
Process tracing	Theory-based approach to trace causal mechanisms
SIDA	Swedish International Development Cooperation Agency
SPO	Southern Partner Organisation
SRHR Alliance	Sexual & Reproductive Health and Rights Alliance
ToC	Theory of Change
UNICEF	United Nations Children's Fund
Wageningen UR	Wageningen University & Research centre
WASH (Alliance)	Water, Sanitation and Hygiene (Alliance)
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

- Achievement of Millennium Development Goals (MDGs) & themes;
- Capacity development of Southern partner organisations (SPO) (5 c study);
- Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: Amref Health Africa in Ethiopia[2]. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in chapter 4.2.2.

[2] In the course of 2014, Amref has changed its name in **Amref Health Africa**. The correct name for the Ethiopia office is now **Amref Health Africa Ethiopia**, in this report referred to as "Amref".

For those SPOs involved in process tracing a summary description of the causal maps for the identified organisational capacity changes in the two selected capabilities (capability to act and commit; capability to adapt and self-renew) is provided (evaluation questions 2 and 4). These causal maps describe the identified key organisational capacity changes that are possibly related to MFS II interventions in these two capabilities, and how these changes have come about. More detailed information can be found in chapter 4.3.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, many improvements took place under all capabilities.

In the capability to act and commit, Amref Health Africa Ethiopia (Amref) improved on many indicators. New leadership appointed in April 2012 introduced a new, matrix style, organisational structure and appointed new programme managers. This led to more timely decisions, and better technical support and strategic guidance for staff, including field staff. There was slightly less staff turnover due to better incentives, i.e. internal promotion of staff, ample opportunities for capacity building, and better hardship allowances and per diems. Skills of staff have improved. Fundraising procedures have improved, a fundraising manager appointed and Amref has diversified its funding base to 30 donors and has doubled its operational budget since the baseline.

In the capability to adapt and self-renew Amref also improved on all indicators. They improved their M&E implementation because of having a pool of M&E experts, a new Information Management System (AIMS), an M&E manual, an M&E manager who oversees the M&E at program level, more M&E staff with better skills, better critical reflection opportunities, better follow-up, and better involvement and responsiveness to stakeholders. All of this has also led to better reporting.

In terms of the capability to deliver on development objectives, Amref again shows some improvement in all indicators. Operational plans are regularly revised, there is a pull system for effective use of resources which has led to more cost-effectiveness, budgets are revised to be realistic and linked to timely planning, a beneficiary feedback mechanism strategy has been institutionalised, there are regional based assessments for joint monitoring of results, Amref has a quality assurance mechanism in place, and has better record keeping than during the baseline.

In the capability to relate, Amref has improved as well: stakeholders are better engaged during programme design, Amref is involved in new networks and programme sites are more regularly visited by Director and Deputy Director. Internal communications have improved due to the establishment a communications department with a communications manager who resolves disputes, a new HR and admin manager and shorter communication lines.

Finally, Amref has improved in its capability to achieve coherence because of the involvement of all staffs in revisiting the vision, mission and strategies of the organisation; and operational guidelines and manuals that are in place with field staff being informed about this. There is a knowledge management committee, and Amref's programmes are aligned with the new business plan which in turn is aligned to the strategic plan of the organisation.

The evaluators considered it important to also note down the SPO's story in terms of changes in the organisation since the baseline, because this would provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

During the endline workshop, changes that were perceived by SPO staff as the most important organisational capacity changes since the baseline in 2012 were improved leadership capacity, improved staff capacity and improved resource mobilization competences.

Leadership capacity improved because of a more active engagement of the new advisory council at national level and the international Board at corporate level; improved leadership knowledge and skills through continuous and short term training; and performance targets that were set for leaders. These performance targets were set to address the gaps identified in the "behavioural survey" conducted by Amref headquarters in Nairobi.

Staff capacity has improved because of improved staff competences in planning, M&E and PCM among others things, which resulted from recruiting more competent staff, training, and more regular experience sharing. Other improvements like the improved team coherence from the more regular experience sharing, and closer follow up and technical support by the renewed management also contributed to improved staff capacity.

Improved resource mobilisation competences happened because of improved concept and proposal writing skills of staff due to training and recruiting staff with fundraising skills; taking up business development as a special focus as a result of the organisational restructuring; increased capacity to create partnerships due to the assistance they had in networking from Amref-NL and other offices; and Dutch support in terms of salary, training, donor contacts and technical reviews.

Many of these changes have been brought about by the change in leadership at country level, and a behavioural survey by Amref global. There was no particular mention made of MFS II funded capacity development interventions but during process tracing these have clearly come up.

'Process tracing' was used to get more detailed information about the changes in these capabilities that were possibly related to specific MFS II capacity development interventions. For Amref Ethiopia, the organisational capacity changes that were focused on were "improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services" and "improved planning, monitoring and evaluation (PME) capacity". These are further explained below.

Based on the detailed causal map developed through process tracing, the changes that took place since the baseline in 2012 in terms of improved Amref ET staff competencies to deliver SRHR services can be largely attributed to MFS II supported capacity development interventions, such as multiple training and workshops on SRHR related issues, SRHR outcome measurement, and SRHR advocacy; and SRHR alliance review meetings. To a lesser extent the improved competences to deliver SRHR services can be attributed to other, non MFS II related reasons, i.e. the recruitment of already skilled staff & reproductive health professionals at organisational level; the regular scheduled visits and advice from programme managers; trainings organised by Amref HQ (Nairobi); and the sexual curriculum to train youth/ schools adopted from Rutgers WPF. The latter was adopted from another Dutch funded (non-MFS II) project at Amref ET.

On the whole it can be said that the improved PME capacity at Amref can be partly attributed to MFS II supported capacity development interventions, mainly through PME related and outcome measurement related trainings and review meetings from SRHR as well as WASH Alliances; and the OCA assessments that helped the organisation to identify issues that needed improvement. For the other part the improved PME capacity can be attributed to organisational structure changes and improved managerial guidance following the leadership change; the introduction and institutionalization of a number of PME and information management related manuals, procedures and tools; Amref HQ training; the recruitment of skilled staff; and donor requirements and feedback in general.

2 Context and General Information about the SPO – (Amref Health Africa Ethiopia)

2.1 General information about the Southern Partner Organisation (Amref Health Africa Ethiopia)

Ethiopia	
Consortium 1	WASH Alliance
Responsible Dutch NGO	Stichting Amref Flying Doctors Netherlands (Amref NL), Website: www.amref.org.
Project (if applicable)	Pastoralist WASH – C13 MDG Sample AE Project - C11 MDG Sample
Consortium 2	SRHR Alliance
Responsible Dutch NGO (2)	Stichting Amref Flying Doctors Netherlands (Amref NL)
Project (if applicable)	Unite for Body Rights (UFBR) – C11 MDG sample
Southern partner organisation	Amref Health Africa Ethiopia[3]

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

Ethiopia is amongst the world's poorest countries. According to the HDI, the country ranks 169 out of 179 countries, and 39% of the population lives under 1$ a day. With over 80 million people, Ethiopia has the second largest population in Africa. The annual growth rate amounts to 2.6%, which means that the population grows with about 2 million people per annum. Young people (10-24 years) make up almost one-third of the population, heavily pressuring the demand for health services, education and employment6. Eighty-four per cent of the population lives in rural areas, where poverty is more pronounced than in the urban areas. The adult literacy rate is only 36%.
Ethiopia is situated in a region that generally lacks peace, security and political stability. Ethiopia's political system shows close resemblance with a system of ethnic federalism with improvements towards democratic governance and civil participation.

[3] In the course of 2014, Amref has changed its name in **Amref Health Africa.** The correct name for the Ethiopia office is now **Amref Health Africa Ethiopia**. The name of Amref Flying Doctors the Netherlands has not (yet) changed.

Recently the government of Ethiopia initiated an ambitious growth and transformation plan which will be used as an enabler to this programme. Recently two major developments have been observed. The government of Ethiopia has initiated an ambitious growth and development plan. In addition to its focus on economic growth the plan has addressed key issues in socio-economic changes including health. Moreover, the Health Sector Development Plan IV is also endorsed and communicated to partners. As a result basis for Woreda based planning are in place which will strengthen the complementarities, M&E and local and national accountability related to UFBR programme implementation.

Ethiopia has some of the lowest health indicators in the world. Most problems stem from infectious diseases and malnourishment associated with poverty. Such illnesses could be easily prevented. However, poor education, bad infrastructure, lack of access to safe water, bad sanitation and inadequate health care mean that in Ethiopia preventable illnesses too often prove fatal. However, there are signs of improvement. Ethiopia is one of the few countries to have recognised the importance of community health workers, who are providing vital basic health care and education in rural areas.

The Ethiopian health system is suffering from a human resource crisis. The World Health Organisation has warned that there are not enough doctors and health workers to care for the country's 75 million people. Many trained health staff are also migrating overseas or leaving to work in the private sector. The rural nature of much of the population means that is it especially difficult to deliver health care to hard-to-reach groups such as women and children from ethnic minorities and nomadic tribes living far from health facilities, towns, or even roads. 85% of the population live in rural areas where it is more difficult to access health care. Although 92% of the population has potential access to health care only a third actually use the health service. 60% of health workers leave their job within a year, many abandoning the public sector for better paid posts in the private sector. Infant mortality levels are 77 for every 1000 live births. Child mortality - deaths before the age of five- sits at 123 per 1,000 live births. Less than a quarter of the population have access to safe water. Health problems like HIV/AIDS, malaria, tuberculosis and water borne diseases are undermining the Ethiopian workforce, keeping people from earning and lowering productivity levels as a result.

Amref in Ethiopia is developing and implementing health education and training for mid-level and community health workers, training health workers among the nomadic pastoralist groups, training specialist health workers in hospitals around the country, supporting women affected by HIV/AIDs by providing loans and business trainings, reducing malaria in remote region of Afar, and improving health education, awareness and promotion of trachoma prevention.

Afar Region (pop. 1.5m) is a pastoralist area characterized by conflict, food insecurity and drought. It has historically been sidelined by development policies and programmes which are designed to respond to the needs of urban and settled communities. Pastoralists mainly depend on the services of traditional health providers who are not formally trained and are not linked to the formal health referral system. Afari pastoralists are unable to participate in public policy making and policies have not taken their needs into account. These factors inhibit progress toward Ethiopia's poverty reduction strategy (PASDEP) and the MDGs. The overall health status of the Afar population is poor, with women and children particularly vulnerable to poor health, with high maternal mortality (720/100,000) and under-five child mortality (229/1,000) double the national average). Women have a particularly low status, undermining efforts to improve reproductive health, face heavy workloads, are exposed to severe risks during pregnancy/delivery and are unable to control safe sexual practices with partners, increasing their vulnerability to HIV/AIDS. Traditional practices, including FGM (94.5% in Afar) pose human rights and public health concerns. Low uptake of contraception and early pregnancy affect maternal health, leading to obstructed labour, vesico vaginal fistulas and foetal death. Currently there are low utilisation rates of reproductive health services, ANC and PNC (7.3%, 16.1% and 1.2% respectively). Few births (10%) are attended by skilled personnel, and Afar is not equipped to provide emergency care.

WASH trends: The exceptionally high under-five Mortality Rate of 123/1000 is largely due to unsafe water, inadequate sanitation and poor hygiene, resulting in diarrhoea, dysentery, schistosomiasis and malaria. The average child suffers five to twelve diarrhoea episodes a year. These repeated episodes are one of the contributing factors to malnutrition. The health situation is poor; Ethiopia has only one health worker per 47, 000 people.

The national water supply and sanitation coverage according to the Plan for Accelerated and Sustained Development to End Poverty (PASDEP) estimates 61% and 88.2% for rural and urban areas respectively. Ethiopia has no separate sanitation policy but a National Hygiene and Sanitation Strategy (NH&SS) and protocol that emanated from the Health Policy. The NH&SS was developed to enable 100% adoption of improved sanitation and hygiene practice, particularly in rural settings. Even though access to water is considered high (86% in 2007/2008), urban settlements suffer from unhealthy living environments with high contamination risks, due to a lack of improved water and sanitation systems, combined with insufficient environmental- and waste management. Ethiopia has explicitly enacted the 'right to water' in its constitution (art.90.1): “To the extent the country’s resources permit, policies shall aim to provide all Ethiopians with access to public health and education, clean water, housing, food and social security”.

Water supply and sanitation coverage in the Afar regions is considerably lower than the overall national coverage. Pastoralists have historically been sidelined by development policies and are unable to participate in public policy making. In Afar, the majority of the population of the region has no access to potable water. About 35,7% of the households get drinking water from rivers and lakes, 15,7% from unprotected wells and springs, 4,2% from protected wells and springs, 36,8% from public taps and only 7,6% from their own tap . Overall, the region exhibits the lowest latrine coverage; only 2.5% of the households own and utilize a latrine. Women have a particularly low status and are exposed to severe risks during pregnancy and delivery. Those communities without access to safe water depend on scarce surface water sources such as unprotected springs, ponds, streams and rivers. In most cases they are located at great distances from their households and very often represent sources of severe waterborne diseases. The quantity and distribution of existing surface and ground water supply schemes developed in the region are insufficient.

In all the regions, although adequate WASH facilities are relatively available in urban areas of the region compared to rural areas, there is a tremendous need for improved facilities as well as hygiene promotion in cities and towns as well. There are significant deficiencies in WASH facilities in these towns and work is proceeding at a relatively slow pace.

2.3 Contracting details

When did cooperation with this partner start:

With WASH Alliance: January 2010

With SRHR Alliance: 2000

What is the MFS II contracting period:

With WASH Alliance: January 2011 - December 2015

With SRHR Alliance: January 2011 - December 2015

Did cooperation with this partner end? YES/NO

With WASH Alliance: NO

With SRHR Alliance: NO

If not, is there an expected end date?

With WASH Alliance: December 2015

With SRHR Alliance: December 2015

2.4 Background to the Southern Partner Organisation

History

The African Medical and Research Foundation[4] (now Amref Health Africa) was established in 1957, and is an independent not-for-profit, non-governmental organisation (NGO) with its headquarters in Nairobi, Kenya. In the 1980s and early 1990s Amref began to expand its interests in specific disease control initiatives, focusing on disease prevention through immunization of children under five, malaria control using insecticide treated bed nets, epidemic surveillance, and prevention of HIV infection.

Today, Amref implements its projects through country programmes in Kenya, Ethiopia, Uganda, Tanzania, Senegal, South Sudan and South Africa. Training and consulting support are provided to an additional 30 African countries.

Amref in Ethiopia is a registered international NGO under the Ministry of Justice and Societies and Charities Agency of Ethiopia. Though the presence of African Health Africa (Amref) in Ethiopia dates back to the 1960s, for nearly 30 years it predominantly remained an ad hoc assortment of activities such as occasional trainings and surgical outreach visits. A project office was established in 1998, and in 2002 Amref established a full-fledged Country Programme in Ethiopia. In 2007/08, Amref in Ethiopia reached more than 75,000 (mostly women and children under five) people directly and more than 15 million indirectly through its partners and grassroots media networks in Addis Ababa, Oromia, Afar and Southern Nations. Since its registration with Government of Ethiopia (GoE) in 2002, the programme has grown significantly, from 2 programmes and 20 staff (in Addis Ababa) to over 20 programmes in four regional states with over 115 staff among which 50% are technical staff and 36% are women. The country office of Amref Ethiopia is based in Addis Ababa and has about 25 staff members. The other 90 staff members are based in field offices in Addis Ababa, Afar and the Southern Nations.

Amref Ethiopia key staff identified the following critical milestones that played a key role in the progress of the organization and have influenced the organizations' vision, mission, strategies, target groups and the like:

Critical changes					
1998	2002	2004	2007	2008	2011
Inception	Registered as international NGO	Geographic expansion	New strategy and new program implementation	New CSO legislation (re-registration)	New business plan and national program development

Vision

Amref's vision: "Lasting health change in Africa: communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty".

Mission

Amref believes in the inherent power within African communities – that the power for lasting transformation of Africa's health lies within its communities. Amref believes that by focusing on the health of women and children, the health of the whole community can be improved. Amref is concerned with skilled care of mothers before, during and after childbirth; prevention and treatment of cervical cancer, and proper management of childhood illnesses. Amref's main areas of intervention are maternal and child health; HIV and Tuberculosis; safe water and sanitation; malaria; and essential clinical care.

[4] In the course of 2014, Amref has changed its name in **Amref Health Africa.** The correct name for the Ethiopia office is now **Amref Health Africa Ethiopia**. The name of Amref Flying Doctors the Netherlands has not (yet) changed.

Amref shares knowledge gained from our grassroots programmes with others, and uses it as evidence to advocate appropriate change in health policy and practice. In all of it's programmes, Amref partners with communities, civil society organisations, health practitioners, and the private and public sectors to establish a participatory health care system.

The building blocks of Amref's approach are in three key areas:

- Human Resources for Health – this includes training and re-skilling of community and other cadres of health workers
- Health Management Information Systems – Amref believes in the use of health information for planning and programming
- Community Systems Strengthening – this includes giving communities knowledge and skills to promote good health, engaging with grassroots structures, and strengthening linkages between communities and health facilities

Strategies

To realize its vision and mission the organization has put in place several successive strategies. In the beginning the strategy was addressing diseases in priority intervention areas. This continued until 2007 and was changed to community partnering, capacity building and health sector research. As of 2011, however, seven strategies were adopted. These were: (i) reproductive health (ii) mother and children health, (iii) HIV/TB and malaria response, (iv) water and sanitation, (v) clinical and diagnostic service provision, (vi) research, and (vii) building strong and unified Amref at global level.

At present the main activities are:

- Developing and implementing health education and training for mid-level and community health workers in partnership with the Open University (OU)
- Training health workers among the nomadic pastoralist groups in South Omo and providing mobile health clinics along migratory routes.
- Training specialist health workers in hospitals around the country.
- Supporting women affected by HIV/AIDS in Kechene slum in Addis Ababa, by providing loans and business training. The project also promotes HIV prevention and reduces stigma attached to HIV/AIDS.
- Reducing malaria in the remote region of Afar, through the distribution of 90,000 mosquito nets at household level, and community sessions using culturally-specific picture-based educational materials.
- Reducing waterborne diseases in Kechene slum through the provision of clean water, showers and toilets.
- Improving health education, awareness and promotion of trachoma prevention practices in Afar.

The MFS II projects are major projects for Amref Ethiopia.

In Afar a community based WASH programme is designed, focusing on strengthening the capacities of beneficiaries to realize and sustain access to and use of WASH facilities. Programme approaches include capacity building, implementation and construction of WASH facilities, community involvement and empowerment, strengthening collaboration with local authorities, identify and use simple, culturally acceptable local technologies, and awareness creation and behaviour change communication (BCC).

The pastoralist WASH project has the following objectives:

- Empowered communities, specifically women and girls, will demand and achieve sustainable access to and use of safe water, improved sanitation and hygienic living conditions. This result focuses on ensuring access to appropriate, affordable, safe and sustainable water supply services within 1 km of walking distance and to basic sanitation facilities among vulnerable and needy communities.
- Relevant service providers in the business sector, public sector and civil society will co-operate to respond to need for sustainable, accessible, and affordable and demand driven WASH services.

- Policy makers and key actors promote and enable the sustainable realization of the right to water and sanitation through their policies, programmes and budget allocations, and are held accountable for their achievements in WASH.
- A stable, complementary, effective and accountable alliance (in North and South), in which participating actors feel ownership, share knowledge and coordinate work towards sustainable integration of WASH into policies, strategies and programmes, in order to increase the access to and use of WASH facilities (Shouldn't this be part of the capacity building evaluation).

Activities include:

- Construction of latrines for schools, health-centers, boreholes etc.
- Community mobilization, awareness
- Training for government and NGO staff
- Support for development of district plans
- Support for the private sector involved in the WASH service delivery

The Unite for Body Rights project from the SHRH alliance has the following program objectives:

- Increased utilization and quality of comprehensive Sexual and Reproductive Health (SRH) services
- Increased quality and delivery of Comprehensive Sexuality Education (CSE)
- Reduction of Sexual and Gender Based Violence (SGBV)
- Increased acceptance of Sexual Diversity and Gender Identity
- Related activities include:
- Training of Formal and Informal Health Workers
- • Improved Health Care Facilities
- Service delivery points providing youth-friendly care
- Trained/supported counsellors on SGBV counselling
- Intermediaries trained/supported to deliver comprehensive sexuality education
- IEC Materials developed and distributed
- Community members participating in SRHR education and awareness raising
- CSOs trained/supported
- CSO staff trained/supported

NB: Amref itself is not providing health care services but capacitating (government) health facilities and health professionals to do so through technical support, training, providing commodities, equipment, renovating and constructing health facilities etc. In addition, Amref is raising awareness in communities on SRHR issues and working with schools and out of school youth on the provision of sexuality education. Amref is also raising awareness of policy makers on SRHR (through workshops and trainings) and trying to influence the government (although not officially due to the Ethiopian legislation).

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[5].

[5] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia*** **(i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: Amref, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop

have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when

analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team

has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of Amref Ethiopia that have taken place since the baseline in 2012 are described. The information is based on the information provided by Amref – NL and the EWA coordinator.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Policy/advocacy implementation intervention (SRHR)	- To jointly develop advocacy plan around a central issue Better understanding of what advocacy is and could achieve. - To jointly develop advocacy plan around a central issue	- What is advocacy, - different types of advocacy, - discussion on advocacy activities already carried out in ASK & UFBR, - overview of relevant Ethiopian laws and policies, - making of problem trees and identification of advocacy topics, - stakeholder analysis, - drafting of advocacy plan	March 2014	3000 euro's from the joined activity budget of both UFBR as well as ASK programme. *Because this was a joint effort about half of the budget was MFS II and half "other" DGIS funds.*
Training on PCM & PME (SRHR)	No info	No info	June 2012	No info
PME (outcome measurement training) (SRHR)	- Increased M&E capacity, including qualitative methods - ensure a good execution of the mid-term evaluation of the UFBR programme.	- What is outcome measurement, - outcome and output indicators in the UFBR programme, - review of the UFBR baseline results and tools, - how to facilitate a focus group discussion (including practical exercises), - planning of the outcome measurement in the UFBR programme	September 2013	Approximately 3000 euro's from the joined activity budget of both UFBR as well as ASK programme.
SRHR training	- To increase general SRHR knowledge of Alliance partners - A more comprehensive sexuality curriculum, and more comprehensive and rights-based sexuality information in communities	- Key concepts (sexuality, SRHR); - SRHR situation in Ethiopia; - adolescent development; - aims, objectives, principles of comprehensive sexuality education; - sensitive topics (abortion, sexual diversity, pornography and pre-marital sex)	December 2013	Approximately 3000 euro's from the joined activity budget of both UFBR as well as ASK programme.
Linking and Learning workshop for Amref SRHR and WASH alliance implementing teams from Ethiopia, Uganda, Tanzania and Kenya	- To learn how the implementing teams experience working within an alliance and how this can be further improved.	- Interaction between the teams and a field visit within Afar region	November 2013	Approximately 20.000 euros.

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
	- provide the opportunity to improve the linkages between WASH and SRHR projects - Improvement in efficiency and effectiveness within both alliances, more knowledge exchange between different teams within Amref, more integrated projects and programmes covering both SRHR as well as WASH themes within Amref			
Planning (EWA) Workshops	- enable to identify areas of integration, cooperation, avoid overlaps & fill gaps. Identify which stakeholder we need to work how and what, etc. - improved program integration implemented by different, working towards scaling of the best experiences among partner organizations and engage with sector actors/stakeholders to contribute for system change	- Conducting Theory of Change (ToC) exercise so as to assess the program implementation so far and partnership; including briefing on the concept of ToC - Outlining key activities, roles, objectives, assumptions of WASH Alliance programme in Ethiopia - Review the performance of the EWA programme - Discuss next year activities and targets of the EWA programme - Discuss on the PME related matters (Logframe, indicators and formats)	Annually in February	900-1000 euros for overall alliance
Gender Mainstreaming in WASH	- take the issues of gender at project idea development, study, planning, implementation and m&e - increasing the involvement of women in the operation and maintenance of the system	Concept of gender, how it can be addressed in WASH, the framework, etc	February 2012	
Exchange/learning visits (WASH)	- scale up contributing to system change in the sector in addressing the issues of sustainability, benefits of allocating more budget to WASH and more involvement of the private sector in WASH sector	Multiple Uses of Water service (MUS), WASTE Management, and Community Led Total Sanitation & Hygiene (CLTSH), Recharge, Retention and Re-use (3R). After exchange visit partners included their lessons in their plan. For example Amref has taken the lesson from RiPPLE on waste management and working SMEs, CLTSH, approach are some of the examples.		7194 euros overall cost at alliance level not only for Amref

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
WASH Financing	In trying to address the financial sustainability of WASH services, partners are expected to make WASH services more business oriented which are fundamental in ensuring financial sustainability which is one the main element in challenging the sector.	Framework of sustainable finance, overview of possible options in micro-finance, types of financing, etc	August 2012	
Monitoring and Evaluation with more focus on Outcome Measurement (WASH)	- to better understand outcome level indicators and their linkage with output level ones.	- Monitoring and evaluation, - data and their types, - data collection methods, - sampling techniques, outcome and - outcome indicators	October 2013	8000 euro overall for alliace

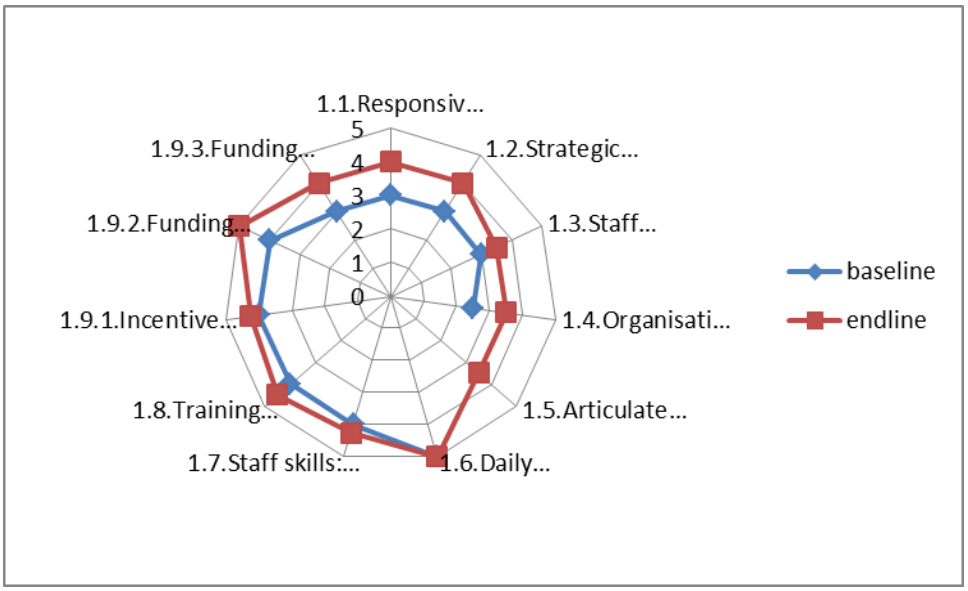
Source: B_5C endline_support to capacity development sheet_CFA perspective_SRHR_Alliance_Amref-Ethiopia_Amref-NL-with interview; B_5C endline_support to capacity development sheet_CFA perspective_WASH_Alliance_Amref-Ethiopia_Amref-NL-Tamene

4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

Capability to Act and Commit

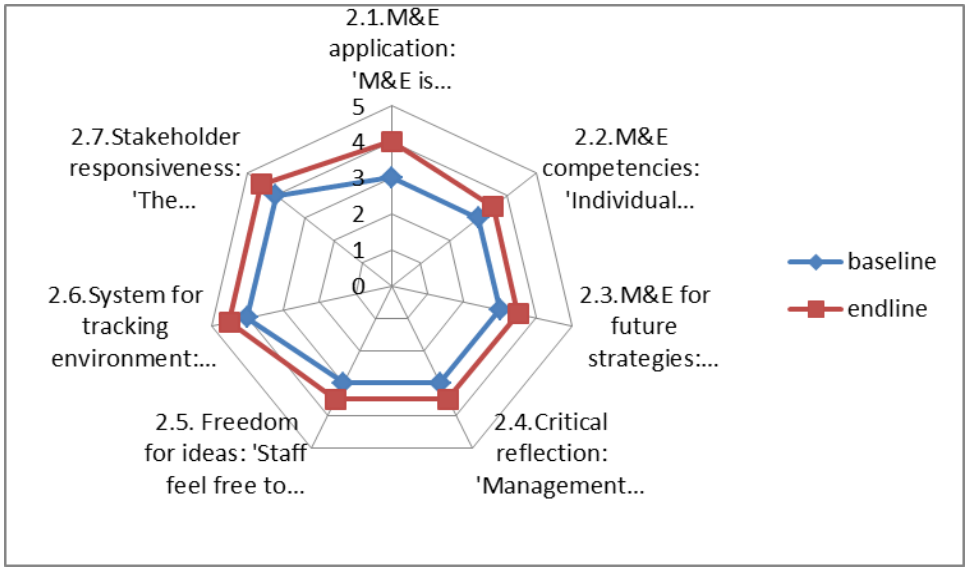


The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. As a result, decisions are made more on time now, and the organizational structural change enables the management to give high technical support to the project staff.

There is more strategic and operational guidance to staff, which is related to the new organisational structure and improved feedback mess mechanisms. This has enhanced staff commitment. Additional mechanisms that have been put in place to enhance staff motivation and reduce staff turnover include: internal promotion reallocation to new projects; staff capacity building; institutionalization of hardship allowance (although field staff say they have low hardship allowances); equal per diem to all staffs; mechanism of sharing grievances to the management; regular job evaluation. Staff indicated that they still have low salaries compared to other partners. Strategies are well articulated and based on an improved monitoring and evaluation system, and the strategies are still the basis of daily operations. The skills of Amref staff has improved due to a range of trainings for project management and other staff, either on management related issues or technical issues. Amref has been able to diversify its funding and doubled its operational budget since the baseline. This diversification of funding has improved due to having a business development manager who spearheads program development and communication, and a fund raising manager to coordinate fund raising efforts. Amref has developed and implemented fundraising strategies.

Score: from 3.5 to 4.5

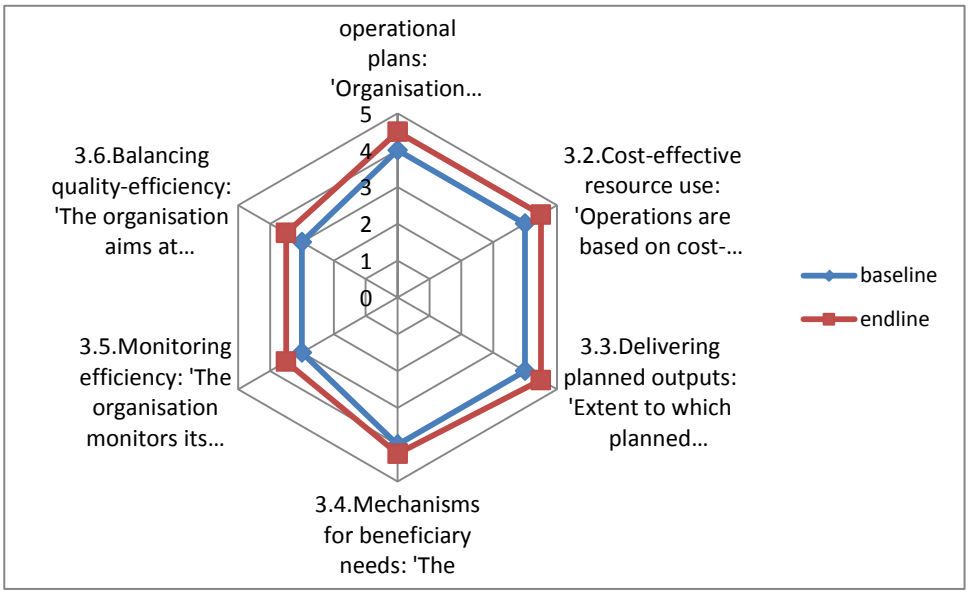
Capability to adapt and self-renew



Overall, the monitoring and evaluation, has improved within Amref since the baseline in 2012: more staffs are being trained in M&E and now have M&E responsibilities and there is a pool of experts working on M&E; and a M&E manual and M&E tools have been developed; Amref M&E systems are well integrated with the programs and projects; there is now a program database which is assessed on a monthly basis for compliance; and planning and review meetings are more regular and they now more involve staff, clients and other stakeholders in review and planning. However, there is still room for improvement in terms of using information for strategic decision-making, routine M&E and in terms of documenting progress and challenges.

Score: from 3.3 to 3.8 (slight improvement)

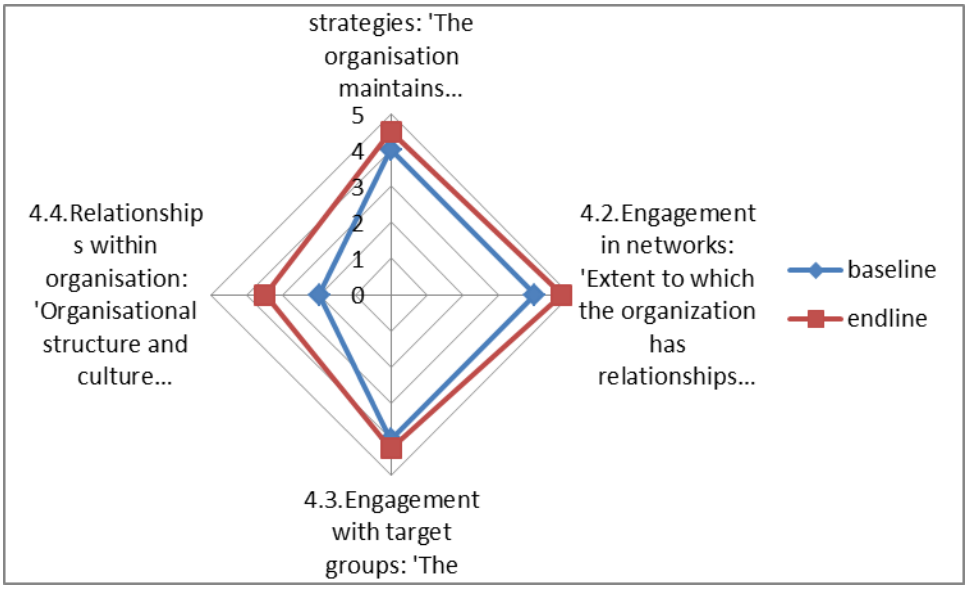
Capability to deliver on development objectives



On the whole this capability has slightly improved. There is an improvement in terms of having clear operational plans; using resources more cost-effectively; monitoring efficiency and balancing quality with efficiency due to having a quality assurance mechanism in place. Furthermore, outputs have been better delivered and the reserve very slight improvement in terms of having mechanisms in place to deal with beneficiary needs.

Score: from 3.7 to 4.1 (slight improvement)

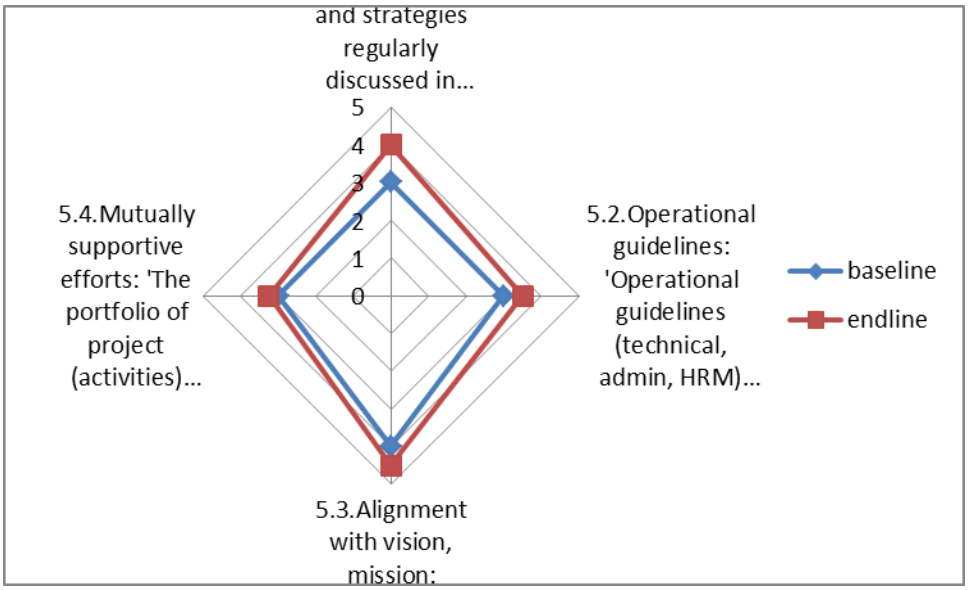
Capability to relate



Since the baseline Amref has improved engagement with stakeholders, by being more involved in networks, both at local as well as at international level. This engagement has also assisted Amref in developing their policies and strategies. Furthermore, there has been an improvement in terms of having senior management visiting the field more frequently, and engaging with staff in terms of providing the technical support, as well as engaging with beneficiaries. Amref has also improved effective communication within the organization through strengthening the communication department, regular meetings with staffs to internalize policies, regulation and create open environment for discussion among each other. There is also commitment of top management in encouraging team work documentation and communication of decisions and staffs are free to talk and share ideas among each other. Besides, the organization structure allows shorter communication lines, creating teams and supporting functionality, assigned program managers to decentralize roles.

Score: from 3.5 to 4.2 (slight improvement)

Capability to achieve coherence



Overall there has been a slight improvement in this capability. This is due to having a broadened vision and commitment to the society, and the Business plan was revisited with staff involvement. Staff are able to internalize the vision, mission, and statement through staff orientation and regular

meetings. Furthermore, there was revision and roll out of different manuals like procurement guidelines, HR manual and the development of the APMS guideline, quality assurance tools for strategic directions etc. , and staff has been oriented on this. Further alignment of projects, strategies and associated operations with the vision and mission of the organisation has been done by having a new business plan that aligns with the strategic plan and by having programs aligned with the Amref business plan. There are a little more mutually supportive efforts at operational level, but approaches to crosscutting issues have had little improvement.

Score: from 3.2 to 3.8 (slight improvement)

4.2.2 Key organisational capacity changes - general causal map -

Below you can find a description of the key changes in organisational capacity of Amref Health Africa Ethiopia since the baseline as expressed by Amref staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on Amref from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how Amref has changed since the baseline.

During the endline workshop, Amref staff agreed that the following key changes in terms of organisational capacity took place in the organisation since the baseline:

1. Improved leadership capacity (2)
2. Improved staff capacity (3)
3. Improved resource mobilization competences (4)

According to staff these three changes have contributed to improvement of the overall performance and implementation capacity of Amref (1). Each of these three key organisational changes are explained below.

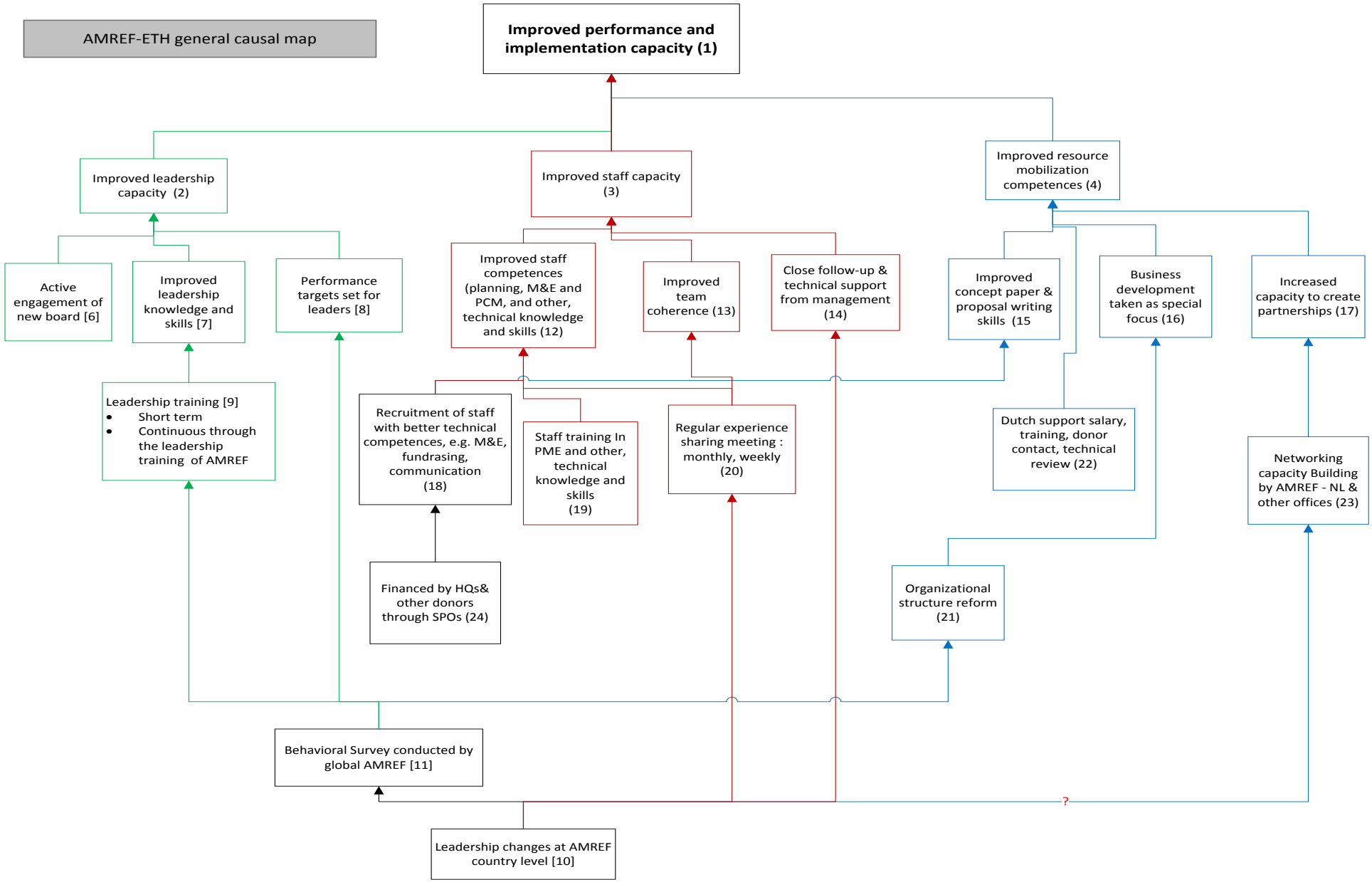
Improved leadership capacity (2)
Leadership capacity has improved because of a more active engagement of the new advisory council at national level and the international Board at corporate level (6); improved leadership knowledge and skills (7) through continuous and short term training organised by Amref (9); and performance targets that were set for leaders [8].
A leadership change in country director as well as deputy director at Amref-ET has caused many positive changes. In April 2012 a new country director [10] was appointed. Earlier a new Deputy Director was appointed. The new country director initiated a “behavioural survey” [11] supported by Amref headquarters in Nairobi, to assess the capacity, needs and gaps of the staff. This helped to develop an organizational code of conduct based on the findings.
Also, performance targets were set for leaders [8] to close the gap that was identified through the behavioral survey conducted by Amref global (11) and this also contributed to improved leadership.
According to staff examples of evidence of the improved leadership capacity can be observed in the Visibility, Growth and Competences (VGC) document that was initiated and developed by Amref-ET leadership; the staff consultation initiated by the (new) country director, and increased follow-up & technical support from management.

Improved staff capacity (3)
Staff capacity was another key change that was observed by Amref staff present at the endline workshop. They mentioned that this is evidenced by improved staff competencies in planning, M&E and PCM among others things (12). In addition, compared to the baseline the different teams are coherent (13) when given assignments and working in harmony to come up with better results. In addition there is closer follow-up and technical support by management (14);
According to staff the improved staff competences [12] happened because new and capable staff were recruited [18], e.g. in M&E, communication and fundraising skills, who helped to do the work as well as mentor the others. In addition staff capacity was improved through close follow-up and technical support by management (14); regular experience sharing meetings (weekly and monthly) [20] and staff training in PME and other topics [19].

The improved team coherence (13) resulted from the more regular experience sharing meetings (weekly and monthly) [20]. This more frequent experience sharing [20] as well as the closer follow-up & technical support from management (14) were resulting from the leadership changes at Amref country level [10]'.

Improved resource mobilization competences (4)
Resource mobilization competences [4] have improved, which is evident by the donor diversification; the increased nr. of winning proposals, projects, and geographical coverage; and the strong partnerships both local and international.
According to Amref staff resource mobilisation has improved, because of improved concept and proposal writing skills of staff [15], which was due to training and of recruiting staff with fundraising skills [18]; taking up business development as a special focus [16]; and the increased capacity to create partnerships [17], from the assistance they had in networking by Amref-NL and other offices (23). But the most important factor is Dutch support in terms of salary, training, donor contacts, and technical reviews [22], which has contributed to a considerable extent to the improved resource mobilization competences).

Each of these areas are further explained below. The numbers correspond to the numbers in the visual.


AMREF-ETH general causal map
Improved performance and implementation capacity (1)
Improved leadership capacity (2)
Improved staff capacity (3)
Improved resource mobilization competences (4)
Active engagement of new board [6]
Improved leadership knowledge and skills [7]
Performance targets set for leaders [8]
Improved staff competences (planning, M&E and PCM, and other, technical knowledge and skills (12)
Improved team coherence (13)
Close follow-up & technical support from management (14)
Improved concept paper & proposal writing skills (15
Business development taken as special focus (16)
Increased capacity to create partnerships (17)
Leadership training [9]
Short term
Continuous through the leadership training of AMREF
Recruitment of staff with better technical competences, e.g. M&E, fundrasing, communication (18)
Staff training In PME and other, technical knowledge and skills (19)
Regular experience sharing meeting : monthly, weekly (20)
Dutch support salary, training, donor contact, technical review (22)
Networking capacity Building by AMREF - NL & other offices (23)
Financed by HQs& other donors through SPOs (24)
Organizational structure reform (21)
Behavioral Survey conducted by global AMREF [11]
?
Leadership changes at AMREF country level [10]

4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4

Note: for each country about 50% of the SPOs has been chosen to be involved in process tracing, which is the main approach chosen to address evaluation question 2. For more information please also see chapter 3 on methodological approach. For each of these SPOs the focus has been on the capability to act and commit and the capability to adapt and self-renew, since these were the most commonly addressed capabilities when planning MFS II supported capacity development interventions for the SPO.

For each of the MFS II supported capacity development interventions -under these two capabilities- an 'outcome area' has been identified, describing a particular change in terms of organisational capacity of the SPO since the baseline. Process tracing has been carried out for each outcome area. The following outcome areas have been identified under the capability to act and commit and the capability to adapt and self-renew. Also the MFS II capacity development interventions that could possibly be linked to these outcome areas are described in the table below.

Table 2

Information on selected capabilities, outcome areas and MFS II supported capacity development interventions since the baseline

Capability	Outcome area	MFS II supported capacity development intervention
To act and commit	Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services	SRHR workshop on sexual behavioural change, Dec 2013; Policy/advocacy implementation training workshop on SRHR, March 2014; Bi-annual UFBR review & planning meetings; SRHR Outcome measurement workshop, Sept. 2013; EWA (WASH) outcome measurement training in September 2013; Facilitation skills training mid-2012; Rutgers Foundation training on sexual taboos, December 2013; Annual SRHR Alliance review meetings in the Netherlands for national programme coordinating units; Workshop in Nairobi on sexual diversity, April/May 2012; Annual training in comprehensive sexual education (CSE) and gender: August 2012, Nairobi; March/ April 2013, Uganda; April 2014, Nairobi
To adapt and self-renew	Improved Planning, Monitoring and Evaluation (PME) capacity	Annual Ethiopian WASH Alliance (EWA) workshops on reporting and planning: 2011/2012, 2012/2013 and 2013/2014 ; PME training for MFS II project staff (SRHR & WASH) early 2012; PCM and PME training in June 2012; Organisational Capacity Assessments (OCA) MFS II (2011 and 2013); SRHR Outcome Measurement training workshop, Sept 2013; WASH PME/Outcome measurement training conducted in Awash in Nov 2012; WASH Outcome Measurement training workshop, Sept 2013

The next sections will describe the results of process tracing for each of the outcome areas. This includes describing the identified key organisational capacity changes, what these changes are expected to lead to and what are the underlying reasons for these organisational capacity changes.

4.3.1 Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services

Both end line workshop Amref participants as well as the Amref-NL Portfolio holder consider the Amref staff to have improved their competence to deliver SRHR services [1] since the baseline in 2012 *(source: CFA assessment sheet A)*. Participants during the endline workshop indicated that Amref is member of different alliances and networks. They also indicated that in a recent USAID publication Amref Ethiopia is mentioned as the main influential NGO on SRHR issues in Ethiopia particularly in pastoral areas of the country like Afar, South Omo and as of this year Somalia Region as asked by the government. Furthermore, Amref provides long-term training support in higher institutions for more than 1600 trainers from government and other partners on different topics like midwifery, nursing, etc. It developed training manuals and a national curriculum for upgrading health extension workers which is accredited by the Ministry of Health (MoH). Training health extension workers has started from the MFS II in 2011 and progressed up to now. According to workshop participants Amref is recognized and provides technical support to the government of Ethiopia to apply for the Global Fund in community strengthening, gender and human rights and is paid for doing that *(source: end line workshop).* An organisational capacity assessment (OCA) executed twice in 2011 and 2013 also recorded growth in thematic and programmatic aspects of SRHR (and WASH) *(source: OCA REPORT Amref ET Final 2013).*

Four key areas can be distinguished that contributed to this improvement:

1. Improved SRHR planning and implementation competences [4]
2. Improved networking skills for advocacy and lobbying on SRHR issues [25]
3. Improved knowledge on gender, sexuality and SRHR issues [3]
4. Change of attitude and more openness to talk about sex and sexuality [14]

Each of these areas are further explained below. The numbers correspond to the numbers in the visual.

Improved competences to plan and implement SRHR services [4]
One of the reasons for improved staff competencies to deliver SRHR services is that their competencies to plan and implement SRHR services have improved since the baseline. These improved competencies are the result of:

- Increased number of skilled staff and reproductive health professionals [28]
- Regular scheduled visits and advice from programme managers [11]
- Better understanding of the link between services, knowledge and enabling environment, including policy environment [24]
- Joint planning and coordination of activities with other Amref departments and with other Alliance members [34]
- Improved understanding of and focus on desired outcomes [37]
- Improved facilitation and ToT skills [12]
- Sexuality education curriculum to train youth/schools adopted from Rutgers WPF [43]
- Identified Program priority areas [42]

Each of these areas as further explained below.

Increased number of skilled staff and reproductive health professionals [28]: According to Amref staff present at the endline workshop, compared to the baseline in 2012 Amref-ET has now more skilled staff and reproductive health professionals (government employed) which leads to improved SRHR planning and implementation competences. This is the result of an increased number of health workers trained in SRHR issues [20] and the recruitment and training of more staff in SRHR issues at Amref [27]. The increased number of health workers and giving them appropriate training [20] has been a process that has started already during MFS I *(source: endline workshop; Logical Framework for UFBR project 2011-2015)*. The appointment of more Amref staff and training them in SRHR issues was a result of the organisational restructuring in September 2013 [26], which involved creating different departments and delegation of responsibilities to newly appointed program

managers of these departments, thus creating an extra management layer which speeded up processes *(sources: endline workshop; CFA assessment sheet A).*

According to staff **the more regular scheduled field visits by organisational leadership and programme managers, including M&E, HR and financial managers, and also from the National Programme Coordinator** compared to the baseline [11] are another reason for improved staff SRHR planning and implementation competences *(source: endline workshop)*. The more regular scheduled field visits help to provide staff onsite support and ground level problem identification and analysis. These more regular visits are the result of a "strong technical leadership" [30] *(sources: endline workshop; almost all staff assessment sheets and interviews)*. With "strong technical leadership" Amref staff explained that they meant leadership that can consider political issues and the external environment and use this to give good actual information and technical guidance, in this case on SRHR issues. Amref's strong technical leadership [30] is due to the assignment of dedicated managers and the creation of other support functions [29], as a direct result of the organisational restructuring in September 2013 [26] *(sources: endline workshop; CFA assessment sheet A).*

According to staff the **better understanding of the links between health services, knowledge and enabling environment, including policy environment [24]** *(source: endline workshop)* has also contributed to improved planning of SRHR services in the sense that the understanding of how one area influences the other also gives the understanding that actions have to be planned for all these areas to provoke positive behavioural changes in SRHR issues. This improved understanding was a direct result of two MFS II capacity development interventions: The SRHR workshop on sexual behavioural change in December 2013 [2] *(sources: endline workshop; CFA assessment sheet B)* and the workshop on the SRHR policy implementation training conducted in March 2014 [17] (*sources: endline workshop; CFA assessment sheet B*; *2014.03.17 Policy implementation training minutes)*, both from the SRHR Alliance. More about these two workshops is explained here beneath under "Improved networking skills for advocacy and lobbying on SRHR issues [25]".

The **joint planning and coordination of activities within Amref and with other Alliance members [34]** was a result of jointly identifying issues and challenges for implementation [36] at the SRHR policy/advocacy training workshop in March 2014 [17, *see above*] and the UFBR (SRHR) bi-annual review meetings (in 2013, early 2014 in Addis Ababa, June 2014 in Hawassa [33] *(sources: endline workshop; 2013.10.02_Report bi-annual meeting UFBR and OM workshop; Logical Framework for UFBR project 2011-2015)*. At the policy/advocacy training workshop [17] issues for lobbying and advocacy were identified. The UFBR bi-annual review meetings [33] are a joint review of progress, the way forward, and identifying and addressing problems. According to staff Amref had a problem of (lack of) complementarity/synergy with the two other UFBR partners before the baseline but the review meetings have led to better links between Amref activities and activities of the partners and planning for joint activities, like the joint preparation of Information Education and Communication/Behavioural Change Communication IEC/BCC materials, and a TV programmes on SRHR in Afar language. During the review meeting also a SWOT analysis was conducted to identify challenges for implementation *(sources: end line workshop; CFA assessment sheet B)*

According to staff the **improved understanding of, and focus on desired outcomes [37]** is another reason for improved SRHR services planning. This was the result of the outcome measurements training of the SRHR Outcome measurement workshop in September 2013 [6] (*sources: end line workshop; CFA assessment sheet B*; *2013.10.02_Report bi-annual meeting UFBR and OM workshop)* and the annual Ethiopian WASH Alliance (EWA) review meetings and the outcome measurement training in 2013 in particular [7] (*sources: end line workshop; CFA assessment sheet B*; *Reflection on the Outcome Monitoring Process and Methodology@24122013-Tewelde Report on EWA workshop planning reporting ToC report 25 Feb.-1 Mar. 20032015).* More about these workshops is explained in the PME causal map.

The improved capacity to train others in facilitation skills [12] was also important according to Amref staff. These are a result of the facilitation skills training mid-2012, according to Amref staff MFS II funded [5] (*sources: end line workshop; 2012 Amref annual report*], and were further enhanced by a ToT training on youth friendly services in April 2014 by the Family Guidance Association of Ethiopia (FGAE) for Amref staff and local government partners [23] *(source: end line workshop)*. According to

staff Amref used to facilitate training by externals but since the facilitation skill training of mid-2012 [5] some of the training was facilitated by internal staffs.

At the endline workshop staff mentioned that they **adopted the** computer-based World Starts With Me (WSWM) **sexuality education curriculum of Rutgers WPF to train youth / schools [43]** which helped to improve planning and implementing SRHR services. Rutgers WPF is the lead partner of the SRHR Alliance *(source: end line workshop).* However, Amref ET started working with the WSWM curriculum in 2013 as part of another project (with ICCO, funded by Dutch Embassy) in the same geographical area as the UFBR project. It is complementing and linked to the UFBR programme, but it is not part of the programme. In the UFBR programme Amref has developed its own sexuality education and life skills manual (*source: feedback CFA)*.

Program priority areas [42] were identified with the help of Amref's Strategy Reproductive Maternal Child Health (RMCH) developed in June/ July 2012 [41] (*source: end line workshop*). Programme priority areas are also identified during the annual SRHR Alliance review meetings for national programme coordinators [38] in the Netherlands (*source: end line workshop; Reflection on the Outcome Monitoring Process and Methodology@24122013-Teweld; Logical Framework for UFBR project 2011-2015)*

Improved networking skills for advocacy and lobbying on SRHR issues [25]
A second reason for improved staff competencies to deliver SRHR services is that staff have improved their networking skills for advocacy and lobbying on SRHR issues [25] *(source: endline workshop)*. This is the result of better understanding of staff of the link between service provision, knowledge about SRHR issues and creating an enabling environment, which includes the policy environment [24] *(source: endline workshop)* to provoke positive behavioural changes in SRHR issues. According to Amref staff the better understanding of these relationships and their interaction were a result of two MFSII capacity development interventions: the SRHR workshop on sexual behavioural change in December 2013 [2] *(sources: endline workshop; CFA assessment sheet B)* and the workshop on the current policy environment on SRHR conducted in March 2014 [17] (*sources: endline workshop; CFA assessment sheet B*; *2014.03.17 Policy implementation training minutes)*, both from the SRHR Alliance.

The "SRHR workshop" / training on sexual behavioural change in December 2013 (2) provided the 18 participating staff members from Amref ET, YNSD, TaYA and FGAE, the four partners from the UFBR and ASK programmes, with more factual knowledge on key SRHR concepts, adolescent development, sensitive topics like homosexuality, the SRHR situation in Ethiopia; and on comprehensive sexuality education. In the longer term it is expected to lead to a more comprehensive sexuality curriculum [9], and more comprehensive and factual and rights-based sexuality information in communities [10]. *(source: CFA assessment sheet B).*

The Policy / advocacy implementation training workshop [17] complemented this factual knowledge with knowledge about (different types of) advocacy, advocacy activities already carried out in ASK & UFBR, an overview of relevant Ethiopian laws and policies, making of problem trees and identification of advocacy topics, stakeholder analysis, and drafting of an advocacy plan. The training resulted in a better understanding among the 17 participating staff (from the four partner organisations of the UFBR and ASK programmes) of what advocacy is and could achieve. According to Amref staff at the endline workshop the training workshop has led Amref to team up with Alliance members like TaYA (Talent Youth Association) on policy advocating and lobbying on SRHR issues and helped to identify informed action for lobbying and advocacy. In the longer term it is expected from this training workshop that an advocacy action plan will be implemented with partners [8] *(Sources: CFA assessment sheet B; Final work plan UFBR 2014).*

Amref-ET is not lobbying & advocating itself due to legal restrictions, but is the interlinking organization that provides information to other organizations that do lobby & advocacy. However, they do their share of 'policy influencing' through their contacts with government officials, for instance by organising workshops on SRHR for government officials. E.g. in 2012 Amref conducted a workshop to strengthen SRHR networking at Awash town with partners and NGOs working in SRHR. The workshop

aimed to strengthen the network of these organizations in the region. The objective of the workshop was that the SRHR sector is better able to individually and jointly implement interventions, learn and carry out lobby/advocacy activities and achieve sustainable results. *(source: end line workshop; 2012 Amref annual report).* Nowadays, at the grassroot level community members like youth associations, community leaders, religious leaders, etc. are doing advocacy and lobbying to create awareness creation on communities' perception on SRHR service provision by Amref. Also, Amref is member of different alliances and member of networks and is mentioned as the main influential NGO on SRHR issues in Ethiopia particularly in pastoral areas of the country like Afar, South Omo and as of this year Somalia Region asked by the government. This influence helped to have more influence on policy advocacy and lobbying *(sources: end line workshop; Final work plan UFBR 2014).*

Improved knowledge on gender, sexuality and SRHR issues [3]

This is the third reason for improved staff competences to deliver SRHR services. This knowledge was improved because of the following reasons:

- Regular scheduled visits and advice from programme managers [11]
- The MFSII SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]
- Cascaded training to other staff of MFSII Alliances (international) workshops and training [22]
- ToT in RSH/PCMT, April 2014 [40] – non MFSII

Staff indicated that especially the **regular visits and advice from organisational leadership and programme managers,** notably of the National Programme Coordinator [11] have contributed to a better exposure to sexual diversity issues [3] (*source: end line workshop).*
The improved knowledge on gender, sexuality and SRHR issues [3] was also gained at the **SRHR workshop on sexual behavioural change in December 2013 [2]**

Amref staff also benefitted from **"cascaded training" [22]**. These are often international training/ workshops at which only few staff can participate [22] (*source: endline workshop*). These cascaded trainings included:

- Annual SRHR Alliance review meetings in the Netherlands [38] *(source: endline workshop; Logical Framework for UFBR project 2011-2015)*. At these meetings all National Programme Coordination units of the Alliance come together and share experiences. According to Amref staff participation of the National Programme Coordination unit at these meetings helped staffs to better understand sexual diversity issues (*source: endline workshop*).
- Participation at an international workshop in Nairobi (April/May 2012) on sexual diversity, attended by steering committee members and the previous National Programme Coordinator [39] was mentioned as having improved staffs exposure and knowledge about sexuality issues [3] *(source: endline workshop).*
- The annual training in comprehensive sexual education and gender organised by the maternal neonatal and child health programme Amref HQ in Nairobi [21*] (source: endline workshop; CFA assessment sheet B)*. These training workshops for Amref staff from different country offices took place in March 2012 in Nairobi, in March/April 2013 in Uganda and in April 2014 in Nairobi again. In 2012 workshop participants were introduced to gender and gender based violence. In 2013 participants were introduced to sexuality, sexual behaviour and violation of sexuality. In 2014 a field visit was made to a (SRHR?) trained area in Kenya. Especially at this training staff were expected to pass this on to other staff, e.g. the procurement officer who participated provided lessons and also went to south Omo programme area to discuss it with colleagues there [21] *(source: end line workshop).*

Furthermore, Amref staff enhanced their knowledge on sexuality and reproductive health issues by participating in the **ToT in Sexual and Reproductive Health (SRH) and Prevention of Child to Mother Transmission (PCMT) training in April 2014 [40]** (non-MFSII)(*source: end line workshop).*

Change in attitude and more openness to talk about sex and sexuality [14]

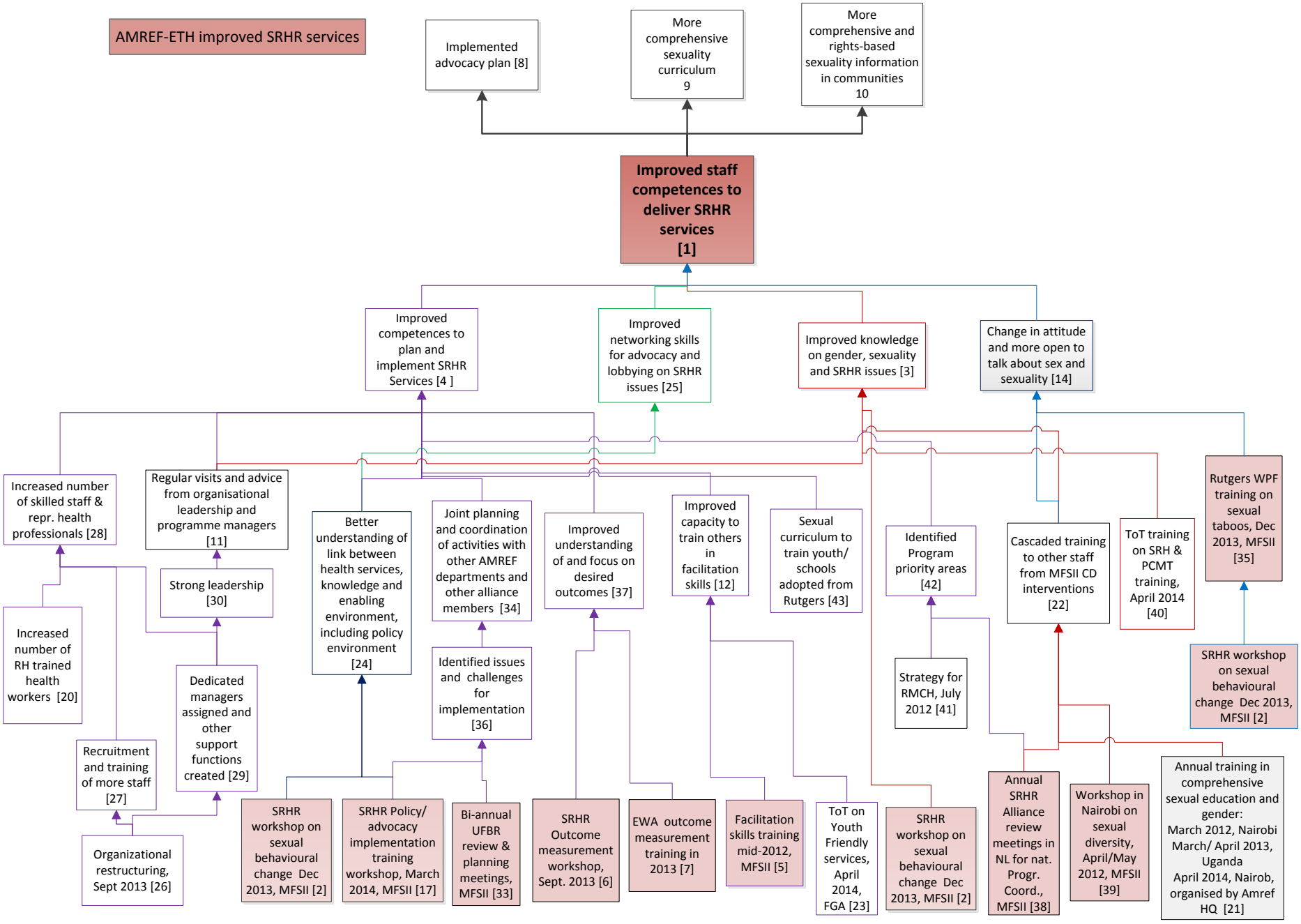
Staff's competences to deliver SRHR services are also influenced by a change in staff's attitude and more openness to discuss these sensitive issues. [14*] (sources: endline workshop; CFA assessment sheet A).* According to Amref staff and CFA this was achieved by the following interventions:

- Cascaded training to other staff from MFS II capacity development interventions [22]
- the MFSII SRHR workshop on sexual behavioural change Dec 2013 [2], in particular the Rutgers WPF training on sexual taboos [35] that was given during that workshop

By passing on the information that was discussed at the international training workshops on sexuality, SRHR and sensitive and taboo issues to staff with **"cascaded training" [22]** (see above), staff automatically needed to discuss and be open about these issues themselves. At the endline workshop they acknowledged that this has caused changes in their attitude about sex and sexuality and that they became more open and free and less shy to discuss these issues, not only among colleagues, but also among family. It has also helped to discuss these issues at field level where they are often not well understood by the community (source: end line workshop).

The **Rutgers WPF training on sexual taboos in December 2013 [35],** during the SRHR workshop on sexual behavioural change [2], was mentioned by the CFA, who indicated that there was a noticeable change in mind set because of training of Rutgers WPF about taboo subjects like abortion and homosexuality. With this training Rutgers WPF tried to make staff see the difference between facts and opinions about these subjects (*source: CFA assessment sheets A and B).*

Please note that the numbers in the visual below and the narrative above correspond to each other.


AMREF-ETH improved SRHR services
Implemented advocacy plan [8]
More comprehensive sexuality curriculum 9
More comprehensive and rights-based sexuality information in communities 10
Improved staff competences to deliver SRHR services [1]
Improved competences to plan and implement SRHR Services [4]
Improved networking skills for advocacy and lobbying on SRHR issues [25]
Improved knowledge on gender, sexuality and SRHR issues [3]
Change in attitude and more open to talk about sex and sexuality [14]
Increased number of skilled staff & repr. health professionals [28]
Regular visits and advice from organisational leadership and programme managers [11]
Better understanding of link between health services, knowledge and enabling environment, including policy environment [24]
Joint planning and coordination of activities with other AMREF departments and other alliance members [34]
Improved understanding of and focus on desired outcomes [37]
Improved capacity to train others in facilitation skills [12]
Sexual curriculum to train youth/ schools adopted from Rutgers [43]
Identified Program priority areas [42]
Cascaded training to other staff from MFSII CD interventions [22]
ToT training on SRH & PCMT training, April 2014 [40]
Rutgers WPF training on sexual taboos, Dec 2013, MFSII [35]
Increased number of RH trained health workers [20]
Strong leadership [30]
Dedicated managers assigned and other support functions created [29]
Identified issues and challenges for implementation [36]
Strategy for RMCH, July 2012 [41]
SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]
Recruitment and training of more staff [27]
Organizational restructuring, Sept 2013 [26]
SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]
SRHR Policy/ advocacy implementation training workshop, March 2014, MFSII [17]
Bi-annual UFBR review & planning meetings, MFSII [33]
SRHR Outcome measurement workshop, Sept. 2013 [6]
EWA outcome measurement training in 2013 [7]
Facilitation skills training mid-2012, MFSII [5]
ToT on Youth Friendly services, April 2014, FGA [23]
SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]
Annual SRHR Alliance review meetings in NL for nat. Progr. Coord., MFSII [38]
Workshop in Nairobi on sexual diversity, April/May 2012, MFSII [39]
Annual training in comprehensive sexual education and gender: March 2012, Nairobi March/ April 2013, Uganda April 2014, Nairob, organised by Amref HQ [21]

4.3.2 Improved planning, monitoring and evaluation (PME) Capacity

Based on Amref self-assessments, interviews and end line workshop discussions, improved Planning, Monitoring and Evaluation (PME) capacity came out as a prominent change/improvement since the baseline. Amref staff at the end line workshop as well as the Amref-NL programme officer specified the PME changes/improvements compared to the baseline as follows:

- M&E is now considered as the main agenda for higher management; M&E results and information are now used in new proposal writing and development; there is regular (monthly) and joint review of project performance of all projects instead of once or twice a year conducted by a separate unit or person; timeliness, completeness and quality of reports has improved; M&E is more outcome oriented now. Previously, the focus was just on monitoring activities and outputs, and reflective meetings and critical reflection were not regular.
- Amref-ET has evidence-based planning now based on M&E results: planning is more flexible and realistic, i.e. based on available resources and capacity; there is joint planning and reviewing within Amref departments, i.e. programme, project, finance, and M&E staff all develop proposals jointly. Previously this was done only by the programme manager. According to staff implementation performance of projects improved of 65-80% of the projects because of improved planning. Now they are able to make realistic plans as well as implementing as making the necessary follow up.
- Furthermore, stakeholders like government; local implementing partners and key international partners are now involved in project development and during annual evaluation and planning, which was not the case before.
- Amref-ET also has an enhanced role in supporting (financially) and participating in Woreda based planning (plan and budget preparation process) coordinated by the Ministry of Health (MoH). This means that Amref-ET is contributing to government planning by mapping its resources and sharing this at “platform level” (gatherings of organizations working on similar issue created by the government, mainly MoH and regional bureaus). In this platform programs are jointly implemented. Amref-ET contributed with ToT trainings (with financial & technical support) given to staff who are expected to give training to lower level implementers.
- The Organisational Capacity Assessment (OCA) report Amref ET of 2013 concluded that “PME systems that promote learning registered improvement from 2.41 in 2011 to 2.50 2013, the team indicated that there has been capacity building in PME, and reporting of results has improved”

Two key areas can be distinguished that contributed to these improvements:

1. Improved planning capacity (26)
2. Improved M&E capacity (2)

According to Amref-ET staff the biggest drivers for the improved PME capacity (1) in general were:

1. Leadership change (a new Director was appointed in April 2012 [31]
2. Reprogramming/ restructuring of the organization, effective from October 2013 [32]
3. Standardization of M&E tools and procedures [41], which Amref staff mentioned as ‘System strengthening’, including developing standards for different professionals on how to implement projects and systems.

How these “drivers” and other factors have led to the improved planning capacity [26] and improved M&E capacity [2] is described below.

Improved planning capacity (26)
Planning capacity of Amref-ET has improved due to 4 main reasons:

- Improved management support to field offices and planning exercises [37]
- Improved planning knowledge and skills [29]
- Change from regional, geographic planning/ geographic approach to programme-based planning [38]
- New PME organizational structure and new PME staff hired [33]

Also improved M&E capacity [2] is contributing to improved planning capacity [26], this will be described separately.

Improved management support to field offices and planning exercises [37]: according to Amref staff at the end line workshop, there is improved participation of management staff in the planning process (both technical and financial) with Amref-ET key departments *(Sources: end line workshop)*. HQ management staff, i.e. Programme, HR and Finance staff as well as the National Program Coordinator pay more field visits to Amref field offices. The more regular scheduled field visits help to provide staff onsite support and ground level problem identification and analysis. More involvement of HR staff in field related activities has led to better understanding of the field situation and team work. Improved management support was a result of the organisational restructuring in September 2013 [32] *(Sources: end line workshop; CFA assessment sheet A; almost all assessment sheets and interviews with staff)*, which came about as a result of a behavioural survey [39] *(Source: end line workshop)*. This was initiated by the new country director, who was appointed in April 2012 [32] *(Sources: end line workshop)*. The behavioural survey [39] helped to identify gaps and flaws in the organization and this led to restructuring of the organisation. The change in organisational structure involved creating different departments and delegation of responsibilities to the (newly appointed) program managers of these departments. Before all decisions had to be taken or needed to be approved by the (Deputy) Director, which caused delays in programme implementation. Since September 2013 decision making power has then partly been delegated to the new management layer. This resulted in more timely decision making and a more pro-active approach. *(Source: CFA assessment sheet A).* Now programs have their own focal persons. Everything is more structured with the new programme managers *(Sources: end line workshop; CFA assessment sheet A; almost all assessment sheets and interviews with staff; Amref Programme Management System (APMS) Guide 2013-June 28th)*

Improved planning knowledge and skills [29]: the improved planning knowledge and skills are a result of improved understanding of the concepts and use of the Theory of Change (TOC) [34] *(Sources: end line workshop; CFA assessment sheet A),* a shared understanding and coming to an agreement about previous year performance and coming year planning [11] *(Sources: end line workshop; CFA assessment sheet B)*, and an improved understanding of theory and use of planning concepts like logframe, indicators, reporting & planning formats, etc. [13] *(Sources: end line workshop; CFA assessment sheet B)*. According to Amref staff these improved planning knowledge and skills are to a large extent the result of the Ethiopian WASH Alliance (EWA) annual reporting and planning workshops [3A-Feb 2012, 3B-Feb 2013, 3C-Jan 2014] *(Sources: end line workshop; CFA assessment sheet B).* At these workshops the different EWA partners came to a common understanding of their performance in the previous year and the targets and activities for the coming year [11] *(Sources: end line workshop; CFA assessment sheet B)*, with the help of visualizing this with a Theory of Change (ToC). Each year other PM&E subjects get special attention. In the 2013 workshop, the theory and concepts of ToC [34] were discussed and used for planning, as well as the common planning concepts and tools (logframe, indicators, reporting & planning formats)[13) *(Sources: end line workshop; CFA assessment sheet B; Report on EWA workshop reporting ToC report 25 Feb.-1 Mar.2013)*. At the planning workshop of 2014 outcome measurement [16] got special attention. *(Sources: end line workshop; CFA assessment sheet B).*

Change from regional, geographic planning / geographic approach to programme-based planning [38]: according to staff at the endline workshop this was a result of the organizational restructuring [32]. Before this, it was difficult to support the regions as there was bad communication between HQ and field. The field was more or less autonomous. Now there is better communication between the regions and HQ because the operations are planned programme based rather than geographically organized. *(Sources: end line workshop; self-assessment sheet F (management staff))*.

New PME organizational structure and new PME staff hired [33]: with the restructuring of the organisation [32] a PME department was created and a PME manager appointed which enhanced the focus on PME. New and more senior staffs were employed. The size of MFS II funding (which came from both SRHR and WASH Alliances) allowed Amref to hire new PME staff, which was needed because of a growing programme portfolio. Amref staff: "now we have both dedicated M&E officers and programme managers, before we had no programme managers. Now extra hands are serving under the head of programme: new and more senior staffs are employed" *(Sources: end line workshop; CFA assessment sheet A; Field trip report ML&GB 16-24 September 2013)*

Improved M&E capacity (2):
According to Amref staff at the endline workshop the M&E capacity of Amref improved because of:

- New PME organizational structure and new PME staff hire [33]
- Improved report writing skills [22]
- Improved M&E knowledge and skills [40]
- Use of standardized M&E procedures and tools [41]

The **new PME organizational structure and new PME staff hired [33]** are a direct result from the restructuring [32] and MFS II funds allowing hiring PME staff, for both see above. Both MFSII Alliances paid the salary for M&E managers and coordinators at national level but the salary for the top management came from the overhead cost of projects. In the first quarter of 2014, a new M&E manager was hired, who also plays an important role in the further professionalization of the organisation's M&E system, and its alignment with the overall Amref Health Africa M&E system. The SRHR Alliance[6] has hired a PME coordinator for one year to assist the three organisations with the mid-term evaluation. This PME-Coordinator is supporting the National Programme Coordinator of the UFBR and ASK programmes. Both the National Programme Coordinator and the PME Coordinator are "hosted" by Amref, but are working for the SRHR Alliance (UFBR programme) and the Youth Empowerment Alliance (ASK programme). The PME coordinator started in October 2013. He is responsible for PME of the ASK & UFBR programme, including the outcome measurement of the UFBR programme and the baseline of the ASK programme.
Furthermore, there was a PSO capacity building programme (Dutch funded but non-MFSII) [18] to build capacities of managers (3-year project) *(Sources: end line workshop; Baseline report)*. This was meant to develop human resources and implement more projects. Because of this Amref-ET increased its overhead. One of the M&E officers was paid from the PSO funding (2009-mid 2012). Those positions were very critical, but this ended mid-2012. Hiring new M&E staff was also the result of two organizational capacity assessments (OCA) [21], requested by the Dutch Government as a condition for MFS II funding, and carried out for programmes within the SRHR and WASH alliances, to determine Amref-ET's ability to deliver results to their clients *(Sources: end line workshop; Baseline report)*. The OCAs were internal and done twice, one in November 2011, one in November 2013 with Alice Lakati (Nairobi Amref office). During the OCA 2011 it was found out that M&E was one of Amref-ET's weaknesses. Staff rated their own capacity and problems, management followed up. This resulted in

[6] Note: The SRHR alliance consists of three partners: Amref, YNSD and TaYA. The Youth Empowerment alliance consists of four partners: Amref, YNSD, TaYA and FGAE. Both programmes focus on SRHR, but are implemented in different geographical areas and have a different focus.

more resources for M&E, more M&E staff (33), and more (PSO funded) training [18] *(Sources: end line workshop; Baseline report; OCA report 2011).* The second self-assessment recorded growth in thematic and programmatic aspects of WASH and SRHR, resource mobilization, human resource management and PME systems that promote learning. *(Sources: end line workshop; CFA assessment sheet A; OCA Amref ET final report 2013)*

Improved report writing skills [22]: The improved quality of reports is mentioned by the CFA as a particular element of the improved M&E capacity. Also the OCA of 2013 concluded that compared to 2011 the reporting on results and quality of reporting had improved. It also concluded that PME has been strengthened because there are new systems [33] and reporting of results has improved (*Sources: end line workshop; CFA assessment sheet A)*. Project staff has been trained by Amref HQ in report writing. According to Amref staff the continuous request and or/feedback from donors for timely and quality reporting [47], especially from the Amref-NL office, has pushed them to improve report writing. This request and/or feedback from donors was also made during the annual (MFSII funded) WASH workshops (3A, 3B, 3C) (*Sources: end line workshop; EWA workshop planning reporting ToC report 25 Feb-1 Mar 2013)*. Amref-ET staff realizes that if reporting is done well, Northern Amref offices (US, Canada and Europe) can focus better on fundraising. Contact with donors is indirect through the intermediary offices in the North. There are visits and feedback from these offices and donors [53] about reporting, planning and evaluation and other general issues *(Sources: end line workshop; CFA assessment sheet A)*. When they see a problem they alert Amref Ethiopia. They also alert Amref-ET to think about standardization and the need for timeliness and quality reports [47] *(Source: end line workshop)*. On a quarterly basis some of these issues are further discussed with Amref-NL. Report writing skills have also improved because of checklists that have been developed for reporting [46] by the Amref-ET office as well as tools for customized/developed flowcharts for each project [52] *(Sources: end line workshop; 2014 annual plan; Amref Programme Management System (APMS))*, including time frame. Also, Amref staffs mention that there is a new quality assurance team [54] in addition to the new staffing – they are thinking about sending automated reminders in the future (the internal QA officer of Amref-ET learned about this from Amref Tanzania during an exchange visit). *(Source: end line workshop)*. The SRHR alliance gave training on online reporting. However, the online reporting has been abandoned because it could not deliver what the Alliance had expected. In addition, outcome reporting training was given by Amref-NL to staff *(Source: 5c endline interview M&E staff)*

Improved M&E knowledge and skills [40]: Project staff has been trained by Amref HQ and Amref NL in M&E and this has increased staff's knowledge of and involvement in M&E. Compared to the baseline, field staff of the SRHR and WASH Alliances projects have more attention to regular monitoring of progress, and are more actively involved in data gathering. In 2013 both Alliances focused more on outcomes, for example in the mid-term evaluation of the UFBR programme, which focused on the functioning of the SRHR Alliance in Ethiopia and on the mid-term results of the programme. In addition to this, the (Amref-NL) M&E adviser and the country lead have been very active in providing M&E support and constructive comments on reports to the field teams. According to Amref-NL investments in the M&E knowledge of staff has paid off *(Sources: end line workshop; CFA assessment sheets A and B)*.

In early 2012 PME training for MFS II project staff and partners (SRHR & WASH) (PME staff, project staff, government and local partners) was given to understand result areas, new formats, and familiarizing to new formats. [56] This training was customized and targeted to the reporting formats of the projects. Also general PME topics were introduced. After this training, the staff had internalized their knowledge for reporting *(Source: end line workshop)*.

In June 2012 a PCM and PME training on M&E tools was given (MFS II, SRHR alliance)[6], familiarizing staff, local NGOs, and government partners with the new PME format and this has led to improved PME skills and knowledge on the UFBR project, internalization of M&E project components and performing as well as thinking up to outcome level/results [16] *(Sources: end line workshop)*. An Amref ET manager found this training very useful because practicing PCM and PME helped on the project implementation

and monitoring at field level with colleagues and local partners. It also helped to discuss with government partners on the PCM and PME implementation at field level in the health facilities and communities, for example in the Regional Health Bureau (RHB) and at district level. At health facility level it improved recording, reporting and documentation. At organisational level he noticed an improvement in transparency, discussions with the team and follow up and analysis of result /outcomes of monthly performed activities against planned activities. *(Source: PCM and PME training June 2012_5c endline questionnaire training management perspective).*

Both SRHR and WASH Alliances invested a lot in training on outcome measurement which contributed to the improved knowledge and skills [40] and focus more on outcomes instead of only outputs [16] *(Sources: end line workshop; CFA assessment sheets A and B)*. Starting from the end of December 2013 until mid-February 2014 a mid-term review of the UFBR programme [5] was carried out, which focused on the functioning and the results of the SRHR Alliance in Ethiopia. A one week outcome measurement training was conducted in September 2013 [7] in Addis Ababa for all staff involved in the mid-term evaluation. This PME-outcome measurement training was given to ensure a good execution of the mid-term evaluation of the UFBR programme. It enabled staff to do focus group discussions and increased M&E capacity for Outcome Measurement (16), including qualitative methods. This resulted in a combination of both quantitative and qualitative tools used to gather and triangulate information [4]. Field staff was actively involved in the evaluation *(Sources: end line workshop; CFA assessment sheets A and B; 2013.10.02_Report bi-annual meeting UFBR and OM workshop)*. One of the project officers who participated to this training declared that the training had an effect on the organizational capacity because the organisation's objectives are to bring outcomes that benefit the community. Therefore, knowing how to measure those outcomes is very crucial. It even influenced his thinking in daily life: he realized the difference between outputs and outcomes, so when performing activities he now focuses on how to achieve the outcome. Another participant found the training very useful because it enabled them to identify weaknesses and strengths of their project and how to improve the project performances. However he claimed that time was too short to include all measurement tools and to practice the tools properly, and that additional outcome measurement training was desired. The participants said they improved their knowledge and skills in outcome measurement, and more specifically how to conduct in-depth interviews, develop questionnaires and conduct Focus group discussions. *(Sources: 2 X Outcome Measurement Sept 2013 5c endline training questionnaires participant perspective)*

Also the WASH alliance organised outcome measurement training:

- A PME/Outcome measurement training was conducted in Awash for one week in Nov 2012 by the WASH alliance [35]; (*Source: end line workshop).*
- Furthermore an Outcome Measurement Capacity Building training workshop was held in September 2013 [15] *(Sources: end line workshop; CFA assessment sheet B)*; The report (*Reflection on the Outcome Monitoring Process and Methodology)* says: "Before embarking on the measurement of the outcome results for 2013 of the WASH interventions of the eight EWA partner organizations, the PME adviser of the DWA organized this capacity strengthening and support activity for the EWA partners. The rationale to initiate this capacity strengthening and support activities to partners was input from partner organizations on need for capacity strengthening and underlining of the same by the Country Coordinators during the DWA Country Coordinators Workshop held in October 2012". The training workshop included monitoring and evaluation, data and their types, data collection methods, sampling techniques, outcome and outcome indicators as the main topics. It also included FLOW for data collection [36] with the help of digital device such as tablets or smart phones. (*Sources: CFA assessment sheets B; Reflection on the Outcome Monitoring Process and Methodology@24122013-Tewelde*)

According to Amref staff there was experience sharing and learning in the international annual M&E managers meetings of country offices worldwide [42], in 2013 in Uganda and end of March/early April 2014 in Tanzania [44] *(Source: end line workshop)*. At these meetings the M&E managers or training organizers provide training feedback for Amref offices which helps to correct PME gaps they have; M&E staff also participated in enriching different guidelines for Amref. Project areas are visited, looking at implementation of projects in relation to M&E. Some of the tools are practiced and shared between the

countries. In 2014 there was a special training topic on strengthening research linkages with M&E [45] *(Source: end line workshop)*.

Amref staff at the endline workshop mentioned that the BMFS-foundation gave training on M&E, developing logframe and M&E tools [48] just after the start of the TB/HIV project in September 2012.

Staff M&E knowledge and skills were also improved by the PSO financed (Dutch, but not MFSII) capacity development programme [18], also mentioned above. This was developed as a result of an organizational capacity assessment (OCA) [21] in 2011, requested by the Dutch Government as a condition for MFS II funding. As mentioned above, this influenced the training that took place to address the identified capacity gaps, including M&E training as this was identified as a weak area *(Sources: end line workshop; CFA assessment sheet A; baseline report)*.

Other training was funded out of a Training fund [49] arranged by Amref Ethiopia and funded from projects, e.g. to send people to trainings in Nairobi organized like a business venture. 2% of salary is put in a pot for learning. *(Source: end line workshop)*

Use of standardized M&E procedures and tools [41]: According to the CFA the M&E system of Amref-ET has continued to improve and has been professionalized. More qualitative tools are used now *(Source: CFA assessment sheets A)*. According to Amref Programme staff as well as administrative and HRM staff, M&E systems are well integrated and linked with programs and projects. According to programme staff this was partly a result from financial MFS II support for M&E systems *(Sources: end line workshop; interviews with programme, and admin and HRM staff staff)*. Also quality assurance guidelines have been developed and a Program Development Online data system.

Now there are Standardized M&E procedures and tools (41) for programme management (data collection, reporting, and presentation), developed by M&E departments, initiated/ adapted/ modified/ developed by HQ, and put in practice since March 2013. It was financed by NL. Some procedures and tools are new, others were pre-existing, but adapted and modified for Amref purposes. Thus, it was compiled by HQ, but funded with MFS II money *(Sources: end line workshop; self-assessment sheets of management, program and field staff; Amref Programme Management System (APMS))*.

The abovementioned Amref Programme Management Systems (APMS) [51] is mandatory to be used by the project managers for planning, follow up etc. The APMS existed before 2011, but was revised in 2013. The revision has integrated other Amref processes and information systems to minimise duplication of efforts and use one platform in designing as well as implementing projects and programmes in Amref. It has also summarised steps and milestones for each phase and linked to this draft. Additionally there are annexes and tools with links on the intranet for easier reference as well as the Technical Assistance Framework. According to Amref staff after revision this has become the "Bible/Koran". It has 7 steps that each project manager needs to know. Before revision, the utilisation was poor. Management is now demanding staff to use the APMS and therefore PME is improving. It is not directly because of this guide, but to the focus of the manager to use the policy. *(Source: end line workshop; Amref Programme Management System (APMS))*

As also explained under "improved reporting skills" (above), checklists have been developed for reporting [46] within Amref offices, and tools for customized/developed flowcharts for each project [52]. Earlier different formats were used for logframes or flowcharts for different projects, these are now standardized. *(Sources: end line workshop; 2014 annual plan; Amref Programme Management System (APMS))*. The reporting checklists that were developed for different staff functions [46] help the manager to monitor projects. *(Source: end line workshop)*

During the international Amref M&E annual meeting in March 2014 [42] there was practice with tools, and rolling out of standardized tools in the field *(Source: end line workshop)*.

In Feb 2014 there was an M&E training based on Amref's M&E training manual with principles, guidance, etc. on M&E [43], for middle level managers in Addis for Amref Ethiopia staff – the manual is focused on

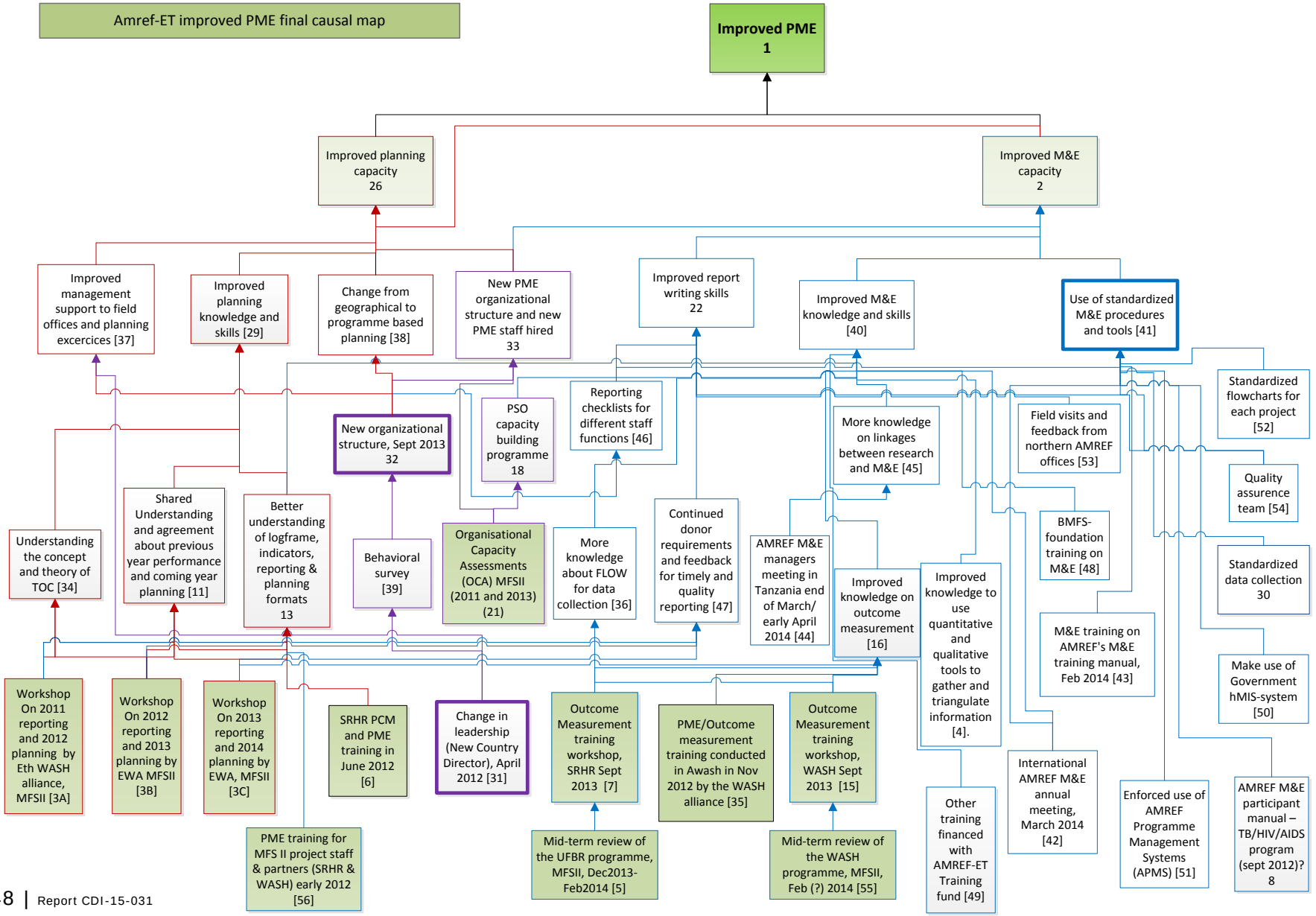
standardizing M&E systems within Amref, how evaluation is taking place, how to develop ToRs, etc *(Source: end line workshop)*.

According to the APMS the M&E system must promote the use of nationally approved data collection tools including the Community Based Health Management Information System (CBHMIS) [50]. This was confirmed by Amref staff. Therefore they sometimes do not have to collect their own data. *(Source: end line workshop).* Also, there is a new quality assurance team [54] in addition to the new staffing, which has influenced the use of standard M&E procedures and tools. *(Source: end line workshop).*

In addition to the above mentioned issues, there is also the Amref M&E participant manual of the TB/HIV/AIDS program (sept 2012) [8] *(source: Amref Monitoring and Evaluation Participant Manual 25092012)*: The manual is tailored towards Monitoring and Evaluation (M&E) capacity enhancement for Amref Ethiopia. This guide to planning, monitoring and evaluation has been developed to aid the management of TB[7] programmes to equip Amref staff and partners to collect standardized data and help in the interpretation and dissemination of these data for programme improvement. Amref staff at the endline workshop mentioned that they "borrowed" from these monitoring tools for other programs.

Please note that the numbers in the visual below and the narrative above correspond to each other.

[7] TB = Tuberculoses


Amref-ET improved PME final causal map
Improved PME 1
Improved planning capacity 26
Improved M&E capacity 2
Improved management support to field offices and planning excercices [37]
Improved planning knowledge and skills [29]
Change from geographical to programme based planning [38]
New PME organizational structure and new PME staff hired 33
Improved report writing skills 22
Improved M&E knowledge and skills [40]
Use of standardized M&E procedures and tools [41]
Standardized flowcharts for each project [52]
Reporting checklists for different staff functions [46]
PSO capacity building programme 18
New organizational structure, Sept 2013 32
More knowledge on linkages between research and M&E [45]
Field visits and feedback from northern AMREF offices [53]
Quality assurence team [54]
Shared Understanding and agreement about previous year performance and coming year planning [11]
Better understanding of logframe, indicators, reporting & planning formats 13
Behavioral survey [39]
Organisational Capacity Assessments (OCA) MFSII (2011 and 2013) (21)
More knowledge about FLOW for data collection [36]
Continued donor requirements and feedback for timely and quality reporting [47]
AMREF M&E managers meeting in Tanzania end of March/ early April 2014 [44]
Improved knowledge on outcome measurement [16]
Improved knowledge to use quantitative and qualitative tools to gather and triangulate information [4].
BMFS-foundation training on M&E [48]
Standardized data collection 30
Understanding the concept and theory of TOC [34]
M&E training on AMREF's M&E training manual, Feb 2014 [43]
Make use of Government hMIS-system [50]
Workshop On 2011 reporting and 2012 planning by Eth WASH alliance, MFSII [3A]
Workshop On 2012 reporting and 2013 planning by EWA MFSII [3B]
Workshop On 2013 reporting and 2014 planning by EWA, MFSII [3C]
SRHR PCM and PME training in June 2012 [6]
Change in leadership (New Country Director), April 2012 [31]
Outcome Measurement training workshop, SRHR Sept 2013 [7]
PME/Outcome measurement training conducted in Awash in Nov 2012 by the WASH alliance [35]
Outcome Measurement training workshop, WASH Sept 2013 [15]
Other training financed with AMREF-ET Training fund [49]
International AMREF M&E annual meeting, March 2014 [42]
Enforced use of AMREF Programme Management Systems (APMS) [51]
AMREF M&E participant manual – TB/HIV/AIDS program (sept 2012)? 8
PME training for MFS II project staff & partners (SRHR & WASH) early 2012 [56]
Mid-term review of the UFBR programme, MFSII, Dec2013-Feb2014 [5]
Mid-term review of the WASH programme, MFSII, Feb (?) 2014 [55]

5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited Amref Health Africa Ethiopia (Amref)staff in the organizations' head office in Addis Ababa and explained the purpose and the process of the 5C end line assessment. During the visit the team agreed on the workshop dates including the type and number of staff who would attend the workshop. In addition to this, the team also gave the "support to capacity development sheet" to be filled by Amref staff.

The Ethiopian 5C assessment team conducted the assessment in four visits. First visit, to conduct the self-assessment workshop with a total of 15 participants and ask the staff to fill the self-assessment form in their respective five subgroups (management (3); program (3); M&E (3); HRM and administration (4) and field staff (2). Out of the 15 participants, 13 were present during the baseline study in 2012. This was followed by a second visit to carry out a brainstorming session and develop a general causal map that explains the key organisational capacity changes that have happened in Amref after the baseline in 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessments and to better understand the organisational capacity changes in Amref's capacity since 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms. Finally, the fourth visit was made to carry out the process-tracing workshop. In the process tracing workshop three change areas that were identified based on the review of the various documents received from the SPO and CFA, including the results of the self-assessment workshop, were presented to the workshop participants. First they were asked if they also agreed with the team's assessment in terms of this key organisational capacity change to focus on during process tracing. These were organisational capacity changes within the capability to act and commit and the capability to adapt and self-renew and which could possibly be linked to MFS II capacity development interventions. Whilst an initial causal map was drawn, a workshop causal map was drawn fresh, and after verification, information from the initial causal map was incorporated.

The process tracing exercise helped to get the information for description of changes in organisational capacity, and the attribution of changes in capacity of Amref to specific factors and (MFS II and non-MFS II funded) the capacity development interventions.

The evaluation team also collected data from staff that attended the different trainings they received since the baseline in 2012 and the change that has come about at personal or organizational level as a result of the trainings. The information generated from these training questionnaires was integrated into the process tracing causal maps.

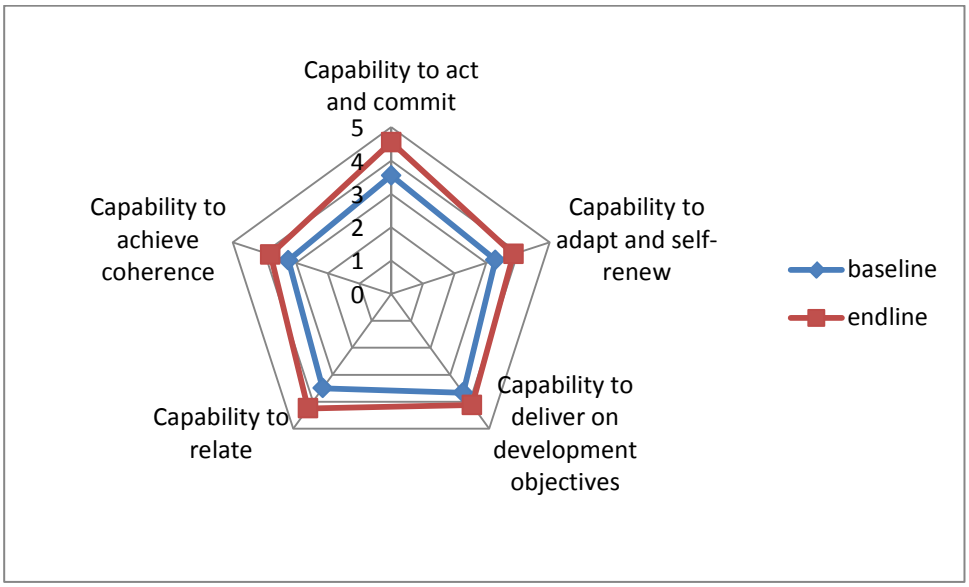
The plan of the evaluation team to also conduct two interviews with Amref partners materialized partially. One interview with a partner was conducted successfully through email. However, the interview with the other partner failed because the interviewee declined to respond to the questions because he had little knowledge about the questions asked.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity development

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years many improvements took place in the indicators under the capability to act and commit. The new leadership introduced a matrix style organisational structure and appointed new programme managers. This led to more timely decisions and better technical support and strategic guidance for staff. Field staffs are now also better guided by management. There was a slight improvement in the indicator on staff turnover as staff retention has been successful due to internal promotion of staff and ample opportunities for capacity building. With the new organisational structure, organisational management also improved. Amref now has a strategic document and a Visibility, Growth and Competency (VGC) document that has been developed based on situational analysis. The skills of staff improved in project cycle management, technical issues, finance, M&E and logistics. This was mainly due to training from e.g. the SRHR and WASH Alliances. Due to the reestablishment of the Training Committee the right staff go to the relevant trainings for them and the training budget is used in a better way. Staff financial incentives improved in terms of hardship allowances and per diem for staff. Amref has diversified its funding base to 30 donors and has doubled its operational budget since the baseline. The fundraising procedures also improved as there is now a fundraising manager and clear internal procedures for fundraising strategies.

In the capability to adapt and self-renew Amref also improved all indicators. They improved their M&E implementation because of having a pool of M&E experts, a new Amref Information Management System (AIMS) in place, an M&E manual, which all lead to better reports. In terms of M&E competences, there is more M&E staff who have improved their M&E skills in SRHR and WASH Alliances trainings. Following the new structure, there is now an M&E manager who oversees the M&E at program level. Management has worked on an overview of evaluation results to use for decision making. The new leadership has also established a forum to discuss performance and project implementation for critical reflections. Discussions are noted down in action points and action on these is tracked. Because of the delegation of decision making power (to programme managers) staff feel more free to discuss their ideas. Amref is now scanning its operating environment more systematically through e.g. increasing their representation at the Ministry of Health through Technical Working

Groups. The organisation is also more responsive to stakeholders like the government and community by involving them in problem identification and M&E.

In terms of the capability to deliver on development objectives, Amref again shows some improvement in all indicators. Operational plans are now regularly revised and staff is eager to learn from results and adhere to operational plans. Through the new project management structure there is a pull system for effective use of resources like vehicles and equipment which has led to more cost-effectiveness. Budgets are revised to be realistic and linked to timely planning which has helped in better delivering on planned outputs. A beneficiary feedback mechanism strategy has been institutionalised and is now being piloted. In terms of monitoring efficiency, there are regional based assessments for joint monitoring of results. For balancing quality and efficiency Amref has a quality assurance mechanism in place, works with its AIMS and has better record keeping than during the baseline.

In the capability to relate, Amref has improved as well. Stakeholders are now engaged during the programme design phase. Amref is involved in new networks due to its ASK programme with the Youth Empowerment Alliance. The new organisational structure has led the Country Director and Deputy Country Directors to visit the programme sites more regularly. In terms of internal relations, there is now a communications department with a communications manager who resolves disputes through subcommittees. There is also a new HR and admin manager and communication lines are shorter. This all has improved the relations within the organisation.

Finally, Amref has improved in its capability to achieve coherence because all staff have been involved in revisiting the vision, mission and strategies of the organisation and the VGC strategies have been developed. In terms of operational guidelines, manuals for HR, procurement and quality assurance are now in place and field staff is informed about this. There is also a new knowledge management committee. All Amref's programmes are aligned with the new business plan which in turn is aligned to the strategic plan of the organisation. There is programme integration during the design and implementation phases and some programmes are implemented in the same geographical areas. During the endline workshop some key organisational capacity changes were brought up by Amref's staff: improved leadership capacity, improved staff capacity and improved resource mobilization competences. The evaluators considered it important to also note down the SPO's story and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to Amref staff present at the endline workshop leadership capacity improved because of a more active engagement of the new advisory council at national level and the international Board at corporate level ; improved leadership knowledge and skills, through continuous and short term training; and performance targets that were set for leaders. These performance targets were set to address the gaps identified in the behavioural survey conducted by Amref headquarters in Nairobi. Staff capacity improved because of improved staff competences in planning, M&E and PCM among others things; improved team coherence and close follow up; and technical support by the management. Staff improved their competences because new staff was recruited; regular experience sharing meetings; and staff training in PME and technical topics. The improved team coherence resulted from the more regular experience sharing meetings. This more frequent experience sharing as well as the closer follow-up & technical support from management can be attributed to the leadership change at Amref country level. The last organisational capacity change that was considered an important change by Amref staff, improved resource mobilisation competences, happened because of improved concept and proposal writing skills of staff; taking up business development as a special focus; increased capacity to create partnerships and Dutch support in terms of salary, training, donor contacts and technical reviews. Staff improved their writing skills because of training and recruiting of staff with fundraising skills. The focus on business development came from organisational restructuring introduced by the new director at country level. The increased capacity to create partnerships can be attributed to the assistance they had in networking from Amref-NL and other offices. On the whole, the changes that were considered as most important organisational capacity changes since the baseline in 2012, were improved leadership capacity, improved staff capacity and

improved resource mobilization capacity. Many of these changes have been brought about by a change in leadership at country level, and a behavioural survey by Amref global. There is no particular mention made of MFS II funded capacity development interventions but during process tracing these have clearly come up and we therefore refer to 5.3, where the role of MFS II funded capacity development interventions in organisational capacity changes of Amref will be further explained.

5.3 Attributing changes in organisational capacity development to MFS II

This section aims to provide an answer to the second and fourth evaluation questions:

1. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
2. *What factors explain the findings drawn from the questions above?*

To address the question of attribution it was agreed that for all the countries in the 5C study, the focus would be on the capability to act and commit and the capability to adapt and self-renew, with a focus on MFS II supported organisational capacity development interventions that were possibly related to these capabilities. 'Process tracing' was used to get more detailed information about the changes in these capabilities that were possibly related to the specific MFS II capacity development interventions. The organisational capacity changes that were focused on were:

- Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services[8]; and
- Improved planning, monitoring and evaluation (PME) capacity.

The first organisational capacity change falls under the capability to act and commit. The last one (PME) falls under the capability to adapt and self-renew. The organisational capacity change areas that were chosen are based on document review as well as discussions with the SPO and CFA.
Each of these organisational capacity changes is further discussed below.

<u>The following issues are discussed for the MFS II funded activities that are related to the above mentioned organisational capacity changes:</u>

a. Design: the extent to which the MFS II supported capacity development intervention was well-designed. (Key criteria: relevance to the SPO; SMART objectives)
b. Implementation: the extent to which the MFS II supported capacity development was implemented as designed (key criteria: design, according to plans during the baseline);
c. Reaching objectives: the extent to which the MFS II capacity development intervention reached all its objectives (key criteria: immediate and long-term objectives, as formulated during the baseline);
d. the extent to which the observed results are attributable to the identified MFS II supported capacity development intervention (reference made to detailed causal map, based on 'process tracing').

Please note that whilst (d) addresses the evaluation question related to attribution (evaluation question 2), the other three issues (a, b and c) have been added by the synthesis team as additional reporting requirements. This was done when fieldwork for the endline process had already started.

[8] Amref itself is not providing health care services but capacitating (government) health facilities and health professionals to do so through technical support, training, providing commodities, equipment, renovating and constructing health facilities etc. In addition, Amref is raising awareness in communities on SRHR issues and working with schools and out of school youth on the provision of sexuality education. Amref is also raising awareness of policy makers on SRHR (through workshops and trainings) and trying to influence the government (although not officially due to the Ethiopian legislation).

Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services

The following MFS II capacity development interventions supported by Amref-NL were linked to the key organisational capacity, change "Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services":

1. SRHR workshop on sexual behavioural change, Dec 2013 [2]
2. Policy/advocacy implementation training workshop on SRHR, March 2014 [17]
3. Bi-annual UFBR review & planning meetings [33]
4. SRHR Outcome measurement workshop, September 2013 [6]
5. EWA (WASH Alliance) Outcome Measurement workshop, September 2013 [7]
6. Facilitation skills training mid-2012 [5]
7. Rutgers WPF training on sexual taboos, December 2013 [35]
8. Annual SRHR Alliance review meetings in the Netherlands for National Programme Coordinators (NPCs) [38]
9. Workshop in Nairobi on sexual diversity, April/May 2012 [39]

The numbers between brackets correspond to the numbers in the visual (causal map, see below this section).

The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives. This is because the effects of these interventions were observed during process tracing as related to the organisational capacity change area 'improved staff competencies to deliver sexual reproductive health rights services', and they came up during document review, endline workshop, interviews and self-assessments.

1. SRHR workshop on sexual behavioural change, Dec 2013 [2]

Design

This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The immediate objective stated during the baseline for SRHR training in general was to provide SRHR Alliance partners with SRHR knowledge, for this particular training it was to provide more factual knowledge on key SRHR concepts, adolescent development, sensitive topics like homosexuality, the SRHR situation in Ethiopia, and on comprehensive sexuality education. The long term objective stated during the baseline was to have a better implementation, for this particular training to have a more comprehensive sexuality curriculum and more comprehensive and rights-based sexuality information in communities.

This kind of knowledge was not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. Two UFBR programme staff members who participated in this training mentioned this training as very relevant, because it increased their knowledge and skills in sexual reproductive health, so that they could improve project performance and achieve the project goals. They also mentioned that it was very useful to them for providing the SRHR services and to speak the same language on SRHR issues for and with the stakeholders, so that the quality of SRHR in their region could be improved.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

The training was given to 18 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) and took place in December 2013. These participating staff members passed on their information to health care workers, school youth and other stakeholders. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that participating staff members have passed on knowledge gained at the training workshop and one staff member mentioned that changes can be observed in the activities in schools, volunteers, youth and health facilities and that this training was important for organizational capacity. It is not clear to what extent the long term objectives have been reached.

2. Policy/advocacy implementation training workshop on SRHR, March 2014 [17]
Design
This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The immediate objective of this training workshop stated during the baseline was to improve knowledge on policy implementation by the SRHR alliance partners; during the endline the joint development of an advocacy plan around a central issue was also mentioned. The long term objective stated during the baseline was a better alignment of the work of the alliance partners to the policy framework of the Ethiopian government on SRHR. and stated during the endline an implemented advocacy plan was also mentioned.

This kind of knowledge was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. However, two UFBR participating staff members mentioned that the training was very relevant to them because they learned how to develop messages to advocate for young people at regional level. They thought the training was very useful for the organization because they are working on advocacy at different levels.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation
The training was given to 17 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) and was conducted in March 2014. The training was about (different types of) advocacy, advocacy activities already carried out in ASK & UFBR programmes, an overview of relevant Ethiopian laws and policies, making of problem trees and identification of advocacy topics, stakeholder analysis, and drafting of an advocacy plan. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that the training resulted in a better understanding among participating staff of what advocacy is and could achieve. According to Amref staff at the endline workshop the training workshop has led Amref to team up with Alliance members like TaYA (Talent Youth Association) on policy advocating and lobbying on SRHR issues and helped to identify informed action for lobbying and advocacy. It enhanced the capacity of the organisation to work closely with government officials and it improved transparency, and discussions with the team and follow up. It is too early to assess to what extent the long term objectives are achieved.

3. Bi-annual UFBR review & planning meetings [33]
Design
Review meetings were planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The objective of these meetings is a joint review of progress, the way forward, and identifying and addressing problems.

These meetings were mentioned as relevant in the Theory of Change (ToC) developed during the MFSII 5C baseline survey for an effective M&E system, notably for analysis and use of M&E findings.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

These meetings are conducted bi-annually through joint review of progress and thinking through the way forward, and identifying and addressing problems. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Since the objectives were not formulated in a SMART way, it is difficult to assess whether the objectives have been reached. However, according to staff present at the endline workshop Amref had a problem of (lack of) complementarity/ synergy with the two other UFBR partners before the baseline, but the review meetings have led to better links between Amref activities and activities of the partners and planning for joint activities, like the joint preparation of Information Education and Communication/Behavioural Change Communication IEC/BCC materials, and the joint development of TV programmes on SRHR in Afar language.

4. SRHR Outcome measurement training workshop, Sept. 2013 [6]

This intervention was planned during the baseline and is described only briefly here for its relevance in relation to "improved competences to deliver SRHR services". It will be described in more detail under the "improved PME capacity" section of this chapter. The immediate objectives of this workshop stated during the baseline were to improve staff knowledge on outcome indicator measurement and of qualitative data gathering methods. It was also thought that it would ensure a good execution of the mid-term evaluation of the UFBR programme. The training was given to 13 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) and was conducted in September 2013. The training was about what outcome measurement is, outcome and output indicators in the UFBR programme, review of the UFBR baseline results and tools, how to facilitate a focus group discussion (including practical exercises), and planning of outcome measurement in the UFBR programme. According to Amref staff present at the endline workshop, the training resulted in an improved understanding of, and focus on desired outcomes which contributed to improved competences to plan and implement SRHR Services. It was also indicated that the quality of reports had improved. One participating staff found the training very useful because it enabled them to identify weaknesses and strengths of the UFBR project and how to improve the project performances. It seems that the short term objective has been achieved and also the long term objective to some extent, but not having objectives that were defined as SMART objectives makes it difficult to assess this issue.

5. EWA (WASH Alliance) Outcome Measurement workshop, September [7]

This training was given before embarking on the measurement of the outcome results for 2013 of the WASH interventions of the eight EWA partner organizations. The training resulted in more outcome oriented planning and implementation in general, including SRHR services, as described above. This training will be discussed more in detail in the "Improved PME" section of this chapter.

6. Facilitation skills training mid-2012 [5]

Design

This intervention was not mentioned as planned for during the baseline survey. Details about the specific design are not known, but that wasn't the focus of this evaluation.

This kind of training was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but according to staff the usefulness of this training was to have the competences now to give facilitation skills training themselves instead of having to hire an external consultant for this.

Implementation
The evaluation team does not have details about the participants or the subjects of this training. As far as the evaluation team knows, it was implemented during the endline as an MFS II funded capacity development intervention that took place mid-2012.

Reaching objectives
Whilst details about the objectives of the workshop were not known to the evaluation team, since this wasn't the focus of this evaluation, the training capacitated staff to give facilitation skills training themselves, as can be observed in the process tracing causal map. This seems to be an important result of the training but since the objectives are not known it is not possible to say to what extent the objectives have been achieved.

7. Rutgers WPF training on sexual taboos, December 2013 [35]
Design
In fact this was not a separate training, but it was part of the MFSII SRHR workshop on sexual behavioural change in December 2013 (see above). According to the CFA the objective of this particular training was to make staff see the difference between facts and opinions about taboo subjects. Details cannot be provided, since this wasn't the focus of this evaluation.

This kind of training was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. Subject related topics are referred to in general terms: "technical competencies on strategic areas". However, it was mentioned as important by the CFA, because to provoke change in behaviour it was considered crucial to be able to distinguish between facts and opinions.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask for SMART objectives specifically.

Implementation
The training was given by Rutgers WPF to the 18 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) participating in the SRHR workshop on sexual behavioural change that took place in December 2013. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Not having SMART defined objectives makes it difficult to assess this issue, but according to the CFA this particular training has provoked a change in mind set of Amref staff about taboo subjects. This has led to a change in staff's attitude and more openness to discuss these sensitive issues. Participating staff members passed on their information and used it with health care workers, school youth and other stakeholders to discuss taboo subjects. In that sense the objective seems to be achieved.

8. Annual SRHR Alliance review meetings in the Netherlands for National Programme Coordinators (NPCs) *[38]*
Design
These review meetings were not mentioned as planned for during the baseline, although they are mentioned in the UFBR logical framework. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. At these meetings programme coordinators come together to share experiences and identify programme priority areas.

Annual review meetings in general were specifically mentioned as relevant in the Theory of Change (ToC) developed during the MFS II 5C baseline survey.

Objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline.

Implementation
These meetings are organised annually to share experiences and to share experiences and identify programme priority areas. Also specific SRHR subject related issues are discussed. SRHR programme coordinators attend. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Since the objectives are not known, it is difficult to assess whether the objectives have been reached. However, according to Amref staff they benefitted through "cascaded' training on the SRHR subject related matters, which helped staffs to better understand gender, sexuality and SRHR issues, and changed their attitude to talk more open about these issues.

9. *Workshop in Nairobi on sexual diversity, April/May 2012 [39]*
Training on SRHR issues was mentioned as planned for in general terms during the baseline, this training was not mentioned in particular. In general objectives for SRHR training were improved knowledge of alliance partners on SRHR (immediate) and better implementation of the UFBR project (longer term). Details about this particular training element cannot be provided, since this wasn't the focus of this evaluation.
This kind of training was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. Subject related topics are only referred to in general terms: "technical competencies on strategic areas".

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically.

Implementation
Three Amref staff from Ethiopia participated at this training: The Director of YNSD (UFBR partner organisation, also in the steering committee of the UFBR programme), the former NPC (Mr. Tilahun) and the Amref UFBR Project Manager. The training was facilitated by a technical advisor from Rutgers WPF and dealt with different issues related to sexual diversity, sexual identity, sexual minority groups, etc.
As far as the evaluation team knows, the training was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Since the objectives of this training are not known it is not possible to assess to what extent the objectives have been achieved. However, according to Amref staff at the endline workshop it improved their knowledge on gender, sexuality and SRHR issues because the participating staff passed on their information and knowledge to other Amref-ET staff members. In that sense the immediate objective seems to be achieved.

Attribution of observed results to MFS II capacity development interventions
The improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services were due to:
5. Improved SRHR planning and implementation competences [4]
6. Improved networking skills for advocacy and lobbying on SRHR issues [25]
7. Improved knowledge on gender, sexuality and SRHR issues [3]
8. Change of attitude and more openness to talk about sex and sexuality [14]

(see 4.3.1)

The improved networking skills for advocacy and lobbying on SRHR issues can be fully, and the other three organisational capacity changes can to a large extent be attributed to MFS II supported capacity development interventions.

1. The improved SRHR planning and implementation competences can partly be attributed to a better understanding of the link between SRHR services, knowledge and an enabling environment, including the policy environment; joint planning and coordination of SRHR activities with other Amref departments and other Alliance members; and an improved understanding of and focus on desired SRHR outcomes. These can all to a large extent be attributed to MFS II supported capacity development interventions. For another part the improved SRHR planning and implementation competences can be attributed to factors that can only be partly attributed to MFS II capacity development support, i.e. the competences to train others in facilitation skills; or cannot at all be attributed to MFSII interventions, i.e. the increased number of skilled staff & reproductive health professionals; the regular scheduled visits and advice from programme managers; and the sexual curriculum to train youth/ schools adopted from Rutgers WPF. Concerning the latter: Rutgers WPF is the lead partner of the SRHR Alliance. However, Amref ET started working with the WSWM curriculum in 2013 as part of another project (with ICCO, funded by Dutch Embassy) in the same geographical area as the UFBR project. It is complementing and linked to the UFBR programme, but it is not part of the programme. In the UFBR programme Amref has developed its own sexuality education and life skills manual, but this was not mentioned at the endline workshop, probably because it is in Amharic and hard copies are used in schools where no computer is available..

2. The improved networking skills for advocacy and lobbying on SRHR issues can be entirely attributed to MFS II capacity development interventions, notably the SRHR workshop on sexual behavioural change in December 2013, and the SRHR policy/advocacy implementation training workshop in March 2014, through improved understanding of the link between service, knowledge and enabling environment, including policy environment.

3. The improved knowledge on gender, sexuality and SRHR issues can to a large extent be attributed to MFS II capacity development interventions, notably the SRHR workshop on sexual behavioural change in December 2013, the annual SRHR Alliance review meetings in NL for National Programme Coordinators, the Nairobi workshop on sexual diversity, April/May 2012,. For another part this improved knowledge is due to regular scheduled visits and advice from programme managers, and the annual trainings in comprehensive sexual education (CSE) and gender and a more recent (April 2014) given training on SRH and Prevention of Child to Mother Transmission (PCMT).

4. The change of attitude of staff and more openness to talk about sex and sexuality can be almost entirely attributed to MFS II capacity development interventions, notably the annual SRHR Alliance review meetings in NL for National Programme Coordinators, the Nairobi workshop on sexual diversity, April/May 2012, and the Rutgers WPF training on sexual taboos, during the SRHR workshop on sexual behavioural change in December 2013.

On the whole, based on the process tracing causal map, the changes that took place since the baseline in 2012 in terms of improved Amref ET staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services can be largely attributed to MFS II supported capacity development interventions, such as training and workshops on SRHR related issues, SRHR outcome measurement, SRHR advocacy, and SRHR Alliance review meetings. To a lesser extent the improved competences to deliver SRHR services can be attributed to other, non MFS II related changes, i.e. training of Amref HQ, the recruitment of already skilled staff & reproductive health professionals at organisational level; the regular scheduled visits and advice from programme managers; and the sexual curriculum to train youth/ schools adopted from Rutgers WPF.

Improved planning, monitoring and evaluation (PME) Capacity

The following MFS II capacity development interventions supported by Amref-NL were linked to the key organisational capacity change "Improved planning, monitoring and evaluation (PME) Capacity":

1. Annual Ethiopian WASH Alliance (EWA) workshops on reporting and planning: 2011/2012 [3A], 2012/2013 [3B] and 2013/2014 [3C]
2. PME training for MFS II project staff (SRHR & WASH) early 2012 [56]
3. PCM and PME training in June 2012 [6]
4. Organisational Capacity Assessments (OCA) MFS II (2011 and 2013) (21)
5. SRHR Alliance outcome measurement training in September 2013 [7]
6. WASH PME/Outcome measurement training conducted in Awash in Nov 2012 [35]
7. EWA (WASH Alliance) Outcome Measurement training workshop, September 2013 [15]

The numbers between brackets correspond to the numbers in the visual (causal map, see below this section).

The above mentioned MFSII funded capacity development interventions are included here as well as in the causal maps and narratives because the effects of these interventions were observed during the endline and they came up during document review, workshop, interviews and self-assessments.

1. *Annual EWA workshops on reporting and planning: 2011/2012 [3A], 2012/2013 [3B] and 2013/2014 [3B]*

Design

These review meetings were planned for during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. Short- and long-term objectives were indicated in the baseline: immediate objectives were "improved knowledge of planning and good quality work plans" and "quality planning throughout the remainder of the programme" in the long term. During the endline survey short and long term objectives were formulated as "come to a common understanding of their performance in the previous year and the targets and activities for the coming year" and at the long term an improved program integration implemented by different stakeholders, working towards scaling of the best experiences among partner organizations, and engaging with sector actors/stakeholders to contribute for system change is expected.

Annual review meetings were specifically mentioned as relevant in the Theory of Change (ToC) developed during the MFSII 5C baseline survey.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline in 2012, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

These review meetings are conducted annually in the first quarter of the year. Subjects at these workshops in general are to outline the key activities, roles, objectives, assumptions of the WASH Alliance programme in Ethiopia; to review the previous year performance of WASH Alliance programme; to discuss the coming year's activities and targets of the WASH Alliance programme and to discuss on PME related matters (logframe, indicators and formats). Also to identify areas of integration, cooperation, avoid overlaps & fill gaps; identify which stakeholder they need to work how and what, etc. Each year other PM&E subjects get special attention. In the 2013 workshop, the theory and concepts of Theory of Change (ToC) were discussed and used for planning, as well as the common planning concepts and tools (logframe, indicators, reporting & planning formats). As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Since the objectives were not formulated in a SMART way, it is difficult to assess whether the objectives have been reached. However, according to the CFA these workshops enabled Amref staff to understand who is doing what and a have led better cooperation among partners. Also, relevant

partners to work with are discussed and identified. The ToC for Amref helped to better visualize what they wanted to change as a program and work out in detail the different activities under program areas (sanitation, hygiene and water). According to Amref staff these workshops improved their planning skills, because they improved their understanding of the concepts and use of the Theory of Change (TOC), led to a shared understanding and agreement about previous year performance and coming year planning, and an improved understanding of theory and use of planning concepts like logframe, indicators, reporting & planning formats, etc. Thus the immediate objectives of these workshops seem to have been reached, but not having SMART indicators makes it difficult to assess to what extent long term objectives have been reached.

2. *PME training for MFS II project staff (SRHR & WASH) early 2012 [56]*

Design

This training was not mentioned as planned for during the baseline survey in 2012. The reason is perhaps that it took place before the baseline but it was nevertheless mentioned at the endline workshop. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. According to Amref staff at the endline workshop, this training was given to familiarise them with result areas and new reporting formats.

Training in and familiarising with reporting formats was not mentioned as relevant at the capacity building ToC of the baseline workshop, although M&E came up as an important issue and thereby makes the topic relevant to the SPO.

Implementation

This training was given to MFSII (SRHR & WASH) project staff and partners at the beginning of 2012 (just before the baseline). SRHR & WASH PME and project staff, government and local partners participated. Topics were understanding result areas, new formats, and to become customized and targeted to reporting formats of the projects. Also general PME topics were introduced. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Since the specific objectives are not known, it is difficult to assess whether the objectives have been reached. However, Amref staff at the endline workshop said that this training had given them a better understanding of logframe, indicators, reporting & planning formats, and that they had internalized their knowledge for reporting. In that sense the objective seems to have been reached.

3. *SRHR PCM and PME training in June 2012 [6]*

Design

This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. However, in the baseline the short-term objectives were formulated as follows: "improved quality of reporting", "better understanding of PCM and PME". Long-term objectives were formulated as "quality monitoring on objectives" and "quality progress reports".

Although it is not the same wording, M&E and project design competences were mentioned as relevant in the ToC developed during the MFS II 5Cbaseline workshop. A training participant thought the training was very relevant because he learnt to plan, implement and monitor project implementation with the stakeholders.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but the evaluation team did not ask the CFA for SMART objectives specifically during the baseline.

Implementation

The training was given to staff, local NGOs, and government partners by the SRHR Alliance and was conducted in June 2012. As far as the evaluation team knows, it was implemented as designed,

however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

According to staff and the CFA the training resulted in improved PME skills and knowledge on the UFBR project, internalization of M&E project components and performing as well as thinking up to outcome level results. An Amref ET manager found this training very useful because according to him practicing PCM and PME helped on the project implementation and monitoring at field level with colleagues and local partners. It helped to discuss with government partners on the PCM and PME implementation at field level in the health facilities and communities, for example in the Regional Health Bureau (RHB) and at district level. At health facility level it helped to improve recording, reporting and documentation. At organisational level he noticed an improvement in transparency, discussions with the team and follow up and analysis of result /outcomes of monthly performed activities against planned activities. Based on this testimony it seems that objectives have been achieved, but not having objectives that were defined as SMART objectives makes it difficult to assess this issue.

4. *Organisational Capacity Assessments (OCA) (2011 and 2013) (21)*

Design

This activity was planned for, as requested by the Dutch Government as a condition for MFS II funding. These Organisational Capacity Assessments (OCA) allow organizations to reflect and carry out self-assessments to determine their ability to deliver results to their clients. The OCA was designed as a self-assessment with Amref staff. As indicated in the baseline report, the immediate objectives were formulated as "improvement on project management cycle, reporting, gender" and the long-term objective was formulated as "strengthening of the organisation towards maturing stage".

OCA was not mentioned specifically as relevant during the ToC workshop at the baseline survey, although assessment of technical gaps was mentioned. But during the endline workshop it was mentioned as important because it identified weaknesses and necessary training.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but the evaluation team did not ask the CFA for SMART objectives specifically during the baseline.

Implementation

The OCA was organized twice for programmes within the SRHR and WASH alliance: in 2011 and 2013. In 2011, 13 staff participated and in 2013 10 staff. The 2013 one was a "light" version, with less subjects to assess (Thematic areas of WASH and SRHR; Resource mobilization and use; External Relations; Human resource management; PME systems to promote learning; Approaches and cross-cutting issues). Based on need, the staff also assessed three additional components for the purpose of providing the organization feedback. The components that were later included and assessed are: Governance; Organizational culture; Organizational management and administration.

Reaching objectives

The OCAs identified weaknesses and have directly or indirectly influenced the training that took place to address the identified capacity gaps, including M&E training in general as this was identified as a weak area, the hiring of new (M&E) staff, and a PSO funded capacity building programme for more managerial capacity. This was meant to develop human resources and implement more projects. The 2013 OCA noted improvements in the subjects assessed. Not having objectives that were defined as SMART objectives makes it difficult to assess this issue, and in the causal map a direct link with an improved project management cycle (most likely this was meant to be 'project cycle management'), reporting and gender has not been established as such in the PME causal map. As indicated above, there has been some influence in terms of strengthening planning, monitoring and evaluation. Therefore the long-term objective "strengthening the organisation towards maturing stage" has been partly reached.

5. *SRHR Alliance outcome measurement training in September 2013 [7]*

Design

This intervention was planned during the baseline. The immediate objectives of this workshop stated during the baseline survey were to improve staff knowledge on outcome indicator measurement and of qualitative data gathering methods. The long term objective was increased M&E capacity, including the use of qualitative methods and good quality reports on outcome indicators. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Although worded as outcome measurement, M&E competences were mentioned as relevant in the ToC developed during the MFS II 5Cbaseline workshop. A training participant thought the training was very relevant because it enabled them also to identify gaps, weakness and strength of project implementation, and to learn for the future how to improve project quality performance. To have these competences was also indicated as important during the baseline workshop.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

The training was given to 13 staff members of the UFBR programme in Ethiopia (Amref ET, YNSD, and TaYA) and was conducted in September 2013. The training was about what outcome measurement is, outcome and output indicators, review of baseline results and tools, how to facilitate a focus group discussion (including practical exercises), and planning of outcome measurement in the UFBR programme. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

The training resulted in a better understanding among participating staff of, and focus on desired outcomes, and of how to use qualitative data gathering methods, e.g. how to conduct in-depth interviews, focus group discussions, develop questionnaires and other qualitative techniques. According to Amref staff the improved understanding of, and focus on desired outcomes contributed to improved SRHR services planning. It was also indicated that the quality of reports had improved. One of the project officers who participated to this training declared that the training had an effect on the organizational capacity because the organisation's objectives are to bring outcomes that benefit the community. Therefore, knowing how to measure those outcomes is very crucial. Another participant found the training very useful because it enabled them to identify weaknesses and strengths of projects and how to improve project performances. However he claimed that time was too short to include all measurement tools and to practice the tools properly, and that additional outcome measurement training was desired. The participants said they improved their knowledge and skills in outcome measurement, and more specifically qualitative data gathering methods. It seems that the short term objective has been achieved and also the long term objective to some extent, but not having objectives that were defined as SMART objectives makes it difficult to assess this issue.

6 *WASH PME/Outcome measurement training conducted in Awash in Nov 2012 [35]*

Design

This specific capacity development intervention was not mentioned in the baseline report. This training was mentioned at the MFSII 5C endline workshop by Amref staff, but very little information is available. No design or objectives are known. It was relevant because it contributed to improved M&E which was considered important during the baseline survey.

Implementation

This PME/Outcome measurement training was conducted in Awash for one week in Nov 2012 by the WASH alliance. It is not known to whom this training was given and how it was implemented.

Reaching objectives
According to Amref staff the training has led to a better understanding of outcome measurement. However, not having objectives makes it difficult to assess to what extent the objectives have been reached.

7. *EWA (WASH Alliance) Outcome Measurement training workshop, September 2013 [15]*
Design
This training workshop was not mentioned as planned for during the baseline. However, immediate and long-term objectives have been given during the endline survey: the immediate objective of this training was to improve the capacity in conducting outcome measurement, and guidance for the development of a joint approach to outcome monitoring for the Ethiopian WASH Alliance. The long term objective was to enhance the partner's capacity to improve outcome level results of different interventions. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Outcome measurement was not specifically mentioned as important at the baseline ToC workshop, but it was mentioned several times during the endline workshop, and can thus be considered as relevant to the organisation.

The objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but this also wasn't the focus of this 5C study.

Implementation
This intervention was conducted in 22-24 September 2013 before embarking on the measurement of the outcome results for 2013 of the WASH interventions of the eight EWA partner organizations. The PME adviser of the DWA organized this capacity strengthening and support activity for the EWA partners.. Three staffs – project coordinator, project assistant and WASH program manager were trained on outcome measurement. The training workshop included monitoring and evaluation, data and their types, data collection methods, sampling techniques, outcome and outcome indicators as the main topics. It also included FLOW for data collection with the help of digital device such as tablets or smart phones. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Immediate effects observed was an improved understanding of outcome indicators. It seems that short term objectives are (partly) reached but to what extent the long term objectives have been achieved cannot be assessed, by not having SMART formulated objectives.

Attribution of observed results to MFS II capacity development interventions
The "Improved planning, monitoring and evaluation (PME) Capacity" of Amref staff was due to:
1. Improved planning capacity [26]
2. Improved M&E capacity [2]

Both improved capacities can partly be attributed to MFS II supported capacity development interventions:
1. The improved planning capacity can be attributed to improved management support to field offices and planning exercises; improved planning knowledge and skills; change from regional, geographic approach to programme-based planning; and a new PME organizational structure and new PME staff hired. The improved planning knowledge and skills can be attributed to MFS II supported capacity development interventions, i.e. the review meetings of both Alliances and the SRHR PME and PCM training. The improved management support to field offices and planning exercises, and the change from a regional, geographic approach to programme-based planning cannot be attributed to MFS II interventions but are related to a process of organisational changes that started with changes in leadership in April 2012. The new PME structure and new PME staff hired can partly be attributed to MFS II capacity development support, because of financial MFS II support and the PSO capacity building programme as a result of the MFS II supported organisational capacity assessment. For the other part this change was due to the organisational changes mentioned above.

2. The improved M&E capacity can be attributed to the new PME organizational structure and new PME staff hired; improved report writing skills; improved M&E knowledge and skills; and the use of standardized M&E procedures and tools. The new PME structure and new PME staff hired can partly be attributed to MFS II capacity development support, as described above. The improved report writing skills was mainly due to Amref HQ training in report writing as a result of donor requests and developing a standardised system (APMS), as is the case for the use of standardized M&E procedures and tools. To some extent the improved report writing skills and the use of standardised M&E procedures and tools can be attributed to MFS II support, i.e. the attention paid to both issues at review meetings, the detailed assistance to in report writing to project officers of UFBR and WASH Alliances. and PME and outcome measurement trainings.

On the whole it can be said that the improved PME capacity at Amref can be partly attributed to MFS II supported capacity development interventions, mainly through PME and outcome measurement related trainings and review meetings from SRHR as well as WASH Alliances; and the OCA assessments that helped the organisation to identify issues that needed improvement and assistance in report writing. For the other part the improved PME capacity can be attributed to organisational structure changes and improved managerial guidance following the leadership change; the introduction and institutionalization of a number of PME and information management related manuals, procedures and tools; Amref HQ training, the recruitment of skilled staff and donor requirements.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 **270-280.**

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

20140219_TaYA_UFBR_Annual_Financial_Report_FINAL.xlsx
20140303_TaYA UFBR Annual Report 2013_FINAL.docx
FGAE 6 months relection document Jan - June 2013.doc
YNSD Partner Organisation Annual Report - UFBR Alliance V2.pdf
2013.04.03_NPC report 2012 Ethiopia.pdf
2014.03.15 Anual report UFBR Ethiopia 2013.doc
20130807_UFBR_TaYA_bi-annual_final.pdf
1b Agreement UFBR ET 2012.pdf
2a. Pre-agreement WASH ET.pdf
2b. Agreement WASH ET 2011.pdf
2c. Agreement WASH ET 2012.pdf
2d. Agreement WASH ET 2013.pdf
3a. Pre-agreement ASK ET.pdf
3b. Agreeement ASK ET 2013.pdf
1a Agreement Unite for Body Rights in Ethiopia 2013.pdf
10. Baseline 2011 YSND Ethiopia OCA report.doc
10. OCA REPORT TaYA final report 2013.doc
10. OCA REPORT YNSD 2013.doc
14. Simavi Guideline for using capacity assessment tool of Simavi.doc
14. Simavi M&E Tool for Organizational Development version1.doc
9. Baseline 2011 Ethiopia OCA report final.doc
9. OCA REPORT Amref ET Final 2013.doc
3. Budget ASK ET 2013.xlsx
1. Budget final UFBR ET.xls
2. Budget WASH ET 2011 report and budget.xls
Approved narrative biannual report 2013 ET MFSII WASH.doc
Approved narrative report MFSII WASH jan- jun 2012.doc
1. Biannual report UFBR ET jan-jun 2012.doc
2013 first Biannual report -UFBR.doc
Approved annual narrative report MFSII WASH 2012.doc
Approved narrative annual report 2013 ET MFSII WASH.doc
2013.02.11 Approved financial report MFSII WASH 2012.xls
2013.02.11 Approved quantitative report MFSII WASH 2012.xls
2013.08.12 Approved financial biannual report ET MFSII WASH.xls
2013.08.12 Approved quantitative biannual report ET MFSII WASH.xls
Financial bi-annual report UFBR jan- jun 2013.xls
2012.08.16_Amref ET BI ANNUAL REPORT 2012 -Aug 01 2012.xls
2012.08.21 Approved financial report MFSII WASH.xls
2012.08.21 Approved quantitative report MFSII WASH.xls
2013.02.07_Amref Ethiopia UFBR ET Financial report- 2012.xls
2b. WASH Alliance Logframe.xlsx
3.ASK Ethiopia project proposal.doc
20110301 Result chain UFBR FINAL.pdf
1. narrative_proposal_SRHR UFBR ET.doc
2. Narrative proposal MFSII WASH.doc
2a. Targets MFS II WASH.xls
2b. WASH Alliance Logframe.pdf
2013 11 21 TOR Visit ML to Ethiopia.docx
2013.05.30 Ethiopia-VV.doc
2014.05.19 TOR Visit ML to Ethiopia.docx
20120921 Field visit report Ethiopia August 2012 - Maarten.doc

20130930.Field visit report Ethiopia.MO.docx
Field trip report ML & GB 16-24 September 2013.doc
2012.06_Fieldtrip report June 2012.doc
PP2 Adolescent Development Ethdec13.pdf
PP2 Adolescent Development Ethdec13.pptx
PP3 Effective Sexuality Education Ethdec13.pdf
PP3 Effective Sexuality Education Ethdec13.pptx
PP4 Rights and SE.pdf
PP4 Rights and SE.ppt
Recap by Kalkidan.pdf
Recap by Kalkidan.pptx
Reflection on the Outcome Monitoring Process and Methodology@24122013-Tewelde.doc
Report on EWA workshop planning reporting ToC report 25 Feb.-1 Mar. 20032013 NL.doc
SRHR of young people_Ethiopia.pdf
SRHR of young people_Ethiopia.pptx
WASH Ethiopia planning workshop report January 2014.doc
2013.10.02_Report bi-annual meeting UFBR and OM workshop.docx
2013.11.25 Final minutes Linking and Learning workshop - November 2013.pdf
2014.02.27 Program Training.pdf
2014.02.27 Program Training.ppt
2014.03.06 Program 2 Training.pdf
2014.03.06 Program 2 Training.ppt
2014.03.17 Policy implementation training minutes.doc
2014223 Powerpoint advocacy session 2.pdf
2014223 Powerpoint advocacy session 2.ppt
2014223 Powerpoint advocacy session messages.pdf
2014223 Powerpoint advocacy session messages.ppt
20130305 presentation CSE - Policy training by Mirgissa.pdf
20130305 presentation CSE - Policy training by Mirgissa.ppt
MFS II evaluatie (training reports) - Shortcut.lnk
PP1 Clarifying concepts Ethdec13.pdf
PP1 Clarifying concepts Ethdec13.pptx
WASH Ethiopia planning workshop report January 2014 final.doc
2014 02 21 CSI slide adapted version.pptx
140128 - PPT Guides for Different Sessions.ppt
Draft TOR for Strategic Plan.pptx
EWA Outcome Measurement-rev-Tamene.ppt
Pathways of change 2014 - sanitation and hygiene.ppt
report on EWA workshop planning reporting ToC report 25 Feb -1 Mar 20032013 NL.doc
WASH Ethiopia Mid Term Evaluation 2013.ppt

MR107 FY'12 - Budget - Actual Funded - Performance.xlsx
MR107 Fy'13-Budget-Actual Funded-Performance.xls
Amref fy'12 Audit Rep..pdf
2014 Annual plan Final.doc
2012 Amref Annual report.doc
MR107 FY'12 - Budget - Actual Funded - Performance.xlsx
MR107 Fy'13-Budget-Actual Funded-Performance.xls
RAWB2013-14_Ethiopia_R125 Page.4.xlsx
RAWB2013-14_Ethiopia_R125 Page.5.xlsx
RAWB2013-14_Ethiopia_R131.xlsx
RAWB2013-14_Ethiopia_R134 LMG.xlsx
RAWB2013-14_Ethiopia_R137 F.xls
RAWB2013-14_Ethiopia_R138 Page.1.xlsx
RAWB2013-14_Ethiopia_R138 Page.2.xlsx
RAWB2013-14_Ethiopia_R138 Page.3.xlsx
RAWB2013-14_Ethiopia_R138 Page.4.xlsx

RAWB2013-14_Ethiopia_R138 Page.5.xlsx
RAWB2013-14_Ethiopia_R144 Page.1.xlsx
RAWB2013-14_Ethiopia_R144 Page.2.xlsx
RAWB2013-14_Ethiopia_R146 Page.2.xls
RAWB2013-14_Ethiopia_R148 Page.1.xls
RAWB2013-14_Ethiopia_R148 Page.2.xls
RAWB2013-14_Ethiopia_R148 Page.4.xls
RAWB2013-14_Ethiopia_R148 Page.5.xls
Z101 & Z102 budget.xls
RAWB2013-14 _Ethiopia_142 Page.1.xlsx
RAWB2013-14 Ethiopia_R125 Page.1.xlsb
RAWB2013-14_Ethiopia_R125 Page.2.xlsx
RAWB2013-14_Ethiopia_R125 Page.3.xlsx
7. Final work plan UFBR 2014 ET.doc
7. logframe UFBR ET 2011-2015.pdf
9. 2013.09.04 NOTICE ON RESTRUCTURING- Amref ETHIOPIA.docx
10. Monitoring protocol UFBR ET.pdf
2013 performance reprot.doc
Logical Frame work for UFBR project 2011-2015.docx
5. 2012 - 2016 Amref Ethiopie Business Plan in Action.pdf
7. Annual workplan UFBR ET 2012.pdf
7. Annual workplan UFBR ET 2012.xls
Donor report checklist-CD_DCD- final 2013.docx
Checklist for Donor Reporting Managers- FINAL 2013.docx
Amref ET PROCUREMENT POLICY PROCEDURES MANUAL Final version.docx
Amref Finanace manual1.doc
Amref Monitoring and Evaluation Participant Manual 26092012.docx
Amref Programme Management System (APMS) Guide 2013-June 18th.doc
Amref Security Manual - HQ 2012-Final.docx
AUTHORITY LIMITS Feb04 (2) (2).doc
guidelines Amref inter-office communication final.doc
HR Policy and Procedure with Apendices (current).pdf
Inventory mgt policy (2).doc
Rolling out QA.docx
Amref Country Programe Advisory Council(ACPAC) ToR.pdf
Amref Ethiopia - Advisory Council.pdf
Amref Ethiopia registration certificate renewed.pdf
Amref abortion amref policy 0208.doc
Amref position on FGM 0208.docx
Amref position on Traditional birth attendants 0208.doc
Amref position statement on Family planning 2704.docx
Amref position statement on MSM 2704.docx
Amref country and national offices contributions to policy issues 2707.docx
Amref Internship Policy- 2012.pdf
Amref_Gender Policy.pdf
AmrefChildProtectionPolicy.pdf
approved Amref Partners Per Diem Policy.pdf
Approved Local Employee Travel & Per Diem Policy.pdf
Code of Conduct and Ethics (2).doc
Code Of Conduct SMT.doc
FRAUD PREVENTION POLIC1.pdf
HEALTH SAFETY POLICY.doc
HR Policy and Procedure with Apendices (current).pdf
Pre-Financing Policy.pdf
Amref ET TRANSPORT POLICY (3).doc
Amref HIV-AIDS Policy.doc
2013 Amref projects Annual plan.xls

Amref Four Years Indicative Plan for CHSA.doc
2012 Annual Plan-Macro 2012.xls
2013 Amref projects Annual plan.pdf
Training and Capacity Building 2012-13.xlsx
Training and Capacity Building 2012-13.pdf
VGC FINAL 25SEP13.pdf
Amref Business plan FINAL July 2011.docx
SWOT analysis workshop BP_Minutes_working draft - for next phase of BP.docx

Fieldwork data:

A_5c endline_assessment sheet_SRHR_WASH_Alliancess_Amref-Ethiopia_Amref-NL_final_with_interview.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_SRHR_Alliance_Amref-Ethiopia_Amref-NL final_with_interview2.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_WASH_Alliancess_Amref-ET_Amref-NL-Tamene.doc
Notes to assessment sheets Amref NL.docx
R_5c endline_observable indicators at SPO_Ethiopia_Amref-Ethiopia_IFPRI_NVIVO.docx
E_5c endline interview guide_OD consultants_selected indicators_Amref-Ethiopia-Mirgissa_NVIVO.docx
F_5c endline self-assessment sheet_management_Ethiopia_Amref-Ethiopia_completed.docx.doc
G_5c endline self-assessment sheet_programme staff_Ethiopia_Amref_completed-Ethiopia.docx.doc
H_5c endline self-assessment sheet_MandE staff_Ethiopia_Amref-Ethiopia_completed.docx.doc
I_5c endline self-assessment sheet_admin HRM staff_Ethiopia_Amref-Ethiopia_completed.doc
J_5c endline self-assessment sheet_field staff_Ethiopia_Amref-Ethiopia_completed.docx.doc
K. Outcome pathway Amref-ET with narative.docx
L_5c endline interview guide_subgroup_management_selected indicators_Amref-ET_completed.docx
M_5c endline interview guide_subgroup_program staff_selected indicators_Amref-Ethiopia_completed.doc
N_5c endline interview guide_subgroup_MandE staff_selected indicators_Amref-Ethiopia_completed.docx
O_5c endline interview guide_subgroup_admin and HRM staff_selected indicators_Amref_Ethiopia_completed.doc
Outcome areas Amref-Ethiopia.docx
Q_5c endline observation sheet_Ethiopia_Amref-Ethiopia_completed.docx
R_5c endline_observable indicators at SPO_Ethiopia_Amref-Ethiopia_IFPRI.docx
Results of brainstorming-Amref .docx
T_5c endline_questionnaire_training_management perspective _Amref_Hussein_Siraj.doc
Amref- Outcome areas .vsd
Amref- Outcome areas 2 .vsd
C1_5C endline_support to capacity development sheet_SPO perspective_Ethiopia_Amref-Ethiopia_SRHR.docx
C2_5C endline_support to capacity development sheet_SPO perspective_Ethiopia_Amref-Ethiopia_WASH.docx
Compiled Staff Training Information in 2012 and 2013.docx
E_5c endline interview guide_OD consultants_selected indicators_Amref-Ethiopia-Mirgissa.docx
Compiled Staff Training Information in 2012 and 2013.docx
2014.04.20 Contact list UFBR Ethiopia.xls
V_5C endline_Ethiopia_capacity development interventions planned by CFA during baseline (Amref_ET) (PT).docx
U(1)_5c endline_questionnaire_Policy-Advocacy_training_March2014_participant_perspective_Ethiopia_Amref-ET_nameparticipant (PT).docx
T(1)_5c endline_questionnaire_Policy-Advocacy_training_March2014_management_perspective_Ethiopia_Amref-ET_namemanager (PT).docx

V_5C endline_Ethiopia_capacity development interventions planned by CFA during baseline (Amref_ET) (PT) AW.docx
T(2)_5c endline_questionnaire_SRHR_Dec2013_management_perspective_Ethiopia_Amref-ET_namemanager (PT).docx
U(2)_5c endline_questionnaire_SRHRDec2013_participant_perspective_Ethiopia_Amref-ET_nameparticipant (PT).docx
U_5c endline_questionnaire_SRHRDec2013_participant_perspective_Ethiopia_Amref-ET_nameparticipant (PT).docx
2012.10.01 support to capacity building Amref Ethiopia (SRHR&WASH)- with interview.docx
U_5c endline_questionnaire_nametraining_participant_perspective_Ethiopia_Amref-ET_nameparticipant (PT).docx
T_5c endline_questionnaire_nametraining_management_perspective_Ethiopia_Amref-ET_namemanager (PT).docx
2014 Contact list ASK programme Ethiopia.xlsx
List of participants Policy Implementation Training March 2014.docx
S_5c endline_overview_trainings_Amref-ET_staff_Ethiopia (PT).docx
Results of brainstorming-Amref .docx
Outcome pathway Amref-ET with narative.docx

List of Respondents

Alliance / CFA officers:

No.	Name	Function
1	Marlijn Lelieveld	Country Lead Ethiopia for the SRHR Alliance and portfolio holder (Amref NL)
2	Gudule Boland	M&E Adviser (Amref NL)
3	Veerle Ver Loren van Themaat	former Country Lead Ethiopia and senior portfolio holder (Amref NL)
4	Noortje van Langen	junior portfolioholder (Amref NL)
5	Tamene Chaka	Country coordinator Ethiopia WASH Alliance (EWA)

Amref Ethiopia staff:

No.	Name	Position
1	Frehiwot Derbe	Program staff
2	Gadissa Hailu	Field staff
3	Yonathan Samuel	WASH program manager
4	Tezeta Meshesha	Communication & Fund Raising manager
5	Tsehay Birhanu	Field Office
6	Tedla Mulatu	Capacity Building manager
7	Samson Tadiwos	PME Manager
8	Jemal Yousuf	Project manager
9	Muluken Dessalegn	Project manager
10	Dawit Seyum	Program staff
11	Baye Denekew	M&E officer
12	Befekadu Bezabih	HR& Admin manager
13	Aoke Tasew	Deputy Country Director
14	Tigist Fantu	M&E office
15	Meseret Tamiru	HR Officer

Others:

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[9] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

[9] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o -2 = Considerable deterioration
   - o -1 = A slight deterioration
   - o 0 = No change occurred, the situation is the same as in 2012
   - o +1 = Slight improvement
   - o +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.

- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

Purpose of the fieldwork**:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

Self-assessments**:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

- Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.
- Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.
- Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	Amref	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: Amref,

ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Amref	Dec 2015	Yes	Yes	Yes	Yes	Amref NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[10]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[10] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A detailed causal map (or model of change) = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A causal mechanism = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or cause = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and

then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.

The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

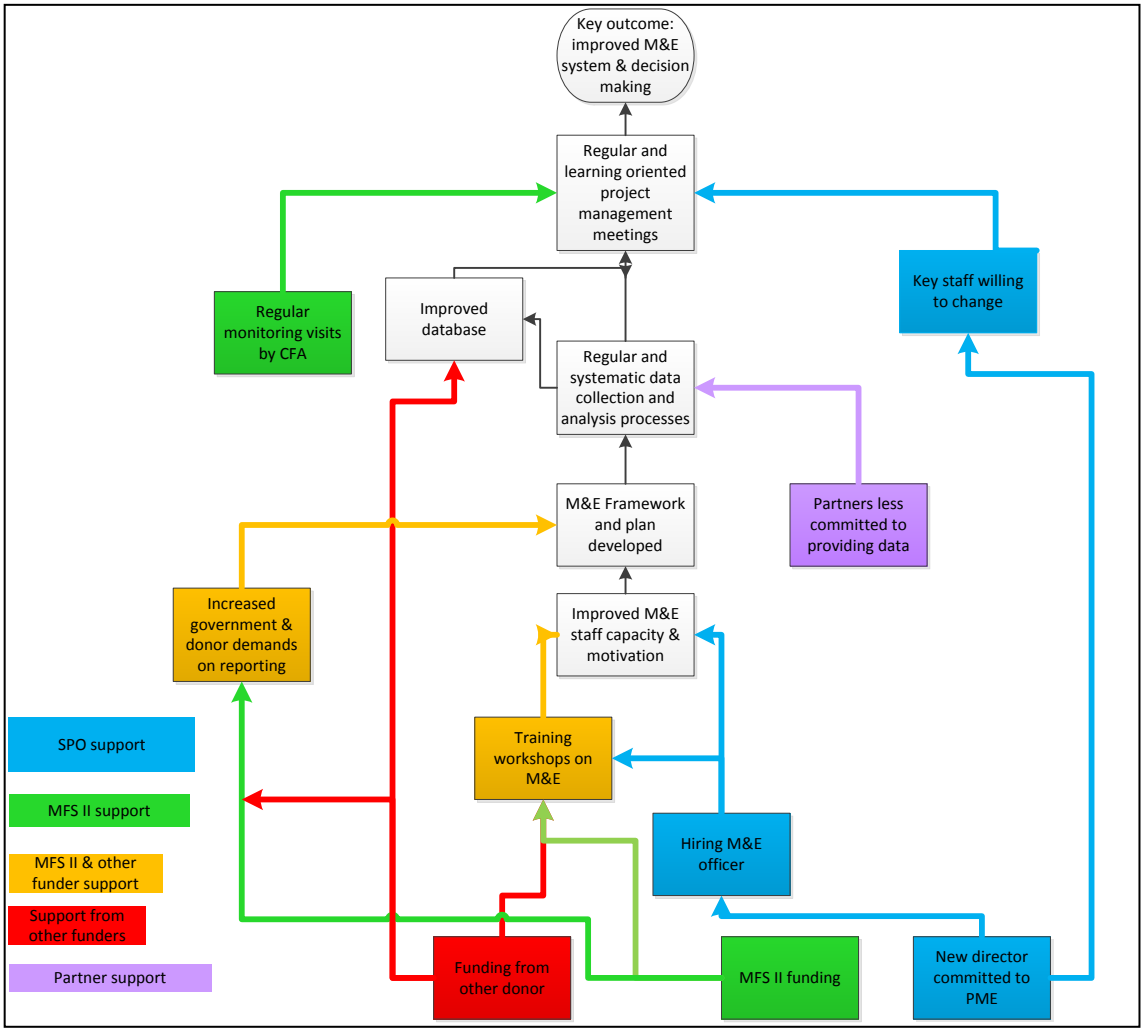


Figure 1 *An imaginary example of a model of change*

Step 5. Identify ***types of evidence*** *needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be

addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

Step 6. ***Collect data*** *to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

Step 7. ***Assess the quality*** *of data and* ***analyse data****, and develop the* ***final detailed causal map*** *(model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

Confirming/ rejecting a causal relation (yes/no);
Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in

the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a

result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

- **Capacity** is referred to as the overall ability of an organisation or system to create value for others;
- **Capabilities** are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);
- **Competencies** are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1. The capability to act and commit;
2. The capability to deliver on development objectives;
3. The capability to adapt and self-renew;
4. The capability to relate (to external stakeholders);
5. The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organisation (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organisation.

During the baseline Amref was in the process of a leadership change. Since then the experience of the management has considerably improved. The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. The provision of technical support has improved as a result of the assignment of a program manager. As a result, decisions are made more on time now, and the organizational structural change enables the management to give high technical support to the project staff. Proactive engagement and positive relations of the management with Alliance members is well visible these days.

Score: from 3 to 4 (improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

Compared to the baseline there are more frequent visits and guidance to the field staff, field offices and to program offices by top management including the country director and deputy country director. There is an improvement in internalization of organizational procedures and compliance to Performance Appraisals. Feedback mechanisms from staff to management and vice versa through weekly, monthly and joint review meetings, as well as by email are in place. New program managers are recruited and there is better strategic guidance and technical support by each team and the level of authority of the Program Manager is improved. Local partners are also involved in the project management cycle. All these changes resulted in a better staff commitment.

Score: from 3 to 4 (improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

Compared to the baseline there is a slight improvement in staff turnover. A number of retaining mechanisms are in place to retain staff such as reallocation of staff either to the new projects or promoted to a new position, capacity building by identifying the gaps and based on performance appraisal. In addition new job grading is also in place. A regular job evaluation and institutionalization of hardship allowance are also factors to retain staffs. However, field staffs argue that they have low competitive salaries compared to other partners and low hardship allowances are still a challenge in retaining competent staffs. Some also state that yet there is no real incentive that affects staff turnover.

Score: from 3 to 3.5 (slight improvement)

1.4. Organisational structure: 'Existence of clear organisational structure reflecting the objectives of the organisation'

Observable indicator: Staff have copy of org structure and understand this

According to an organizational capacity assessment in 2013, governance had improved compared to 2011 due to the existence of an advisory council. The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. Also human resources management has improved due to the improvement in defining clear job descriptions and assigning appropriate staff levels. There is an improvement in organizational management and administration which is reflected by a better organizational structure and organizational policies and procedures.

Score: (no score at baseline, but estimated to be 2.5 in hindsight) – 3.5 (improvement)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

Since the baseline, Amref-Ethiopia has developed Strategic documents and the VGC (Visibility, Growth and Competence) plan with goals and implemented them. Strategies are well articulated and based on an improved monitoring and evaluation system, Situational analysis is made before projects are designed

Score: from (no baseline information available) to 3.5.

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

Routine operations of the organization are guided by its strategic plan, business plan and annual plans. After the baseline, the visibility growth and competency plan (VGC) has been developed and became operational. In line with the strategic plan, quality assurance tools guidelines were developed. In addition, Amref's online Program development management system has been developed and become functional. At the moment Amref is developing its second business plan.

Score: from 5 to 5 (no change)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

Compared to the baseline the availability of training opportunities has increased. Over 40% of the staffs got training in the last two years. Some trainings have been given after identifying the gaps. Leadership, management and governance trainings have been given to the project managers and partners. There has also been skill gap filling trainings to other staff members such as drivers and procurement committee members. There was also experience sharing for Amref staff. Project cycle management and technical subjects training have been given to staffs and project managers to fill the skill gap. As a result of the trainings, improvement in sharing information, handling finance and logistics including procurement and M&E capacity is reported. In addition, there is a noticeable change in mind set in "value clarification" because of a training by Rutgers WPF about taboo subjects like abortion and homosexuality. Support staffs report that they still need more training.

Score: from 4 to 4.5 (slight improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO are offered appropriate training opportunities

Training is still provided by Alliances and Amref HQ. Amref is working in upgrading its staffs' academic status to the level of master's degree. The former Training Committee is re-established into a Staff Development and Training committee that has TORs that allow them to nominate/select training beneficiaries among staff . The committee request staffs to identify their annual training plan. Hence, staffs are getting an equal opportunity to get training. The reestablishment of the committee reduces selection bias and increased transparency of pertinent staff selection for trainings. In addition, from the VGC plan the competency component has identified strategic training needs of the staff. Now the 2% training budget is utilized in a better way and the number of trained staff has increased. Some of the trainings like MBA in leadership is now upgraded to Global Executive MBA level. Staffs have been trained on the following issues: leadership, management, and governance trainings for project managers and partners; project cycle management and technical subjects training (e.g. by Rutgers WPF) for project managers and other staff; specific trainings for drivers and procurement committee members.

Score: from 4 to 4.5 (slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

In Amref, internal promotion has been institutionalized to staffs. Amref is working in upgrading its staffs' academic status to the level of master's degree. In terms of financial incentives, there has not been any change since the baseline except the institutionalization of hardship allowance and equal per diem to all staffs. Very recently salaries have been increased. Amref designed a mechanism of sharing grievances to the management and this creates a good working environment. The proper treatment of staffs in a reasonable manner by the respective managers results in improved networking among Amref offices. Additional mechanisms for keeping staff are reallocation of staff either to the new projects or promoted to a new position; capacity building by identifying the gaps and based on performance appraisal; regular job evaluation. However, field staffs argue that they have low competitive salaries compared to other partners and low hardship allowances.

Score: from 4 to 4.25 (very slight improvement)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

Amref has diversified its sources of funding, in which the big donors such as UNICEF, Netherlands government, EC, DFID and EUROMONEY and others are becoming Amref's major partners. The operational budget of Amref is now doubled compared to its baseline situation; it's now operating with around 10 million USD budget per fiscal year. Together with its operational budget, Amref's geographic area of intervention has expanded from three to five regions mainly through clinical outreaches, LMG training and Health Workers training interventions. Currently, Amref is implementing over 24 projects with over 30 donors. As part of diversifying funds, the new organizational structure allows programs to work on proposal development.

Score: from 4 to 5 (improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

Amref has now a business development manager who spearheads program development and communication, and a fund raising manager to coordinate fund raising efforts. Amref has developed and implemented fundraising strategies. The restructuring of Amref's program development helps the organization to have clear internal procedures of fundraising. Amref has done donor mapping and also organized a local fundraising event in October 2014. Amref has operationalized new software, which helps to access indicators of activity, output and outcome. The data validation and quality assurance process has also improved. Amref has established a fundraising department that is continuously searching for available funding opportunities.

Score: from 3 to 4 (improvement)

Summary capability to act and commit

The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. As a result, decisions are made more on time now, and the organizational structural change enables the management to give high technical support to the project staff.

There is more strategic and operational guidance to staff, which is related to the new organisational structure and improved feedback mess mechanisms. This has enhanced staff commitment. Additional mechanisms that have been put in place to enhance staff motivation and reduce staff turnover include: internal promotion reallocation to new projects; staff capacity building; institutionalization of hardship allowance (although field staff say they have low hardship allowances); equal per diem to all staffs; mechanism of sharing grievances to the management; regular job evaluation. Staff indicated that they still have low salaries compared to other partners. Strategies are well articulated and based on an improved monitoring and evaluation system, and the strategies are still the basis of daily operations. The skills of Amref staff has improved due to a range of trainings for project management and other staff, either on management related issues or technical issues. Amref has been able to diversify its funding and doubled its operational budget since the baseline. This diversification of funding has improved due to having a business development manager who spearheads program development and communication, and a fund raising manager to coordinate fund raising efforts. Amref has developed and implemented fundraising strategies.

Score: from 3.5 to 4.5

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organizational).

There is a pool of experts working on M&E, sometimes individuals are assigned for specific projects. Also M&E tools have been developed. Amref M&E systems are well integrated with the programs and projects. The number of staffs who are engaged in M&E has increased. In Amref standardization and a quality assurance system is in place, together with this an Amref Information Management System (AIMS) is developed to replace Amref Program Data (APD), what happened in the third quarter of 2014. Improved quality of reports is reflecting the better M&E system of Amref. The staffs of the SRHR and WASH Alliances are actively working on regular monitoring and data collection. Amref has also developed an M&E manual. It has also put in place a program data base which is assessed on a monthly basis for compliance. Operational plans are revised on a regular basis (quarterly and annually) and higher level management more frequently monitors projects to follow their implementation. Strategic and routine M&E still remains a challenge and an OD consultant argues that documentation on what has been done and challenges were not available for easy tracking, and could be improved.

Score: from 3 to 4 (improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

The number of staffs who are engaged in M&E has increased. Amref recruited a dedicated M&E manager for the Ethiopia office and performed M&E restructuring. The M&E system of Amref is now organized by program level not at the project level which resulted in project staffs lacking basic M&E skills. The M&E system has addressed individual M&E staff competences and these have improved through training in M&E and report writing and mentoring. The training provided by the SRHR and WASH Alliances on outcome measurement has also contributed to staffs improved knowledge of M&E. However, some staffs argue that Amref does not consider M&E an important tool and hence neither the training nor the equipment bring a difference. They argue that M&E has to be recognized as an important tool and then build the capacity and fulfil the equipment.

Score: From 3 to 3.5 (slight improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

Most staff see little change since the baseline, although there has been a restructuring and an M&E tool has been developed. Sometimes effort is made to review the evaluation results and incorporate this into new proposals. Management has started to review the financial and physical reports and utilize it for decision making. However, some staffs argue that utilization of M&E results needs to be improved.

Score: From 3 to 3.5 (slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

The new leadership of Amref has created a forum to discuss performance or project implementation status. Various formal platforms for staff engagement are in place such as regular SMT (Senior Management Team), Program Technical Team meetings, subcommittee meetings, monthly meetings. Annual and bi-annual meetings are also conducted. These meetings come up with action points with tracking mechanisms that are discussed with staff concerned and feedback is provided to the concerned departments. The Program Technical Team conducts technical reviews. Monthly performance review meetings are conducted and action points developed and shared. There are frequent meetings between program staff and supervisors. Although there is not a well-organized critical reflection system there are forums were M&E data are used. Some argue that although there are frequent meetings, actions are not taken frequently. However staff can talk freely about their mistakes.

Score: from 3 to 3.5 (slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

Amref Staffs are free to come up with ideas and they are encouraged to do so by creating different forums such as a suggestion box, monthly meetings, and direct email to the director. This is even more encouraged by the better motivation of Country Director and Deputy Country Director to

implement some of the ideas generated. Though staffs are still a bit shy, the delegation of decision making power made staff more comfortable to discuss ideas for the implementation of the programme with management. It was observed that staffs are more involved to discuss ideas. Various staff attended staff development trainings including group leadership trainings. This facilitated forums for considering staff input.

Score: from 3 to 3.5: (slight improvement)

2.6. System for tracking environment: 'The organisation has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

Amref Ethiopia is a board member of CCRDA and CORHA (largest NGO and CSO networks). Its representation at the Ministry of Health level has increased through Technical Working Groups. Amref signed MOUs with universities and regional health bureaus to strengthen partnerships and align Amref with new initiatives and policy directions. Hence, Amref's participation in different government and non-government workshops and meetings has improved. Partial decentralization in both programs and support units has taken place. Nearly all program staff and management are interacting with the overall environment for tracking changes and progresses. The restructuring increased participation and scanning of the environment, which is done more systematically now.

Score: from 4 to 4.5 (slight improvement)

2.7. Stakeholder responsiveness: 'The organisation is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

Even though Amref has a broad agenda and also operates at community level, its role is not well known by the community. Recently, there has been a slight improvement in partnering with different stakeholders like government officials. Government officials are now participating in problem identification, monitoring and evaluation and redesigning of projects. This helps Amref to get the opinions of its clients and to be responsive to client needs. The community participation has also improved recently. Amref is now a member of influential networks and technical working groups. To increase stakeholders' responsiveness, Amref has improved its media utilization including social media. Amref has developed a VGC framework as well. Formal launching and exit events for projects and periodic reporting to partners including financial transparency have improved stakeholders responsiveness to Amref's presence.

Score: from 4 to 4.5 (slight improvement)

Summary capability to adapt and self-renew

Overall, the monitoring and evaluation, has improved within Amref since the baseline in 2012: more staffs are being trained in M&E and now have M&E responsibilities and there is a pool of experts working on M&E; and a M&E manual and M&E tools have been developed; Amref M&E systems are well integrated with the programs and projects; there is now a program database which is assessed on a monthly basis for compliance; and planning and review meetings are more regular and they now more involve staff, clients and other stakeholders in review and planning. However, there is still room for improvement in terms of using information for strategic decision-making, routine M&E and in terms of documenting progress and challenges.

Score: from 3.3 to 3.8 (slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organization has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

Amref develops annual and quarterly operational plans. These are communicated to the staffs and staffs are expected to develop their own plan based on the overall plan. A results based work planning guiding tool (format) enables to prepare clear operational plans. Operational plans are revised on a regular basis (quarterly and annually) and higher level management more frequently monitors projects to follow their implementation. UFBR and WASH program plans are revised during the annual review meetings based on the annual plans. Because of this staffs were keen to learn from their results, share successes and challenges, and adherence to plans. Day to day implementation was good. There is also regular budget revision and improvement in operational budget planning and implementation. Amref has developed procurement guidelines. As a result, annual procurement plans are in place and Amref has recruited two procurement officers and assigned procurement committee members. However, to maintain qualified staffs for procurement in Afar remains a problem, since due to the remoteness and adverse conditions of the nomadic region where the SRHR and WASH Alliances programs are implemented. Amref management staff was committed to follow recommendations and provide trainings for staffs following MFS II – OCA support to identify gaps in terms of having realistic operational plans.

Score: from 4 to 4.5 (slight improvement)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

Amref has created a new project management structure and has facilitated different joint planning meetings, provided technical support and established a pull system for effective utilization of resources like office, vehicles, equipment, printers, etc. This structure helped to improve the cost effectiveness and efficiency of the organization. Amref has started selectively to invest money in high impact investments and integrate work to effectively use resources. Though more is needed to improve in this regard, Amref has identified and set priorities on what and when to spend and increased control mechanisms on the overall administration expenses compared with the time of the baseline survey. MFS II has assisted to improve cost effectiveness and efficiency efforts through OCA. Other funders have also set strict policies to adhere to cost effectiveness and efficiency.

However, the 30/70 CSO law of the Ethiopian government remains to be a challenge for the capacity development efforts in terms of operational issues, because this is considered to fall under the 30% organizational costs. This sometimes limits capacity development efforts.

Score: from 4 to 4.5 (slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

Although routine monitoring and evaluation and documentation of interventions remains challenging, the organization has implemented its planned activities. Due to the existence of budget revision for realistic and timely planning, Amref has better performed in delivering planned outputs. It was pointed out that there is increased physical and financial performance and enhanced client satisfaction since the baseline. There is also monthly performance review and frequent monitoring of progresses up to field level which helped to deliver outputs as planned. However, even when planned outputs are delivered, there are concerns on the sustainability in relation to finances and continuity. Some staffs felt that there is not sufficient checking for cost effectiveness and that there is a need to improve periodic performances of projects.

Score: from 4 to 4.5 (slight improvement)

3.4. Mechanisms for beneficiary needs: 'The organization has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

Compared to the baseline most is the same in this regard. However, Amref has formally institutionalized and is piloting a beneficiary feedback mechanism strategy. The organization has introduced a data based beneficiary list and identified beneficiary selection criteria. Frequent review meetings with beneficiaries have been done. Program and financial documents are shared with local authorities at district level. As a result the credibility of the organization in delivering quality outputs and meeting the beneficiaries demand has increased. However, according to an OD consultant, Amref Ethiopia still appears weak in terms of engaging beneficiaries in planning, monitoring and evaluation; improving in this respect would sustain interventions and ensure ownership.

Score: from 4 to 4.25 (very slight improvement)

3.5.Monitoring efficiency: 'The organisation monitors its efficiency by linking outputs and related inputs (input-output ratio's)'

This is about how the SPO knows they are efficient or not in their work.

Amref has given great attention to efficiency both at the operational and leadership level. One of the examples is field office level coordination of activities. Improved coordination, program integration and restructuring has been accomplished. Amref also developed a VGC framework for different geographic intervention areas. It also conducted regional based assessments with a joint monitoring system. However, some staffs stated that Amref has done a lot of contracting out.

Score: from 3 to 3.5: (slight improvement)

3.6. Balancing quality-efficiency: 'The organization aims at balancing efficiency requirements with the quality of its work'

This is about how the SPO ensures quality work with the resources available

Amref Ethiopia has designed environmentally friendly projects with respect to geographic and thematic focus. In line with the strategic plan, quality assurance tools guidelines were developed. An appropriate quality assurance mechanism is in place where technical assistance and follow up from headquarter and project managers are given. Since 2012, there is an increasing attention to quality improvement in different levels of the project management. An improved database system has been established and training on Amref Information Management System (AIMS)) has also been provided. Since 2012, Amref has better record tracking, more diversified funds (although still mostly earmarked funds, and not all donors want to invest in M&E), and better awareness of information despite that the Amref data base is little used due to the serious flaws of internet connection. The malfunctioning internet and telephone connections hinder communications enormously. Email communications are mainly through private email addresses, and people work from internet cafés.

Score: from 3 to 3.5 (slight improvement)

Summary capability to deliver on development objectives

On the whole this capability has slightly improved. There is an improvement in terms of having clear operational plans; using resources more cost-effectively; monitoring efficiency and balancing quality with efficiency due to having a quality assurance mechanism in place. Furthermore, outputs have been better delivered and the reserve very slight improvement in terms of having mechanisms in place to deal with beneficiary needs.

Score: from 3.7 to 4.1 (slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organization maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organization"

This is about whether the SPO engages external groups in developing their policies and strategies, and how.

Since the baseline in 2012, Amref Ethiopia has improved its capacity in stakeholder engagement and consultation during program design, and became a member of various Alliances, networks and working groups at national and regional level. This has been considered as one of the strongest point of Amref-Ethiopia even at the time of baseline survey. However, since the baseline Amref has put in place the Visibility, Growth and Competency (VGC) plan to become a visible organization at all levels and hence the organization considerably improved stakeholder engagement in policies and strategies. Particularly membership with new professional associations and alliances, improvement in transparency on budgets and joint planning with local actors, more efforts in networking, partnership and alignment with government policies and strategies, and sharing available evaluation, research and best practices documents with stakeholders to mention some have contributed. This was evidenced by the fact that Amref has got awards by SNNPR Regional Health Bureau and Prime Minister of Ethiopia, Hailemariam Dessalegn, for its achievements especially in remote areas of Ethiopia. Having the Ministry of Water and Energy present at the EWA planning, reporting and ToC workshop indicated that the government recognized that EWA brought new approaches and activities (one WASH plan) to Ethiopia and was pleased to have EWA as a partner. It was mainly because of the support of MFS II and other funders to engage in one plan, report and budget initiatives as well as in networking with various forums and stakeholders.

Score: from 4 to 4.5 (slight improvement)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

Amref Ethiopia joined new networks and alliances since the baseline in 2012. This was due to the fact that in 2013 Amref started implementing the ASK program of the Youth Empowerment Alliance and together with the partners of the ICCO Alliance the World Starts with Me (WSWM) program. Amref has become member of various networks and it's also serving as chair in some of the networks as a result of improved partnership with local and international stakeholders. Amref Ethiopia is Board member for three large consortiums (CANGO, CCRDA, and CORHA). Partnership and communications with different Embassies improved and partnerships with International organizations in Ethiopia (UNICEF, UNAIDS, WHO and other donor organizations) were strengthened. This was because of the strategic decision to develop essential networks at SPO level, the MFS II support in networking with various partners and lessons learned from MFS funding. There is active participation and also improvement in follow up in the organization due to enhanced commitment. The Amref-NL OCA report indicated strengthened external relations due to quality engagement with stakeholders and stronger relationship with stakeholders.

Score: from 4 to 4.75 (improvement)

4.3. Engagement with target groups: 'The organization performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

The situation is similar to the situation in the baseline. Amref still conducts regular site visits to engage with its target groups through conducting review meetings with target groups, and conducting supportive supervision. Amref works at grassroot level and project management offices are based close to communities, whilst members of those communities are being recruited as local staff. Amref

still follows a community based approach. There is a slight improvement since the baseline. Due to the new organizational structure and leadership change, the senior management team including the Country Director (CD) and the Deputy Country Director (DCD) now regularly visit program and project sites and beneficiaries (target groups). The regular field visit helped to provide technical support and supervision to field staffs.

Score: From 4 to 4.25 (very slight improvement)

4.4 Level of effective relationships within the organisation

Relationships within organization: 'Organisational structure and culture facilitates open internal contacts, communication, and decision-making.'

Amref has improved systems of communication by strengthening the communication department, i.e. before the baseline survey, the communication department was led by officer level but now the department is upgraded to manager level. Sub-committees are established to reduce or resolve disputes on time. As a result no legal cases were observed recently. There are regular meetings with staffs to internalize policies and regulations and to create an open environment for discussion among each other and with the management, i.e. there are weekly and monthly staff meetings and monthly performance review meetings with finance and program staff and there is an M & E unit in place. Amref has also recruited a new admin and HR manager and there is commitment of top management in encouraging team work, documentation and communication of decisions. Staffs are free to talk and share ideas among each other. Besides, the organization structure allows shorter communication lines now, by having created teams and supporting functionalities, and the assignment of Program Managers to decentralize roles. Amref has a clear vision to enhance effective communication as indicated in its business plan final version in 2011 where improved internal sharing of information on Amref programming and positioning is considered as one of the key outcome of the organization.

Score: from 2 to 3.5 (considerable improvement)

Summary capability to relate

Since the baseline Amref has improved engagement with stakeholders, by being more involved in networks, both at local as well as at international level. This engagement has also assisted Amref in developing their policies and strategies. Furthermore, there has been an improvement in terms of having senior management visiting the field more frequently, and engaging with staff in terms of providing the technical support, as well as engaging with beneficiaries. Amref has also improved effective communication within the organization through strengthening the communication department, regular meetings with staffs to internalize policies, regulation and create open environment for discussion among each other. There is also commitment of top management in encouraging team work documentation and communication of decisions and staffs are free to talk and share ideas among each other. Besides, the organization structure allows shorter communication lines, creating teams and supporting functionality, assigned program managers to decentralize roles.

Score: from 3.5 to 4.2 (slight improvement)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

Amref has revised its brand identity with a broadened vision and commitment to the society. The Business plan was revisited and staffs were involved and have an active advisory council in business plan development. Staffs were involved in the vision, mission and strategies revision process which increased transparency. This is due to the fact that Amref itself facilitated the revision process and the development of the VGC strategies document, as well as the technical support from senior management during the process. Amref has improved its strategic planning and approaches due to the

revision of the organization comparative advantage survey and development of the VGC (visibility, growth and competence plan). The comparative advantage survey helped to developed the VGC. The VGC helped to identify gaps and causes, to improve the strategic plan and hence to revise the vision and mission of the organization. Staff are able to internalize the vision, mission, and statement through staff orientation and regular meetings.

Score: from 3 to 4 (improvement)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

Amref-Ethiopia has developed Strategic documents and the VGC (Visibility, Growth and Competence) plan with goals and implemented them. Amref Ethiopia has also set up a knowledge management committee with a clear TOR. There was also revision and roll out of different manuals like procurement guidelines, HR manual and the development of the APMS guideline, quality assurance tools for strategic directions etc. Amref shared the different operational guidelines with the field office with orientation, providing technical support, and facilitating sessions for experience sharing and established an information dissemination system. Periodic policy briefings are being done at the field office level through policy refresher training.

Score: from 3 to 3.5 (slight improvement)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organization'

This is about whether the operations and strategies are line with the vision/mission of the SPO.

Amref Ethiopia staff structure has changed and has been better adapted to the strategic directions and running of programs. This has helped to provide better and more structural support to project officers, who can then be more productive. The new business plan is developed in alignment with the strategic plan and all programs are aligned with Amref business plan. Dedicated program managers are assigned to lead programs per strategic directions. There is also critical review of project documents and technical guidelines. Joint planning by involving staff concerned (program staff, finance, M&E) is becoming practice and situational analysis is made before projects are designed as well as discussions on startup of the project with concerned staffs are also conducted. Amref has developed community needs based programs and timely planning and budget revision is being done.

Score: from 4 to 4.5 (slight improvement)

5.4. Mutually supportive efforts: ‘The portfolio of project (activities) provides opportunities for mutually supportive efforts’

This is about whether the efforts in one project complement/support efforts in other projects.

Amref has integrated livelihood projects and there is program integration during project design and implementation among the existing programs (WASH and MNCH Program, WASH and livelihood integration) etc. The ASK program and World Starts With Me (WSWM) programs are both implemented in the North Showa area of the Amhara region and complementarity of activities is sought. The same is true for the UFBR programme and the WSWM programme in Afar. As far as UFBR is concerned the organization has well aligned routine programs and interventions at operation level: this was well designed by management at the SPO level. However, according to the OCA between 2011 and 2013 approaches to cross-cutting issues had very little improvement.

Score: from 3 to 3.25 (slight improvement)

Summary capability to achieve coherence

Overall there has been a slight improvement in this capability. This is due to having a broadened vision and commitment to the society, and the Business plan was revisited with staff involvement. Staff are able to internalize the vision, mission, and statement through staff orientation and regular meetings. Furthermore, there was revision and roll out of different manuals like procurement guidelines, HR manual and the development of the APMS guideline, quality assurance tools for strategic directions etc. , and staff has been oriented on this. Further alignment of projects, strategies and associated operations with the vision and mission of the organisation has been done by having a new business plan that aligns with the strategic plan and by having programs aligned with the Amref business plan. There are a little more mutually supportive efforts at operational level, but approaches to crosscutting issues have had little improvement.

Score: from 3.2 to 3.8 (slight improvement)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-031

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

An end-line questionnaire for Impact Evaluation of Sexual and Reproductive Health and WASH projects (C11 and C13) in Afar Region

International Food Policy Research Institute and Groningen University

For interviewing boys and girls

PART 1 – IDENTIFICATION

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about reproductive health and water supply. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.

0.1	Name of the household head	
0.2	Sex of the household head	
0.3	Household number/ID (see the code from code book)	
0.4	Respondent mother ID (see the code from code book)	
0.5	Sample group	
0.6	Respondent boy/girl ID (see the code from the code book)	
1.1	First name of the respondent (boy/girl)	
1.2	Last name of the respondent	
1.3	Telephone no. of the household head or other household member	
1.5	Name of the mother (a woman) interviewed from the family	

1.6	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	/ / 2014
1.7	Time the interview started, 24 hour clock ("**hh: mm**")	_ _ : _ _
1.8	Time the interview ended, 24 hour clock (**"hh: mm"**)	_ _ : _ _

1.9	Region	
1.10	Zone: 1= zone 1; 3=zone 3; 5=zone 5	
1.11	District/woreda: (see the code from the code book)	
1.12	Peasant Association (PA, Kebele) (see the code from code book)	
1.13	Gote/village (see the code from code book)	

1.14	Enumerator's name	
1.15	Supervisor's name	
1.16	Data entry person's name	

PART 2- RESPONDENT CHARACTERISTICS

2.0 Characteristics of the respondent

Characteristics	The respondent		Codes
Sex (skip?)	*2.0*		*0=female* *1=male*
Age (skip?)	*2.1*		
Religion (skip?)	*2.3*		*1=Muslim* *2=orthodox* *3=other Christian* *4=0thers*
Ethnicity (skip?)	*2.5*		
Education level	*2.7*		*0=none* *1=Adult education* *2=some elementary* *4=elementary finished* *5=some secondary* *6=secondary finished* *7=some tertiary* *8=tertiary finished*
Completed years of formal education	*2.9*		
Primary occupation	*2.11*		*1=livestock keeping* *2= crop production* *3=Salaried,* *4=Casual labor* *5= Self-employed in business 6=Student,* *7= Not employed, 8=Housekeeping and child care, 9=Other (specify): ……*
Secondary Occupation	*2.13.*		

2.15 How many months did you live in this kebele in the last 12 months?

PART 4-ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

4.0. Have you ever participated in any sexual and reproductive health awareness campaign since January 2011?

Campaign conducted at	Yes=1, No=0	When- year (EC)	About what	Organizer
School	4.0.1.	4.0.2	4.0.3	4.0.10
Health centre	4.0.4	4.0.5	4.0.6	4.0.11
In the Community/village	4.0.7	4.0.8	4.0.9	4.0.12

4.1. Have you ever participated in any sexual and reproductive health training programme since January 2011?

Places	Yes=1, No=0		When- year (EC)		About what	Organizer	
At School	4.1.1.		4.1.2		4.1.3	4.1.10	
At Health centre	4.1.4		4.1.5		4.1.6	4.1.11	
In the Community/village	4.1.7		4.1.8		4.1.9	4.1.12	

4.2. Are the following health service providers available in your Kebele/Woreda?

Code	Service provider /services	Available *Yes=1, No=0*
4.2.1	traditional health service provider in your kebele	
4.2.2	Community Health Promoter (CHP) in your kebele	
4.2.3	Health Extension Worker active in your kebele	
4.2.4	Health Centre in your Woreda	
4.2.5.	Health post in your Kebele	

4.3. Are the following health services easy to access for you?

	Services /facilities	**Easy to access** *Yes=1, No=0*	**If not easy, why? (code A)**
	Pregnancy test	4.3.1	4.3.2
	Counselling on pregnancy, child care and contraceptives	4.3.3	4.3.4
	Medical treatment	4.3.5	4.3.6
	Condoms for you and your partner	4.3.7	4.3.8
	Other contraceptives for you and your partner	4.3.9	4.3.10

Code A: 1=costly 2=not available at all 3=far from my village 4=too long queue

PART 5: KNOWLEDGE ABOUT SEXUAL AND REPRODUCTIVE HEALTH

5.1. What are sexually transmitted infectious diseases you know?

5.1.1. ----------
5.1.2. ----------
5.1.3. ----------
5.1.4. ----------
5.1.5. ----------
5.1.6. ----------

5.2. Can HIV be transmitted through sexual intercourse?

Yes ❒1 No ❒2

5.3. Can HIV be transmitted by sharing food with someone who is infected?

Yes ❒ 1 No ❒2

5.4. Is it possible to protect oneself from HIV infection by only having sexual intercourse with an HIV-negative and faithful partner?

Yes ❒1 No ❒2

5.5. Is it possible for a healthy-looking person to have the HIV virus?

Yes ❒1 No ❒2

5.6. Can people get the HIV virus because of witchcraft or other supernatural means?

Yes ❒1 No ❒2

5.7. If two partners are not married, is it advisable to use a condom to avoid sexually transmitable infections?

Yes ❒1 No ❒2

5.8. What type(s) of contraceptives do you know?

(Tick each box that applies, so you can tick more than one box)

❒1	Pill	❒ 9	Male sterilization
❒2	Emergency contraception	❒ 10	Female sterilization
❒ 3	Male condom	❒ 11	Non penetrative sex
❒ 4	Female condom	❒ 12	Withdrawal
❒5	IUD (loop)	❒13	Calendar method
❒6	Injectable / Depo-Provera	❒ 14	Traditional: (specify): _____
❒7	Diaphragm/foam tablets/jelly/cream	❒ 15	Other : (specify) ……..
❒8	Norplant		

PART 6-PERCEPTION ON SEXUAL AND REPRODUCTIVE HEALTH PRACTICES

6.01 I want you to give me a secretive answer for the following questions. I will give you 3(4) stones and you hold in your right hand and keep your hands (both) on your back side. If you agree on the statement I will soon be reading to you, you transfer one stone to your left hand behind you (I will not see it, you shouldn't also tell me), but if you don't agree, do not transfer any stone. At the end, I would like to know the number of statements you agreed. Now, I am starting reading the statements,

1. HIV can be transmitted through witchcraft or other supernatural means (all)
2. It is acceptable to use contraceptives to avoid pregnancy (all)
3. In a marriage both partners should decide on how many children they should have (all)
4. A girl should be circumcised **(only for Group 1)**

On how many of the statements do you agree, (show me your left hand)----------

6.02 We do this experiment in the same way but with different set of statements

1. Waiting in line for the minibus is nice because you meet new people (all)
2. I have never attended a wedding ceremony (all)
3. Everybody should fast (all)
4. A girls should be circumcised (only for Group 2)

On how many of the statements do you agree, (show me your left hand)----------

6.03 We do this experiment in the same way but with different set of statements

1. I like drinking ambo/bottled water (all)

2. Smoking cigarettes should be banned (all)
3. There is at least one mobile phone in the house where I currently live (all)
4. There are times when a wife deserves to be hit or beaten by her husband/partner **(only for Group 1)**

On how many of the statements do you agree, (show me your left hand)----------

6.1 Do you agree on the following statements? *(Tick one box)*

	Questions	totally agree 1	somehow agree 2	neither agree nor disagree 3	Somehow disagree 4	totally disagree 5
6.1.1	**If someone dresses sexy, the person wants to have sex**					
6.1.2	**A boy/man can use force or pressure in a relationship, if he wants to have sex**					
6.13	**A woman/girl is allowed to refuse sex, even if her boy/man is sexually aroused and wants sex**					
6.1.4	**Husbands should punish their wives if they feel they have done something wrong**					
6.1.5	**A girl should not be given any information about sex before she marries**					
6.1.6	**A girl should be circumcised**					
6.1.7	**It is acceptable if a girl has sex before she marries**					
6.1.8	**It is acceptable if a boy has sex before he marries**					
6.1.9	**It is acceptable to use a**					

	condom to avoid pregnancy					
6.1.10	**It is acceptable to use contraceptives to avoid pregnancy**					
6.1.11	**It is acceptable if schools and health service providers give unmarried people information about the use of contraceptives**					

IF THE RESPONDENT IS A GIRL/WOMAN ASK QUESTIONS 6.2, OTHERWISE SKIP TO 6.4

6.2. Have you yourself been circumcised?

Yes ❒ 1 No ❒2

6.3. If yes to 6.2, how old were you when this occurred?

……

6.4. Do you think that a girl should be circumcised?

Yes ❒ 1 No ❒2

6.5. If yes to 6.4, what is the main reason? FOR THE ENUMERATOR, DO NOT READ THE ANSWER, LET THE RESPONDENT REPLY

❒1 Get married/find a better husband
❒2 Be accepted by the community
❒3 Religion
❒4 Pay respect to the elderly women
❒5 Tradition
❒6 Other : (specify) ……..

6.6. Do you think that there are times when a wife deserves to be hit or beaten by her husband/partner?

Yes ❒ 1 No ❒2

PART 7-USE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES

7.01 Have you ever had sex?

Yes ❒ No ❒ , if no go to 7.6

7.02. At what age did you have sexual intercourse for the first time?……

IF THE RESPONDENT IS MARRIED ASK 7.1, IF NO GO TO 7.2

7.1. At what age did you get married for the first time? ----------

7.2. Were you ever forced to have sex when you did not want to?

Yes ❒$_1$ No ❒$_2$

7.3. What type of contraceptive method(s) have you ever used?

(Tick each box that applies, so you can tick more than one box)

❒$_1$ I have never used any
❒$_2$ Pill
❒$_3$ Emergency contraception
❒$_4$ Male condom
❒$_5$ Female condom
❒$_6$ IUD (Loop)
❒$_7$ Injectable / Depo-Provera
❒$_8$ Diaphragm/foam tablets/jelly/cream
❒$_9$ Norplant
❒$_{10}$ Male sterilization
❒$_{11}$ Female sterilization
❒$_{12}$ Non penetrative sex
❒$_{13}$ Withdrawal
❒$_{14}$ Calendar method
❒$_{15}$ Traditional method: (specify): _____
❒$_{16}$ Other contraceptive: (specify) ……..

7.4. The last time you had sexual intercourse; did you and/or your partner use any contraceptive method?

Yes ❒$_1$ No ❒$_2$

7.5. If yes specify the method (see question 7.3): ……

7.6. Do you prefer traditional treatment or a health service provider to obtain services on reproductive and sexual health?

Health service provider (formal - HEW, HC, HP, CHP) ❒$_1$

Traditional provider (e.g. TBA) ❒$_2$

7.7. How often did you visit the following health service providers in the last year to obtain services on reproductive and sexual health?

(Tick relevant boxes)

code	Service providers	Never	Once	More than once	If you visit, why? (Code A)	Were you satisfied? Yes=1, No=0
1	**Traditional health provider**					
2	**Community promoter**					
3	**Health extension worker**					
4	**Health post/centre/hospital**					
	Codes A: 1= Pregnancy test, 2=HIV testing/counselling , 3= Testing sexual Infection, 4=To obtain contraceptives, 5=To get information/counselling, 6=Maternal/child health care, 7=Others:----------					

IF THE RESPONDENT IS A GIRL/WOMAN ASK 7.8

7.8. Maternal and child health

	Questions	***Answer***
7.8.1	***Have you ever given birth? (1=yes, 0=n0) (skip?)***	
7.8.2	***At what age did you give birth for the first time? (skip?)***	
7.8.3	***Number of children you born***	

Comment [P1]: I think these questions can be important as many women give birth at a very young age. Due to the delicacy of the issue I think that we should not ask the other questions part of 7.8 we discuss with the mothers.

PART 8-INTENTIONS TO USE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

8.1. How many children are you planning to have in total? …… *(fill in number of children)*

8.2. Who will decide about how many children you will have?

Myself ❒$_1$

My partner ❒2
Myself together with my partner ❒3
My parents/ relatives ❒4
Other …….. ❒5

8.3. Do you plan to use contraceptives if you have sexual intercourse in the future?

Yes ❒1
No ❒2

8.4. Who will decide about whether you will use contraceptives or not?

Myself ❒1
My partner ❒2
Myself together with my partner ❒3
My parents/ relatives ❒4
Other …….. ❒5

8.5. Who will decide about whether you will have sexual intercourse or not?

Myself ❒1
My partner ❒2
Myself together with my partner ❒3
My parents/ relatives ❒4
Other …….. ❒5

8.6. If your next child is a girl, would you support her being circumcised?

Yes❒ 1 No❒2

8.7. Who will decide about whether she will be circumcised?

Myself ❒1
My partner ❒2
Myself together with my partner ❒3
My parents/ relatives ❒4
The community ❒5
Other ……. ❒6

8.8. If yes to 8.6, what is the main reason? FOR THE ENUMERATON, DO NOT READ THE ANSWER, LET THE RESPONDENT REPLY

❒1 Get married/find a better husband
❒2 Be accepted by the community
❒3 Religion
❒4 Pay respect to the elderly women
❒5 Tradition
❒6 Other : (specify) ……

I the undersigned supervisor have checked all the questions and they are complete.

Name of the supervisor ----------

Signature: ----------

Date: ----------

FINAL PART: ENUMERATOR NOTE

EN1 What main language did you use for the interview?	Amharic .....1 Oromigna .....2 Tigrina.....3 Somali .....4 Guaragigna .....5 English .....6 Other (SPECIFY:_____).....7
EN2 Did you use any other languages?	Yes ..... 1 → SPECIFY: _____ No 0
EN3 Which one (anyone else) beside the respondent was present during the interview?	No one……..…...0 Husband/wife……..1 A child ≥ 5 years……..…2 A child < 5 years …….....3 An adult, household member…….…….4 An adult, non-household member…….……..5
EN4 Did the respondent find some of the questions difficult, embarrassing or confusing?	Yes ..... 1 No 0
EN5 What is your evaluation of the accuracy of respondent's answers?	Excellent……..1 Good…….2 Fair……3 Not so good……4 Very bad……..5

Thank you very much for your time and all your hard work.

An end-line questionnaire for Impact Evaluation of Sexual and Reproductive Health and WASH projects (C11 and C13) in Afar Region

International Food Policy Research Institute and Groningen University

For interviewing household husbands

PART 1 – IDENTIFICATION

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about reproductive health and water supply. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.		
0.1	Name of the household head	
0.2	Sex of the household head	
0.3	Household number/ID (see the code from code book)	
0.4	Respondent wife ID (see the code from code book)	
0.5	Sample group	
1.1	First name of the respondent (wife)	
1.2	Last name of the respondent	
1.3	Telephone no. of the household head or other household member	
1.4	Marital status of the respondent (1=married, 2=divorced 3=window 4=never married)	
1.51	First name of the husband	
1.52	Last name of the husband	
1.53	Respondent husband ID	

1.6	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	/ / 2014
1.7	Time the interview started, 24 hour clock ("**hh: mm**")	_ _ : _ _
1.8	Time the interview ended, 24 hour clock ("**hh: mm**")	_ _ : _ _

1.9	Region	
1.10	Zone: 1= zone 1; 3=zone 3; 5=zone 5	
1.11	District/woreda: (see the code from the code book)	
1.12	Peasant Association (PA, Kebele) (see the code from code book)	
1.13	Gote/village (see the code from code book)	

1.14	Enumerator's name	
1.15	Supervisor's name	
1.16	Data entry person's name	

PART 2- RESPONDENT CHARACTERISTICS

2.0. Can you please tell me some details about your occupation?

Characteristics	**Husband /partner/respondent**	**Codes**
Primary occupation	*2.12*	*1=livestock keeping* *2= crop production* *3=Salaried,* *4=Casual labor* *5= Self-employed in business* *6=Student,* *7= Not employed,* *8=Housekeeping and child care,* *9=Other (specify): ……*
Secondary Occupation	*2.14*	

2.15 How many months did you live in this kebele in the last 12 months?

PART 4-ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

4.0. Have you ever participated in any sexual and reproductive health awareness campaign since January 2011?

Campaign conducted at	**Yes=1, No=0**	**When- year (EC)**	**About what**	**Organizer**
School	4.0.1.	4.0.2	4.0.3	4.0.10
Health centre	4.0.4	4.0.5	4.0.6	4.0.11
In the Community/village	4.0.7	4.0.8	4.0.9	4.0.12

4.1. Have you ever participated in any sexual and reproductive health training programme since January 2011?

Places	**Yes=1, No=0**		**When- year (EC)**		**About what**	**Organizer**	
At School	4.1.1.		4.1.2		4.1.3	4.1.10	
At Health centre	4.1.4		4.1.5		4.1.6	4.1.11	
In the Community/village	4.1.7		4.1.8		4.1.9	4.1.12	

4.2. Are the following health service providers available in your Kebele/Woreda?

Code	Service provider /services	Available *Yes=1, No=0*
4.2.1	traditional health service provider in your kebele	
4.2.2	Community Health Promoter (CHP) in your kebele	
4.2.3	Health Extension Worker active in your kebele	
4.2.4	Health Centre in your Woreda	
4.2.5.	Health post in your Kebele	

4.3. Are the following health services easy to access for you?

	Services /facilities	Easy to access *Yes=1, No=0*	If not easy, why? (code A)
	Pregnancy test	4.3.1	4.3.2
	Counselling on pregnancy, child care and contraceptives	4.3.3	4.3.4
	Medical treatment	4.3.5	4.3.6
	Condoms for you and your partner	4.3.7	4.3.8
	Other contraceptives for you and your partner	4.3.9	4.3.10

Code A: 1=costly 2=not available at all 3=far from my village 4=too long queue

PART 5: KNOWLEDGE ABOUT SEXUAL AND REPRODUCTIVE HEALTH

5.1. What are sexually transmitted infectious diseases you know?

5.1.1. ----------
5.1.2. ----------
5.1.3. ----------
5.1.4. ----------
5.1.5. ----------
5.1.6. ----------

5.2. Can HIV be transmitted through sexual intercourse?

Yes ❒1 No ❒2

5.3. Can HIV be transmitted by sharing food with someone who is infected?

Yes ❒ 1 No ❒2

5.4. Is it possible to protect oneself from HIV infection by only having sexual intercourse with an HIV-negative and faithful partner?

Yes ❒1 No ❒2

5.5. Is it possible for a healthy-looking person to have the HIV virus?

Yes ❒1 No ❒2

5.6. Can people get the HIV virus because of witchcraft or other supernatural means?

Yes ❒1 No ❒2

5.7. If two partners are not married, is it advisable to use a condom to avoid sexually transmittable infections?

Yes ❒1 No ❒2

5.8. What type(s) of contraceptives do you know?

(Tick each box that applies, so you can tick more than one box)

❒1	Pill	❒ 9	Male sterilization
❒2	Emergency contraception	❒ 10	Female sterilization
❒ 3	Male condom	❒ 11	Non penetrative sex
❒ 4	Female condom	❒ 12	Withdrawal
❒5	IUD (loop)	❒13	Calendar method
❒6	Injectable / Depo-Provera	❒ 14	Traditional: (specify): _____
❒7	Diaphragm/foam tablets/jelly/cream	❒ 15	Other : (specify) ……..
❒8	Norplant		

PART 6-PERCEPTION ON SEXUAL AND REPRODUCTIVE HEALTH PRACTICES

6.01 I want you to give me a secretive answer for the following questions. I will give you 3(4) stones and you hold in your right hand and keep your hands (both) on your back side. If you agree on the statement I will soon be reading to you, you transfer one stone to your left hand behind you (I will not see it, you shouldn't also tell me), but if you don't agree, do not transfer any stone. At the end, I would like to know the number of statements you agreed. Now, I am starting reading the statements,

1. HIV can be transmitted through witchcraft or other supernatural means (all)
2. It is acceptable to use contraceptives to avoid pregnancy (all)
3. In a marriage both partners should decide on how many children they should have (all)
4. A girl should be circumcised **(only for Group 1)**

On how many of the statements do you agree, (show me your left hand)----------

6.02 We do this experiment in the same way but with different set of statements

1. Waiting in line for the minibus is nice because you meet new people (all)
2. I have never attended a wedding ceremony (all)
3. Everybody should fast (all)
4. A girls should be circumcised **(only for Group 2)**

On how many of the statements do you agree, (show me your left hand)----------

6.03 We do this experiment in the same way but with different set of statements

1. I like drinking ambo/bottled water (all)
2. Smoking cigarettes should be banned (all)
3. There is at least one mobile phone in the house where I currently live (all)
4. There are times when a wife deserves to be hit or beaten by her husband/partner **(only for Group 1)**

On how many of the statements do you agree, (show me your left hand)----------

6.1 Do you agree on the following statements? *(Tick one box)*

	Questions	totally agree 1	somehow agree 2	neither agree nor disagree 3	Somehow disagree 4	totally disagree 5
6.1.1	**If someone dresses sexy, the person wants to have sex**					
6.1.2	**A boy/man can use force or pressure in a**					

	relationship, if he wants to have sex					
6.13	**A woman/girl is allowed to refuse sex, even if her boy/man is sexually aroused and wants sex**					
6.1.4	**Husbands should punish their wives if they feel they have done something wrong**					
6.1.5	**A girl should not be given any information about sex before she marries**					
6.1.7	**It is acceptable if a girl has sex before she marries**					
6.1.8	**It is acceptable if a boy has sex before he marries**					
6.1.9	**It is acceptable to use a condom to avoid pregnancy**					
6.1.10	**It is acceptable to use contraceptives to avoid pregnancy**					
6.1.11	**It is acceptable if schools and health service providers give unmarried people information about the use of contraceptives**					

6.4. Do you think that a girl should be circumcised?

Yes ❒ 1 No ❒2

6.5. If yes to 6.4, what is the main reason? FOR THE ENUMERATOR, DO NOT READ THE ANSWER, LET THE RESPONDENT REPLY

- ❒1 Get married/find a better husband
- ❒2 Be accepted by the community
- ❒3 Religion
- ❒4 Pay respect to the elderly women
- ❒5 Tradition

❒6 Other : (specify) ……..

6.6. Do you think that there are times when a wife deserves to be hit or beaten by her husband/partner?

Yes ❒ 1 No ❒2

PART 7-USE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES

7.1. At what age did you get married for the first time? ----------

7.3 What type of contraceptive method(s) have you ever used?

(Tick each box that applies, so you can tick more than one box)

❒1 I have never used any
❒2 Pill
❒3 Emergency contraception
❒4 Male condom
❒5 Female condom
❒6 IUD (Loop)
❒7 Injectable / Depo-Provera
❒8 Diaphragm/foam tablets/jelly/cream
❒9 Norplant
❒10 Male sterilization
❒11 Female sterilization
❒12 Non penetrative sex
❒13 Withdrawal
❒14 Calendar method
❒15 Traditional method: (specify): _____
❒16 Other contraceptive: (specify) ……..

7.4 The last time you had sexual intercourse; did you and/or your partner use any contraceptive method?

Yes ❒1 No ❒2

7.5 If yes specify the method (see question 7.3): ……

7.6 Do you prefer traditional treatment or a health service provider to obtain services on reproductive and sexual health?

Health service provider (formal - HEW, HC, HP, CHP) ❒1

Traditional provider (e.g. TBA) ❒2

7.7 How often did you visit the following health service providers in the last year to obtain services on reproductive and sexual health?

(Tick relevant boxes)

code	Service providers	Never	Once	More than once	If you visit, why? (Code A)	Were you satisfied? Yes=1, No=0
1	**Traditional health provider**					
2	**Community promoter**					
3	**Health extension worker**					
4	**Health post/centre/hospital**					
	Codes A: 1= Pregnancy test, 2=HIV testing/counselling , 3= Testing sexual Infection, 4=To obtain contraceptives, 5=To get information/counselling, 6=Maternal/child health care, 7=Others:----------					

PART 8-INTENTIONS TO USE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

8.1. How many children are you planning to have in total? …… *(fill in number of children)*

8.2. Who will decide about how many children you will have?

Myself ❒1

My wife/partner ❒2

Myself together with my wife/partner ❒3

My parents/ relatives ❒4

Other ……. ❒5

8.3. Do you plan to use contraceptives if you have sexual intercourse in the future?

Yes ❒1

No ❒2

8.4. Who will decide about whether you will use contraceptives or not?

Myself ❒1

My wife/ partner ❒2

Myself together with my wife/partner ❒3

My parents/ relatives ❒4

Other …….. ❒5

8.5. Who will decide about whether you will have sexual intercourse or not?

Myself ❒1

My husband/partner ❒2

Myself together with my husband/partner ❒3

My parents/ relatives ❒4

Other …….. ❒5

8.6. If your next child is a girl, would you support her being circumcised?

Yes❒ 1 No❒2

8.7. Who will decide about whether she will be circumcised?

Myself ❒1

My husband/partner ❒2

Myself together with my husband/partner ❒3

My parents/ relatives ❒4

The community ❒5

Other …….. ❒6

8.8. If yes to 8.6, what is the main reason? FOR THE ENUMERATON, DO NOT READ THE ANSWER, LET THE RESPONDENT REPLY

❒1 Get married/find a better husband

❒2 Be accepted by the community

❒3 Religion

❒4 Pay respect to the elderly women

❒5 Tradition

❒6 Other : (specify) ……..

I the undersigned supervisor have checked all the questions and they are complete.

Name of the supervisor ----------

Signature: ----------

Date: ----------

FINAL PART: ENUMERATOR NOTE

EN1 What main language did you use for the interview?	Amharic..... 1 Oromigna ..... 2 Tigrina ..... 3 Somali ..... 4 Guaragigna ..... 5 English..... 6 Afar .....7 Other (SPECIFY:_____)..... 8
EN2 Did you use any other languages?	Yes ..... 1 → SPECIFY: _____ No 0
EN3 Which one (anyone else) beside the respondent was present during the interview?	No one.....0 Husband/wife.....1 A child ≥ 5 years.....2 A child < 5 years .....3 An adult, household member.....4 An adult, non-household member.....5
EN4 Did the respondent find some of the questions difficult, embarrassing or confusing?	Yes ..... 1 No 0
EN5 What is your evaluation of the accuracy of respondent's answers?	Excellent.....1 Good.....2 Fair.....3 Not so good.....4 Very bad.....5

Thank you very much for your time and all your hard work.

An end-line questionnaire for Impact Evaluation of Sexual and Reproductive Health and WASH projects (C11 and C13) in Afar Region

International Food Policy Research Institute and Groningen University

For interviewing household women from 15 to 49 years old

PART 1 – IDENTIFICATION

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about reproductive health and water supply. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.

0.1	Name of the household head	
0.2	Sex of the household head	
0.3	Household number/ID (see the code from code book)	
0.4	Respondent wife ID (see the code from code book)	
0.5	Sample group	
1.1	First name of the respondent (wife)	
1.2	Last name of the respondent	
1.3	Telephone no. of the household head or other household member	
1.4	Marital status of the respondent (1=married, 2=divorced 3=window 4=never married)	
1.51	First name of the husband	
1.52	Last name of the husband	
1.53	Respondent husband ID	

1.6	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	/ / 2014
1.7	Time the interview started, 24 hour clock ("**hh: mm**")	_ _ : _ _
1.8	Time the interview ended, 24 hour clock ("**hh: mm**")	_ _ : _ _

1.9	Region	
1.10	Zone: 1= zone 1; 3=zone 3; 5=zone 5	
1.11	District/woreda: (see the code from the code book)	
1.12	Peasant Association (PA, Kebele) (see the code from code book)	
1.13	Gote/village (see the code from code book)	

1.14	Enumerator's name	
1.15	Supervisor's name	
1.16	Data entry person's name	

PART 2- RESPONDENT CHARACTERISTICS

2.0. Can you please tell me some details about you and your husband?

Characteristics	The woman /respondent		Husband /partner		Codes
Age (skip?)	*2.1*		*2.2*		
Religion (skip?)	*2.3*		*2.4*		*1=Muslim* *2=orthodox* *3=other Christian* *4=0thers*
Ethnicity (skip?)	*2.5*		*2.6*		
Education level (skip?)	*2.7*		*2.8*		*0=none* *1=Adult education* *2=some elementary* *4=elementary finished* *5=some secondary* *6=secondary finished* *7=some tertiary* *8=tertiary finished*
Completed years of formal education (skip?)	*2.9*		*2.10*		
Primary occupation	*2.11*		*2.12*		*1=livestock keeping* *2= crop production* *3=Salaried,* *4=Casual labor* *5= Self-employed in business* *6=Student,* *7= Not employed,* *8=Housekeeping and child care,* *9=Other (specify): ……*
Secondary Occupation	*2.13.*		*2.14*		

PART 3-HOUSEHOLD CHARACTERISTICS

3.1. Mode of household settlement *(encircle one of them)*

1. Sedentary
2. Semi-sedentary (some household members move in some periods of the year)
3. nomadic (no permanent place)

3.2. How many is the total family size (including husband and wife/wives)

		<5 years	5-15 years	>15 years
1	**Male**			
2	**Female**			

IF THE RESPONDENT IS CURRENTLY MARRIED OR LIVING TOGHETER WITH A MAN AS IF MARRIED THEN ASK 3.2.3 AND 3.2.4, OTHERWISE SKIP THEM.

3.2.3 Including yourself, in total, how many wives (or partners) does your husband live with now as if married?

……

3.2.4. Are you the first, second, third…?

1. first
2. second
3. third

….

3.3. House type

1. Afar house (an oval house made from sticks covered with grasses and clothes)
2. Tukul house (wooden and mudded wall and roofed with grass)
3. Corrugated iron

3.4. Livestock holding of the household by different livestock class

	Livestock class	Number
1	Oxen	
2	Cows	
3	Heifers	
4	Bull	
5	Goats	
6	Sheep	
7	Camel	
8	Donkey	
9	Chicken	

3.5. Private land holding size in hectare of all household members, if any

Land use type		Size
3.5.1.	Crop land rain fed-	
3.5.2.	Crop land –Irrigated	
3.5.3.	Private grazing land	
3.5.4.	Communal grazing land	

3.6. What were your household income sources during the last 12 months

a) Income sources		b) 1=yes, 0=No	c) Total amount your family generated per year in ETB	d) Who generated? (1=only me, 2=me and other family member, 3=other family member)
1	Casual labour			
2	Salary			
3	Selling of livestock			
4	Selling agricultural products			
5	Trade			
6	Handcraft			
7	Remittance			
8	Aid (cash or food)			
9	Other, specify ----------			

PART 4-ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

4.0. Have you ever participated in any sexual and reproductive health awareness campaign since January 2011?

Campaign conducted at	Yes=1, No=0	When- year (EC)	About what	Organizer
School	4.0.1.	4.0.2	4.0.3	4.0.10
Health centre	4.0.4	4.0.5	4.0.6	4.0.11
In the Community/village	4.0.7	4.0.8	4.0.9	4.0.12

4.1. Have you ever participated in any sexual and reproductive health training programme since January 2011?

Places	Yes=1, No=0		When- year (EC)		About what	Organizer	
At School	4.1.1.		4.1.2		4.1.3	4.1.10	
At Health centre	4.1.4		4.1.5		4.1.6	4.1.11	
In the Community/village	4.1.7		4.1.8		4.1.9	4.1.12	

4.2. Are the following health service providers available in your Kebele/Woreda?

Code	Service provider /services	Available *Yes=1, No=0*
4.2.1	traditional health service provider in your kebele	
4.2.2	Community Health Promoter (CHP) in your kebele	
4.2.3	Health Extension Worker active in your kebele	
4.2.4	Health Centre in your woreda	
4.2.5	Health post in your Kebele	

Comment [l1]: It may be that the HEW and the health post in the kebele are the same – Getaw do you know this?

4.3. Are the following health services easy to access for you?

Services /facilities	Easy to access *Yes=1, No=0*		If not easy, why? (code A)	
Pregnancy test	4.3.1		4.3.2	
Counselling on pregnancy, child care and contraceptives	4.3.3		4.3.3	
Medical treatment (	4.3.4		4.3.5	
Condoms for you and your partner	4.3.6		4.3.7	
Contraceptives for you and your partner	4.3.8		4.3.9	

Code A: 1=costly 2=not available at all 3=far from my village 4=too long queue

PART 5: KNOWLEDGE ABOUT SEXUAL AND REPRODUCTIVE HEALTH

5.1. What are sexually transmitted infectious diseases you know?

5.1.1. ----------
5.1.2. ----------
5.1.3. ----------
5.1.4. ----------
5.1.5. ----------
5.1.6. ----------

5.2. Can HIV be transmitted through sexual intercourse?

Yes ❒$_1$ No ❒$_2$

5.3. Can HIV be transmitted by sharing food with someone who is infected?

Yes ❒ 1 No ❒2

5.4. Is it possible to protect oneself from HIV infection by only having sexual intercourse with an HIV-negative and faithful partner?

Yes ❒1 No ❒2

5.5. Is it possible for a healthy-looking person to have the HIV virus?

Yes ❒1 No ❒2

5.6. Can people get the HIV virus because of witchcraft or other supernatural means?

Yes ❒1 No ❒2

5.7. If two partners are not married, is it advisable to use a condom to avoid sexually transmittable infections?

Yes ❒1 No ❒2

5.8. What type(s) of contraceptives do you know?

(Tick each box that applies, so you can tick more than one box)

❒1	Pill	❒ 9	Male sterilization
❒2	Emergency contraception	❒ 10	Female sterilization
❒ 3	Male condom	❒ 11	Non penetrative sex
❒ 4	Female condom	❒ 12	Withdrawal
❒5	IUD (loop)	❒13	Calendar method
❒6	Injectable / Depo-Provera	❒ 14	Traditional: (specify): _____
❒7	Diaphragm/foam tablets/jelly/cream	❒ 15	Other : (specify) ……..
❒8	Norplant		

PART 6-PERCEPTION ON SEXUAL AND REPRODUCTIVE HEALTH PRACTICES

6.01 I want you to give me a secretive answer for the following questions. I will give you 3(4) stones and you hold in your right hand and keep your hands (both) on your back side. If you agree on the statement I will soon be reading to you, you transfer one stone to your left hand behind you (I will not see it, you shouldn't also tell me), but if you don't agree, do not transfer any stone. At the end, I would like to know the number of statements you agreed. Now, I am starting reading the statements,

1. HIV can be transmitted through witchcraft or other supernatural means (all)

2. It is acceptable to use contraceptives to avoid pregnancy (all)
3. In a marriage both partners should decide on how many children they should have (all)
4. A girl should be circumcised **(only for Group 1)**

On how many of the statements do you agree, (show me your left hand)----------

6.02 We do this experiment in the same way but with different set of statements

1. Waiting in line for the minibus is nice because you meet new people (all)
2. I have never attended a wedding ceremony (all)
3. Everybody should fast (all)
4. A girl should be circumcised **(only for Group 2)**

On how many of the statements do you agree, (show me your left hand)----------

6.03 We do this experiment in the same way but with different set of statements

1. I like drinking ambo/bottled water (all)
2. Smoking cigarettes should be banned (all)
3. There is at least one mobile phone in the house where I currently live (all)
4. There are times when a wife deserves to be hit or beaten by her husband/partner **(only for Group 1)**

On how many of the statements do you agree, (show me your left hand)----------

6.1 Do you agree on the following statements? *(Tick one box)*

	Questions	totally agree 1	somehow agree 2	neither agree nor disagree 3	Somehow disagree 4	totally disagree 5
6.1.1	**If someone dresses sexy, the person wants to have sex**					
6.1.2	**A boy/man can use force or pressure in a relationship, if he wants to have sex**					
6.13	**A woman/girl is allowed to**					

	refuse sex, even if her boy/man is sexually aroused and wants sex					
6.1.4	**Husbands should punish their wives if they feel they have done something wrong**					
6.1.5	**A girl should not be given any information about sex before she marries**					
6.1.6	**A girl should be circumcised**					
6.1.7	**It is acceptable if a girl has sex before she marries**					
6.1.8	**It is acceptable if a boy has sex before he marries**					
6.1.9	**It is acceptable to use a condom to avoid pregnancy**					
6.1.10	**It is acceptable to use contraceptives to avoid pregnancy**					
6.1.11	**It is acceptable if schools and health service providers give unmarried people information about the use of contraceptives**					

6.2. Have you yourself been circumcised?

Yes ❒ 1 No ❒2

6.3. If yes to 6.2, how old were you when this occurred?

……

6.4. Do you think that a girl should be circumcised?

Yes ❒ 1 No ❒2

6.5. If yes to 6.4, what is the main reason? FOR THE ENUMERATOR, DO NOT READ THE ANSWER, LET THE RESPONDENT REPLY

- ❒1 Get married/find a better husband
- ❒2 Be accepted by the community
- ❒3 Religion
- ❒4 Pay respect to the elderly women
- ❒5 Tradition
- ❒6 Other : (specify) ……..

6.6. Do you think that there are times when a wife deserves to be hit or beaten by her husband/partner?

Yes ❒ 1 No ❒2

PART 7-USE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES

7.1. At what age did you get married for the first time? ----------
(skip?)

7.2. Were you ever forced to have sex when you did not want to?
Yes ❒$_1$ No ❒$_2$

7.3. What type of contraceptive method(s) have you ever used?
(Tick each box that applies, so you can tick more than one box)

❒$_1$ I have never used any
❒$_2$ Pill
❒$_3$ Emergency contraception
❒$_4$ Male condom
❒$_5$ Female condom
❒$_6$ IUD (Loop)
❒$_7$ Injectable / Depo-Provera
❒$_8$ Diaphragm/foam tablets/jelly/cream
❒$_9$ Norplant
❒$_{10}$ Male sterilization
❒$_{11}$ Female sterilization
❒$_{12}$ Non penetrative sex
❒$_{13}$ Withdrawal
❒$_{14}$ Calendar method
❒$_{15}$ Traditional method: (specify): _____
❒$_{16}$ Other contraceptive: (specify) ……..

7.4. The last time you had sexual intercourse; did you and/or your partner use any contraceptive method?
Yes ❒$_1$ No ❒$_2$

7.5. If yes specify the method (see question 7.3): ……

7.6. Do you prefer traditional treatment or a health service provider to obtain services on reproductive and sexual health?
Health service provider (formal - HEW, HC, HP, CHP) ❒$_1$
Traditional provider (e.g. TBA) ❒$_2$

7.7. How often did you visit the following health service providers in the last year to obtain services on reproductive and sexual health?
(Tick relevant boxes)

code	Service providers	Never	Once	More than once	If you visit, why? (Code A)	Were you satisfied? Yes=1, No=0
1	**Traditional health provider**					
2	**Community promoter**					
3	**Health extension worker**					
4	**Health post/centre/hospital**					
	Codes A: 1= Pregnancy test, 2=HIV testing/counselling , 3= Testing sexual Infection, 4=To obtain contraceptives, 5=To get information/counselling, 6=Maternal/child health care, 7=Others:----------					

7.8. Maternal and child health

	Questions	***Answer***
7.8.1	***Have you ever given birth? (1=yes, 0=n0) (skip?)***	
7.8.2	***At what age did you give birth for the first time? (skip?)***	
7.8.3	***Number of children you born***	
7.8.4	***How many alive***	
7.8.5	**Have you had pregnancy during the last two years?** *Year, Ethiopian calendar*	
7.8.6	***If yes to 7.8.5., have you had antenatal check-ups during the last pregnancy,*** *yes=1, no=0*	
7.8.7	***How did your last pregnancy ended?*** Codes: Normal delivery =1, Delivery with complication=2, Miscarriage=3, Abortion **=4**	
7.8.8	**Where did you deliver/abort this pregnancy?** At the hospital/health centre =1 , at home=2, on the way=3	
7.8.9	**Who assisted you for the delivery/abortion?** A health worker (HEW)=1, A community health promoter (CHP)= 2, A friend or parent=3, traditional midwifery=4, without any assistance=5	
7.8.10	***After the delivery, have you had postnatal check-ups*** *Yes=1 , No=0*	
7.8.11	**Is the child in good health at the moment?** *Yes=1 , No=0*	
7.8.12	**Does your child attend immunization (vaccination)?**	

	Yes=1 , No=0	
7.8.13	**Is your last child baby girl?** *Yes=1 , No=0*	
7.8.14	**If girl, did you circumcise her already**	
7.8.15	**Will you circumcise her in the near future?** *Yes=1 , No=0*	

PART 8-INTENTIONS TO USE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

8.1. How many children are you planning to have in total? …… *(fill in number of children)*

8.2. Who will decide about how many children you will have?

- Myself ❒1
- My husband/partner ❒2
- Myself together with my husband/partner ❒3
- My parents/ relatives ❒4
- Other …….. ❒5

8.3. Do you plan to use contraceptives if you have sexual intercourse in the future?

- Yes ❒1
- No ❒2

8.4. Who will decide about whether you will use contraceptives or not?

- Myself ❒1
- My husband/ partner ❒2
- Myself together with my husband/partner ❒3
- My parents/ relatives ❒4
- Other …….. ❒5

8.5. Who will decide about whether you will have sexual intercourse or not?

- Myself ❒1
- My husband/partner ❒2
- Myself together with my husband/partner ❒3
- My parents/ relatives ❒4
- Other …….. ❒5

8.6. If your next child is a girl, would you support her being circumcised?

Yes❒ 1 No❒2

8.7. Who will decide about whether she will be circumcised?

Myself	❒1
My husband/partner	❒2
Myself together with my husband/partner	❒3
My parents/ relatives	❒4
The community	❒5
Other ……..	❒6

8.8. If yes to 8.6, what is the main reason? FOR THE ENUMERATON, DO NOT READ THE ANSWER, LET THE RESPONDENT REPLY

❒1 Get married/find a better husband
❒2 Be accepted by the community
❒3 Religion
❒4 Pay respect to the elderly women
❒5 Tradition
❒6 Other : (specify) ……..

PART 9- HOUSEHOLD WATER SUPPLY

9.0. Is there any piped water or public tap facility in your Kebele? (yes/no)

9.0.1. If yes,

		Answer
1	Who constructed the facility? (CSO, AMREF, Local Government, myself)	
2	Who manages the facility? (CSO, AMREF, Local Government, myself)	
3	Are you or your husband a member or participating in the local water user group (WASHCO)? (yes/no)	
4	How do you rate the reliability of the service of this piped water or public tap facility? (very reliable, reliable, unreliable, very unreliable)	
5	How do you pay for the service (no payment, per single fetching, membership fee, voluntary contribution)	
6	If you paid, how much do you pay per year (ETB)	

9.1 What is your main source of water for the following purposes? (tick the sources)

Codes	**Water sources**	***1. Drinking***	***2. Cloth and bath (1.2)***	***3. Livestock***
1	Surface water (river/lake/pond, stream, canal)			
2	Piped water into the house/household tap			
3	Public tap/standpipe			
4	Protected dug well			
5	Protected spring			
6	Borehole			
7	Unprotected well			
8	Unprotected spring			

9	Household water facility (self-supply)			
10	Rainwater tank			
11	Cart with small tank			
12	Other: Specify			

9.2 What distance do you travel to collect water for (single trip)

Codes		**Human (drinking)**		**Livestock**	
		2.1. Dry season	**2.2. Rainy season**	**2.3. Dry season**	**2.4. Rainy season**
1	200 metres and less				
2	200-1000 metres				
3	1000-2000 metres				
4	2000-3000 metres				
5	More than 3000 metres				

9.3. How long do you queue at the water point for

Codes		**Human (drinking)**		**Livestock**	
		Dry season (3.1)	**Rainy season (3.2)**	**Dry season (3.3)**	**Rainy season (3.4)**
1	Less than 10 minutes				
2	10-20 minutes				
3	20-30 minutes				
4	30-40 minutes				
5	More than 40 minutes				

9.4. How do you store drinking water?

Stored in a covered container ❒1

Stored in an open container ❒2

9.5. **What is the observed cleanness of the drinking water container used? (to be observed by** *the enumerator)*

Clean container ❒1

Not clean inside the container ❒2

9.6. Who is mainly responsible for collecting water for domestic purpose?

Men ❒1 Women❒2 Boys ❒3 Girls ❒4

9.7. What household treatment do you use for drinking water?

None ❒1
Boiling ❒2
Agar ❒3
Other, specify:……

9.8. What problems do you face with the water supply? (you may tick 2 boxes max.)

No problem ❒1
Water is dirty ❒2
Water is saline ❒3
Water supply is irregular ❒4
Water is far away ❒5
Water source dries up ❒6
Fluoride ❒7
Other, specify:……

9.9. How much water does your household usually use daily for drinking, bathing and the kitchen

		Unit	amount
	Household use		

PART 10-HOUSEHOLD SANITATION

10.0. Did you participate in any sanitation or hygiene campaign (CLTS) since January 2011?

	Campaign conducted at	**1. Yes=1, No=0**	**2. When- year (EC)**	**3. About what**	**4. Organizer**
A	School				
B	Health centre				
C	In the Community/village				

10.0.1 Did the HEW visit your home to assess the wash situation since January 2011?

Yes❒1 No❒2

10.1 Where do the household members defecate when they are at home?

Shrubs/bush ❒1
Cat method ❒2

Own Latrine ❒3
Community latrine ❒4
Somebody takes the faecal matter away ❒5
Other, specify: ……..

10.2 What type of latrine facilities exist for household use?

No latrine ❒1
Traditional pit latrine ❒2 (uncovered, rudimentary, uneven, difficult to clean, flies exist)
Improved pit latrine ❒3 (covered, cement slab/sand plate, cleanable, even, no flies)
Flush toilet ❒4
Other, specify: ……

10.3. Is there evidence of the use of a latrine at household level (observation)?

(Faeces in the pit, maintained, visible access, no spider webs)
Yes❒ 1 No❒2

10.4.Does your community have a latrine that is open for public use (community latrines)?

Yes❒ 1 No❒2

10.5.Does anyone from your household ever use the public, community latrine?

Yes❒ 1 No❒2
If no, why not: ……

10.6.How do you dispose faeces of children under 5 years old?

Own latrine ❒1
Shrubs/bush ❒2
Cat method ❒3
Community latrine ❒4
Deposit in the dumping pit ❒5
Throw in the backyard/farmyard ❒6
Throw in open spaces ❒7
Other, specify: ……

10.7.Do you have a hand washing facility nearby to the latrine?

Yes❒ 1 No❒2

10.8.Which cleansing agent do you use for hand washing?

Water only ❒1
Soap ❒2
Ash ❒3
Other, specify: ……

10.9. What is the time/regularity of hand washing in the household

After work	Yes❒ 1	No❒2
After cleaning vessels	Yes❒1	No❒2
Before handling food	Yes❒1	No❒2
After defecation	Yes❒1	No❒2
Before eating	Yes❒1	No❒2
After washing children's bottoms	Yes❒1	No❒2

Other, specify: ……..

10.10. How frequent do the household members take shower?

	Weekly or less	monthly	More than a month
Husband	❒1	❒1	❒1
You (mother)	❒2	❒2	❒2
Children below 5	❒3	❒3	❒3
Children above 15	❒4	❒4	❒4

10.11. Where do you dispose of your household waste

Deposit in the dumping pit	❒1
Throw in the backyard/farmyard	❒2
Throw in open spaces	❒3
Burning	❒4

Other, specify: ……..

I the undersigned supervisor have checked all the questions and they are complete.

Name of the supervisor ----------

Signature: ----------

Date: ----------

FINAL PART: ENUMERATOR NOTE

EN1 What main language did you use for the interview?	Amharic.....1 Oromigna .....2 Tigrina .....3 Somali .....4 Guaragigna .....5 English.....6 Afar .....7 Other (SPECIFY:_____).....8
EN2 Did you use any other languages?	Yes ..... 1 → SPECIFY: _____ No 0
EN3 Which one (anyone else) beside the respondent was present during the interview?	No one.....0 Husband/wife.....1 A child ≥ 5 years.....2 A child < 5 years .....3 An adult, household member.....4 An adult, non-household member.....5
EN4 Did the respondent find some of the questions difficult, embarrassing or confusing?	Yes ..... 1 No 0
EN5 What is your evaluation of the accuracy of respondent's answers?	Excellent.....1 Good.....2 Fair.....3 Not so good.....4 Very bad.....5

Thank you very much for your time and all your hard work.

SRHR Alliance

AE Project – Unite For Body Rights

Report MFS II Joint Evaluations (C11)

Achievement of MDGs

Country	Ethiopia
Consortium	SRHR Alliance
Responsible Dutch NGO	Amref Flying Doctors Netherlands
Project (if applicable)	AE Project – Unite For Body Rights
Southern partner organisation	Amref Health Africa Ethiopia

The project/partner is part of the sample for the following evaluation component(s):

Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

Evaluation team:

IFPRI/ESARO Ethiopia: Getaw Tadesse and Samson Jemaneh

University of Groningen: Clemens Lutz, Elisabetta de Cao and Steffen Eriksen

1. Introduction

The general aim of this project (C11) is to improve the sexual and reproductive health situation for people living in the Afar region in Ethiopia by increasing access to health services, providing comprehensive sexuality education and enhancing utilization of health services at community level. The project is implemented by Amref Health Africa Ethiopia.

To improve Sexual Reproductive Health and Right (SRHR) services in Afar, the programme was designed to train and support health workers at three levels in the health system: health centres, rural health extension posts, and within the communities through community health promoters. The program provides comprehensive sexuality education, training and support for districts and health management teams. Some health facilities are renovated and equipped. The project objectives target 4 result areas: civil society strengthening, MDG 4-5 and 6 regarding health, strengthened capacity of the southern partner organization and international lobby and advocacy. This report evaluates the effects of the project on the MDG targets (the MDG result area only).

Impact of this project is measured through a 'difference-in-difference' analysis. Households (control group and treatment group) have been interviewed in September 2012 and September-December 2014. The collected data allow us to calculate several treatment effects for specified indicators. The results show that attribution of results to project activities is quite challenging. However, some clear treatment effects are observed and these results form the basis for the positive assessment we make. Regarding knowledge, perceptions and intentions about SRHR issues we observe a treatment effect of project activities. Outcomes for use and access to health services are still lagging behind the targets.

The report is structured as follows. The next section describes the context of the project. Subsequently, an overview of project activities is provided. Section 4 presents the method and Section 5 discusses data collection. Section 6 provides the findings and section 7 discusses the results. The final section draws conclusions.

2. Context

Ethiopia has shown an impressive economic growth over the last ten years, but still remains to be among the poorest countries in the world. With 85% of the population residing in rural areas, access to health care has been the most complex and difficult undertaking for the health system in Ethiopia. Ethiopia's population face a high rate of morbidity and mortality and its health status is very poor (Amref Health Africa Ethiopia, proposal 2011).

This project is carried out in Afar, one of the most remote, isolated regions in the country. Afar pastoralist communities have difficulty in accessing mainstream public services and participating in policy making processes. The Afar region is a pastoralist area characterized by recurrent conflict, food insecurity, drought and flooding. Pastoralists mainly depend on the services of traditional health providers who are not formally trained and are not linked to the formal health referral system. The overall health status of the Afar population is poor, with women and children particularly vulnerable to poor health, with high maternal mortality (720/100,000) and under-five child mortality (229/1,000) double the national average. Women have a particularly low status, undermining efforts to improve reproductive health, face heavy workloads, are exposed to severe risks during pregnancy/delivery and are unable to control safe sexual practices with partners, increasing their vulnerability to HIV/AIDS. Traditional practices, including FGM, pose human rights and public health concerns. Low uptake of contraception and early pregnancy affect maternal health, leading to obstructed labour, vesico vaginal fistulas and foetal death. Currently there are low utilisation rates of reproductive health services (antenatal and postnatal care). Few births are attended by skilled personnel, and Afar is hardly equipped to provide emergency care. Children are affected by preventable illnesses such as malaria and diarrhoea, which results from a lack of community awareness of health promotion, low levels of immunisation, lack of knowledge of mothers to prevent childhood illnesses and of access to trained health workers.

The project proposal in 2011 observed a severe shortage of functioning health facilities and qualified health workers in Afar. Afar has 2 hospitals (the national hospital near Awash and the Dubti hospital near Semera) serving a population of 1.5m people; and a physician to population ratio of 1:132,140, against a WHO recommended 1:10,000. Until 2010 the Afar region had a total of 572 HEWs (Neijmudin et al., 2010), which is a very small number if compared to the total population and the size of the region. They face a lack of support and supervision and they are

not trained in service provision relevant to the pastoralist context (Amref Health Africa Ethiopia, proposal 2011).

The responsibilities of local authorities are increasing over time due to decentralization processes in Ethiopia. This is seen through a large increase of funds available at the Woreda level for healthcare from government and development partners. Woredas are responsible for design, planning, implementation, monitoring and evaluation of programs in line with the Woreda Health Plan. However, local authorities currently lack the capacity to absorb and manage these funds. With partners Amref Health Africa Ethiopia has identified low human resource capacity, poor management information systems, weak infrastructure, and little organizational capacity to implement participatory approaches to development.

3. Project description

In 2010 five Dutch organizations (Rutgers WPF, AMREF Flying Doctors, Simavi, dance4life and Choice) formed the Sexual and Reproductive Health and Rights Alliance (SRHR Alliance). The Alliance aims at working towards a society free of poverty in which all women and men, girls and boys, and marginalized groups have and enjoy their sexual and reproductive health and rights. The Alliance, in collaboration with partner organizations in developing countries formed the 'Unite for Body Rights (UFBR)' program, a five year (2011 – 2015), program implemented in nine countries: five in Africa (Ethiopia, Kenya, Malawi, Tanzania and Uganda) and four in Asia (Bangladesh, India, Indonesia and Pakistan).

In Ethiopia the UFBR program is implemented by three partners: Amref Health Africa Ethiopia, Youth Network for Sustainable Development (YNSD) and Talent Youth Association (TaYA joined the program in 2013). The three partners of the Ethiopian SRHR Alliance each have their own expertise and strengths and by closely working together aim at creating synergetic effects. For instance, schools in Afar where YNSD is implementing the dance4life program are referring students to health facilities where Amref is working. The three partners are also carrying out activities together: for instance a 8-serie TV program on SRHR in Afar language has been developed and broadcasted. In addition joint staff training on various topics, experience sharing visits and bi-annual review meetings are taking place.

Amref started project activities in the Afar region during MFS-I. In March 2010, the SRHR-Alliance conducted a context analysis workshop for a variety of civil society organizations, knowledge institutes, government officials, experts and the Embassy of the Netherlands. Additionally, consultations were held with the Regional Health Bureau in Afar, grassroots organizations and community representatives to further determine the specific needs and priorities of the selected target groups. These consultations, coupled with a review of relevant literature and experiences and lessons learned from existing SRHR-programs, provided the basis for the program.

To improve Sexual Reproductive Health and Rights (SRHR) services in Afar, the program trains and supports health workers at three levels in the health system: health centres, rural health extension posts, and within the communities through community health promoters. Trainings address, for example, SRHR/SGBV (sexual and gender based violence) issues, including emergency obstetric care, clean and safe delivery and referral (for traditional birth attendants), youth friendly service provision and counselling of victims of SGBV. The program provides training and support for district and health management teams. Some health facilities are renovated and equipped.

Besides focusing on strengthening the health system, the project also focuses on strengthening comprehensive sexuality education (CSE) for in and out of school youth. For this component of the project, Amref Health Africa Ethiopia also works in close collaboration with YNSD, partner of the Ethiopian SRHR Alliance, implementing the dance4life program in schools in Afar. In addition, the UFBR program is complemented by another project that Amref Health Africa Ethiopia and YNSD are implementing together with the ICCO Alliance since 2013. In this project Amref is organizing the computer-based 'Worlds Starts With Me' sexuality education classes in secondary schools in Afar.

The project is implemented in close collaboration with regional health bureaus to improve the supply chain of essential RH drugs and supplies. Health Extension Workers are supported in their capacity to provide youth-friendly services and improve their linkage with health centres. Given the particular poor status of women, all training packages include the promotion of gender-sensitive services. Outreach addresses remote communities with multidisciplinary health and education teams. A lot of attention is given to community mobilization and sensitization to

enhance knowledge, attitude and practice, in close collaboration with amongst other religious leaders, community leaders and local authorities. Amref is also organizing meetings on SRHR for representatives of the regional and local government.

Generally the project strives to improve the sexual and reproductive health situations of Afar by increasing access to health services and enhancing utilization of health services at community level. Specifically the project is aiming at:

- Objective 1: Increased quality and delivery of Comprehensive Sexuality Education
- Objective 2: Increased utilization and quality of Sexual and Reproductive Health Services
- Objective 3: Reduction of Sexual and Gender Based Violence (SGBV)

To improve the SRHR situation of young people, women and marginalized groups the UFBR programme combines three strategies:

1. Improving access to and quality of SRHR education (increasing SRHR demand)
2. Improving access to and quality of SRH services (increasing SRHR services supply)
3. Creating an enabling environment (increasing SRHR support)

Figure 1: Theory of Change and expected impact of the project

The theory of change is based on the premise that the benefits of the program for the target groups will be upmost when all three strategies are addressed in one program.

From the narrative semi-annual report January-June 2014 we derived the following set of output and outcome indicators. We observe that activities formulated in the project proposal have been reformulated in the course of time. In order to avoid confusion the indicators mentioned in the last semi-annual report are taken as the correct set of outputs and outcomes. Some final corrections regarding specific targets were made by Amref in the provisional version of this report. The outputs and outcomes cover the objectives but are related to the three strategies, presented above, that are part of the theory of change specified by the Alliance partners.

With regard to strategy 1, "increased quality and delivery of Comprehensive Sexuality Education", the following output and outcome indicators are specified:
Output indicators (targets 2011-2015):

1 Two SRHR education programmes improved on quality standards of CSE
2 270 educators trained to deliver SRHR education
3 12,500 young people, women and men participated in SRHR education

Results until mid-2014 show that the targeted numbers for 2011-2013 are realized. A much larger number of people were trained according to the semi-annual report January-June 2014 (in total 93,860 persons).

Outcome indicators:

1 50% of the exposed target groups has an increased capacity to make safe and informed decisions on SRHR issues
2 related MDG 4-6: Young people have an improved knowledge of and/or behaviour concerning HIV/Aids and/or reproductive health

The outcome indicator is clearly specified. The related MDG is mentioned although this target is not explicitly formulated in the project documents.

With regard to strategy 2, “increased utilization of Sexual and Reproductive Health Services”, the following output and outcome indicators are specified:

Output indicators (targets 2011-2015):

1 5,600 service providers trained to deliver SRH services
2 12 health facilities renovated/constructed
3 SRH services provided by partner organizations to young people and adults
4 SRH services provided by subcontractors/government facilitated by partners

Results until mid-2014 show that the second output is on track but with regard to the first output realized numbers are below planned targets. In total 1,618 service providers were trained in 2011-2013. This output remains below targets (3,997 for 2011-2013) as there are less health workers in the region than initially thought. For the last two outputs no targets are specified. In the annual report for 2013 it is mentioned that the major responsible for an increase in the utilization of the services is the government, while it is AMREF’s major responsibility to increase demand.

Outcome indicators:

1 % of the SRHR targeted facilities increasingly comply with IPPF standards for youth friendly services
2 % of the SRHR health facilities realize an increase in satisfaction by young people
3 % of the targeted maternal health facilities increased their compliance to the (national) quality standard
4 % of the maternal health facilities with an increase in satisfaction by women
5 % increase in the use of targeted SRHR services by young people and women
6 % increase in the number of births attended by a skilled birth attendant in the targeted areas
7 % increase in targeted health facilities of women who have 1-4 antenatal consultations
8 Nr of facilities with increased availability of contraceptives, ART, ACT and antibiotics
9 related MDG 4-5: Improved availability of SRHR services (prevention, treatment and care)
10 related MDG 4: Increased use of public and private SRHR services

The outcome indicators are defined but we regret that no clear targets (numbers) are specified. We recall that the related MDGs are mentioned although these targets are not explicitly formulated in the project documents.

With regard to strategy 3, “creating an enabling environment”, the following output and outcome indicators are specified:

Output indicators (targets 2011-2015):

1. 3 partner organizations with an implemented advocacy strategy and advocacy work plan on SRHR
2. Nr of advocacy meetings conducted at local, regional or national level
3. 291,500 community members and community leaders participating in SRHR awareness raising activities at community level
4. Nr of persons reached by SRHR awareness raising activities through (new) media
5. Nr of persons trained in awareness raising activities

Results until mid-2014 show that most targets are realized (discussed in the annual report 2013). We note that some output targets were not specified in numbers. In the period 2011-2013, 151,708 community members were participating in SRHR awareness raising activities at community level, 232,709 persons were reached by SRHR awareness raising activities through (new) media and 13,814 persons were trained in awareness raising activities.

Outcome indicators:

1. SRHR policies and legislation implemented, changed, or adopted at local, institutional or national level, at least 2 per country
2. Increased involvement of community leaders in realisation of SRHR in x% of the targeted communities
3. Increased acceptance of SRHR at community level in x% of the targeted communities
4. related MDG 4-6: Changes in policies and legislation

The outcome indicators are defined but not always clear targets (numbers) have been specified. In the last progress reports we read that in 2011-2013, 80% of the community leaders were involved and that 100% of the targeted communities increased acceptance of SRHR. We recall that the related MDGs are mentioned although these targets are not explicitly formulated in the project documents.

We observe that quite a number of outcome indicators are specified at health facility level, the training of their staff, or the involvement of community representatives. These outcomes are important. However, the final objective of this project is to improve the sexual and reproductive

health situation: the attitudes, knowledge and access to services of the citizens. Therefore we gave priority to measure these outcomes at the level of the targeted individuals. The questions raised in the household survey allow us to test some outcome indicators at household level. We recall the following specific outcome indicators and translated them in expected effects at household level:

1 the target group has an increased capacity (increased knowledge and negotiation skills) to make safe and informed decisions on SRHR issues (questions regarding knowledge and perception)
2 the health facilities realize an increase in satisfaction on SRHR services by young people (questions regarding use/satisfaction)
3 the health facilities realize an increase in satisfaction by women (questions regarding use/satisfaction)
4 an increase in the use of targeted SRHR services by young people and women (questions regarding use)
5 number of births attended by a skilled birth attendant in the targeted areas is increased by 20% (questions regarding use)
6 an increase in the targeted areas of women who have 1-4 antenatal consultations (questions regarding use)
7 facilities have an increased availability of contraceptives, ART, ACT and antibiotics (questions regarding access)
8 an increased acceptance of SRHR at community level in the targeted communities (questions regarding intentions, perception)

Inputs

Financial and technical support comes from the project (2,515,000 Euro). In Zone 3 and 5 Amref Health Africa Ethiopia is a major NGO involved in SRHR activities. Their activities are closely linked to the health infrastructure supported by the government. We have the impression that it is difficult to distinguish investments made by the project, the government and other donor organizations as activities may concern the same health organizations and schools (hospitals, HEWs etc.). However, if we assume that government interventions are similar among all the regions a difference-in-difference analysis will be able to identify impacts related to the project.

Many other donors are active in the same field. However, most of these activities concern minor interventions. Only CARE plays an important role in the Afar region. In the same period they carried out a project (budget of about 500,000 Euro) on social and economic empowerment of pastoralist girls in Zone 1 and 3. This raises the question to what extent impact can be attributed to the project. As not all Kebeles are covered by the Amref Health Africa Ethiopia project and government is involved to make sure that NGOs do not target the same population we think it is appropriate to assume that observed impact can be related to the project. The Kebeles we selected for Zone 1 (our control group without treatment) have not been targeted by the CARE project.

A related project on drinking water and sanitation (WASH) in Zone 3

The SRHR project implemented by Amref Ethiopia in Zone 3 (C11) is combined with a water sanitation and hygiene (WASH) project also implemented by Amref Ethiopia and also selected for the MFS-II evaluation (C13). The latter project targets the same people and Kebeles. As a result it will be somewhat difficult to disentangle outcomes from both projects (C11 and C13) in Zone 3. However, the C13 project is not implemented in Zone 5. Therefore we conclude that the outcomes of project C11 are best observed in Zone 5. In Zone 3 we can control whether the combination of projects (a more intensive treatment on related issues) has an effect on the outcome indicators specified for project C11.

4. Method

The objective of this evaluation is to describe changes in outcome indicators that can be attributed to participation in the project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants (Armendariz, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not automatically provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is

also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized control trial (RCT). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RCTs, is not always possible because of program implementation or ethical reasons.

As we were not involved in the design of the project, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model one needs to have information about relevant indicators of the treatment group and the control group at two points in time, preferably before (baseline) and after (end-line) the intervention. While the RCT methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RCT method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

The DD method works best if the treatment and comparison group are as comparable as possible. One popular method to achieve this is the propensity score method (PSM) (Rosenbaum, 1983). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by the intervention. These include stable characteristics of the household. If there is a proper baseline, outcome variables during baseline can also be used for matching, because they were

not yet affected by the treatment. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. The DD method is then applied to households with propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded.

As indicated above, we first applied PSM and then estimated a DD model. Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[1], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y, and is an unbiased estimate of the average impact on the dependent variable Y of being assigned to the treatment group provided the assumption of no selection on un-observables holds.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on un-observables. Adding DD to PSM helps picking up the time-invariant heterogeneity, but bias can still remain due to time-variant un-observables. We note that the possibility of time varying heterogeneity between control and treatment groups is less likely in this study as both groups are located in the same region and belong to the same agro-ecology and administrative system. We were also informed that no specific interventions were taking place in the Kebeles that are part of the control group. Yet, a positive significant effect in the DD model is a strong indication of an influential intervention. An insignificant effect (or even a significant negative effect),

[1] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

however does not necessarily imply that the intervention does not work, as in our analysis we only measure short-term effects.

Many of the outcome variables considered in the analysis are binary. In these cases, we estimated a linear probability model (LPM) and report the marginal effect of D_i^C for the impact of the project on outcome Y.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The DD model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As we deal with a number of new entries and drop-outs in the endline survey (Table 1) all estimations are done on the balanced panel.

5. Data collection

The project operates in two Zones in the Afar region. Two activities are key: comprehensive sexuality education programs (CSE) and the provision of health services. In 2012 activities were still in the start-up phase (somewhat delayed because of the drought in 2011). This implies that the data collected in August 2012 may be considered as a kind of baseline household level data, but certainly not a proper baseline. As the project intends to cover the whole Zone, control groups having no access to the treatment are identified in the neighbouring Afar Zone 1 (district not targeted by the project and selected Kebeles are expected not to benefit from investments of alternative donors). The data collected at the end of 2014 do not fulfil the criteria for an end-line study as project activities continue until the end of 2015. However, most of the intended impacts are expected to be visible in the data. We agree that it would have been better to organize the end-line data collection at the end of 2015. However, deadlines in the MFS-II evaluation project made it necessary to organize this evaluation earlier. Therefore, we note that the results should be seen as observed trends for the two year time lapse.

The outcome indicators identified in the last section are measured at household level in September 2012 and October-December 2014. The sampling units of the baseline survey are individuals such as women/mothers aged between 15 and 49, and unmarried girls/boys aged between 15 and 24 from the same household. The same household-members are interviewed for the baseline and the end-line. However, because of a limited number of boys and girls in the sampled households, some boys and girls from neighbouring households are interviewed. Some outcome indicators should be measured at community level. We expect that these data will become available in the annual reports.

Since the primary objective of the project is to change the behaviour of households through information dissemination and behavioural change campaigns, all households with children (10-24 years) and women of reproductive age (15-49 years) living in the targeted Zones may in principle be defined as the "treated group". For the survey we interviewed mothers (15-49 years) and children (age 15-24 years). For younger children a different survey instrument is needed to avoid confusion of the interviewees. Moreover, asking children below 15 about sexual behaviour is generally not accepted. Taking budget constraints into account we decided to interview only the 15-24 age group of boys and girls.

We excluded married men from our base-line study. The husbands of the women (mothers) interviewed in the end-line study were asked to answer a limited set of questions. This allows us at least to compare knowledge and perceptions regarding SRHR issues between the wives and the husbands. We acknowledge that it would have been better to involve all target groups in our baseline, however if limited resources are taken into account a focus on mothers/girls and boys is to be the preferred option. Men participate in focus group discussions that were held prior to the individual interview in the village. The focus group discussion was conducted by the supervisor of the enumerators and helps to acquaint the community and husbands about the survey.

We use a multi-stage stratified sampling method in which strata are defined by zones which represent different target groups, Woredas, Kebeles and villages (hamlets). For efficiency reasons we used the same household survey for the evaluation of projects C11 and C13.

Selection of Zones

We have distinguished 3 groups depending on access to project services (both C11 and C13). As discussed with Amref staff the difference in treatment intensity (benefitting from 1 or 2 projects) may affect results. Consequently, we decided to distinguish two treatment groups in the analysis.:

- T1/Z3: A treatment group benefitting from both projects, that is, households having access to SRHR and WASH services (projects C11 and C13). This group is drawn from Zone 3.

- T2/Z5: A treatment group, having access to SRH services only. The results for Zone 5 reflect the situation for households having access to this project only (C11).

- C1/Z1: Control group without access to any of the services. This group is drawn from Zone 1. Zone 1 is selected taking into account the geographical proximity to the treatment zones. It is also physically accessible. Results for Zone 1 reflect the situation for households that do not have access to both projects.

Selection of Woredas

First we identified a list of intervention Woredas for each zone. From this list two Woredas per zone were selected. The selection of Woredas is not random because of the limited number of Woredas that receive both projects and their accessibility to conduct the survey. Thus, a convenient or purposive sampling is used to identify the Woredas. Samples are selected from the following Woredas in each zone

a. Zone 3: Awash, and Amibara
b. Zone 5: Dawe, and Telalak,
c. Zone 1: Mile and Chifira

Figure 2: Map of the Afar region

Selection of Kebeles

Selection of Kebeles is somewhat challenging in the Afar region. Kebeles in this region are not always clearly demarcated and people only know the names of the village/hamlets (gote) they live in, but do not always know the name of the Kebele. Kebele names are usually assigned by Woreda officials. We selected the Kebeles at the Woreda office. At the Kebele level we selected a number of hamlets needed to obtain the required response rate. For each Woreda we selected three Kebeles: the Woreda center and two more rural Kebeles. We note that not all

Woreda centers can be considered as urban areas. Only the Kebeles Awash 01 (Woreda Awash Fentale), Werer (Woreda Amibara) and Mile 01 (Woreda Mile) do have some infrastructure and a concentration of population that can be considered somewhat urban.

Selection of households or women

Our sample concerned women within the age group of 15 to 49. In Kebeles where there was a list of residents available, we used the list to sample households (35 households were selected for each Kebele using lottery methods). However, in villages where there was no list, we randomly selected houses from the village. If the age of the woman in the house was out of the age range, we replaced the household by the neighbouring household.

Sampling of the unmarried girls/boys

We selected one boy and/or girl from the family of the interviewed women. Thus, we found families with a boy and a girl or a family with only a boy, or a family with only a girl or a family without a boy or a girl. We assumed that we could interview in one third of the sampled households a boy and in one third of the sampled households a girl. Accordingly, we expected to interview about 12 boys and 12 girls per Kebele. If we identified more than 12 boys and 12 girls we stopped adding new interviewees in that specific target group in the Kebele. If 12 boys and 12 girls were not identified (available) in the sample households, we interviewed boys/girls from the neighbouring household.

Table 1: Realized sample size

		Mothers			Boys/Girls			Husband
Woreda		**Baseline**	**Endline**	**Attrition**	**Baseline**	**Endline**	**Attrition**	**Endline**
Awash Fentale		106	83	22%	75	53	29%	67
Amibara		106	105	1%	76	73	4%	81
	T1/Z3	212	188	11%	151	126	17%	148
Telalak		106	90	15%	75	58	23%	64
Dawe		104	75	28%	74	45	39%	72
	T2/Z5	210	165	21%	149	103	31%	136
Mille		106	93	12%	76	62	18%	50
Chifra		103	80	22%	75	61	19%	53
	C1/Z1	209	173	17%	151	123	19%	103
Total		631	526	17%	451	352	22%	387

Attrition

Attrition is a challenge in these type of surveys and in particular in these type of regions where many inhabitants are pastoralists. In total 113 (18%) mothers dropped out (Table 1). We were not able to match 8 endline interviews with a baseline interview. Another 105 women interviewed for the baseline were not interviewed for the endline. Although our enumerators went twice to the villages they were not able to find the same persons back. Flooding played a role in the end-line study and quite a number of families evacuated for the search of grazing areas. We regressed the attrition on the control variables and observe that attrition is somewhat negatively related to the availability of salaried or casual labour and the family size. This is understandable as these families can be expected to be more sedentary. In general, we conclude that attrition is well distributed over different household characteristics and Zones and that no bias is expected from this problem.

Enumerators and interview

Female enumerators were used to interview women and girls and male enumerators to interview boys and husbands. All enumerators speak the local language, Afar. The enumerators were supervised by supervisors who checked the questionnaire every night. The supervisors and the enumerators conducted the focus group discussion together. Individual interviews were conducted in a location where only the interviewer and the respondent were present. Since many questions are private, no other person was supposed to be around during the interview. The interview took place in an area near to the home of the interviewee. Three supervisors, 15

enumerators for the baseline and 18 enumerators for the endline, were hired and trained, forming three teams going to two Woredas each.

The questionnaire

Ideas for the survey questions are drawn from the two baseline studies conducted by Amref Health Africa Ethiopia in the preparatory stage of the projects. If possible the same questions are addressed. This facilitates comparison between the Amref data and the efficient use of existing data. Three questionnaires are developed; one for women, one for boys/girls and one for husbands. The questionnaire for women consists of the following blocks of questions

1. Socio-economic background of the respondent and the household
2. Access to Sexual and Reproductive Health Services
3. Knowledge about Sexual and Reproductive Health Services
4. Attitudes towards sexual and reproductive health practices
5. Use of sexual and reproductive health services
6. Intentions to use Sexual and Reproductive Health Services
7. Household water supply
8. Household sanitation

The first part of the survey concerns information about the household. Part 2-6 concerns questions related to evaluate this project C11. Part 7 and 8 contains the relevant information for the evaluation of project C13 (see questionnaire in the annex).

6. Analyses and results

The descriptive statistics presented in Table 2 shows the number of observations in the baseline study in the three Zones for a set of household indicators. It is observed that the observations are well distributed over the 3 groups we distinguish (C1/Z1 = control, T2/Z5 = treatment C11 and T1/Z3 = treatment C11 and C13). The average age of the mothers interviewed is about 32 years, their husbands are on average about 7 years older. The number of observations for the husbands is lower as some women are divorced or widow. The large majority of the households have the Muslim religion and adhere to the Afar ethnic community. Completed years of education is similar for the three groups and very low. Most respondents are illiterate. The main

occupation for the women interviewed is housekeeping and childcare, others indicate the importance of livestock keeping. This question may have been somewhat confusing as housekeeping may indeed form the major activity but is not an occupation. Major sources of income for the household concern livestock revenues, but quite a number of households have a salary income or perform casual labor. In particular in the more urban Kebeles a relatively large group of interviewees receive salary income. The results show that the differences between averages for the three groups are small, although some differences between the groups are significant (balancing tests). In order to control for these differences propensity score matching is applied for the difference-in-difference analysis (see method section).

Table 2: Summary statistics and balancing tests for control variables: Mothers (baseline survey)

	Summary Statistics						Balancing tests	
	C1/Z1		T2/Z5		T3/Z3			
Dependent variable	N	Mean	N	Mean	N	Mean	T2/Z5 – C1/Z1	T1/Z3 – C1/Z1
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Age	208	30.88	210	33.42	212	32.03	2.541***	1.096
Age husband	186	38.86	173	40.35	168	38.41	1.508	-0.436
Marital status (1=married)	207	0.92	210	0.86	212	0.81	-0.058	-0.111***
Religion (1=Muslim)	209	0.96	210	0.98	212	0.86	-0.010	-0.122**
Religion husband (Muslim)	192	0.97	180	0.97	171	0.89	0.004	-0.079*
Ethnicity (1=Afar)	209	0.74	210	0.86	212	0.70	0.132	-0.035
Ethnicity husband (1=Afar)	192	0.80	180	0.91	171	0.78	0.111	-0.026
Education (completed years)	203	1.14	208	1.02	209	1.56	-0.106	0.415
Education husband (years)	175	1.58	165	1.22	163	2.76	-0.410	1.156
Occupation (housekeeping)	209	0.42	210	0.26	212	0.36	-0.152***	-0.049
Occupat. husband (livestock)	192	0.42	180	0.63	171	0.28	0.228**	-0.132
Family size	202	6.06	205	6.04	208	5.52	-0.016	-0.661
#pack animals°	209	7.21	210	9.20	212	9.20	2.105	2.019
Goats & Sheep	209	17.87	210	20.13	212	11.41	2.556	-6.410*
Sedentary	209	0.80	210	0.88	212	0.83	0.069	0.029
Casual labor	209	0.08	210	0.03	212	0.11	-0.058**	0.026
Salaried labor	209	0.30	210	0.23	212	0.48	-0.069	0.175**

Note: Column 2, 4 and 6 presents the mean for Zone 1, 5 and 3. Column 7 and 8 display the coefficient from a separate OLS regression. °includes: Oxen, Cows, Bulls, Camels and Donkeys. ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 3 provides some descriptive statistics for control variables of the interviewed boys and girls. The sample is nicely distributed over the sexes. The average age is about 17-18. Nearly 90% of them never married. Like their parents the large majority adheres to the Muslim religion and the Afar community. Interestingly, the children have a much higher education level: 6 to 7 years, while their parents completed on average only 1 year of education. Moreover, a majority indicates that they continue their studies.

Table 3: Summary statistics and balancing tests for control variables: Boys & girls (baseline)

	Summary Statistics						Balancing tests	
	C1/Z1		T2/Z5		T1/Z3			
Dependent variable	N	Mean	N	Mean	N	Mean	T2/Z5 – C1/Z1	T1/Z3 – C1/Z1
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Sex (1=male)	151	0.52	149	0.52	151	0.52	0.003	-0.003
Age	149	17.40	149	17.56	151	18.37	0.138	0.952**
Marital status (1=Never married)	151	0.87	149	0.87	151	0.91	-0.001	0.041
Religion (1=Muslim)	151	0.98	149	0.99	151	0.90	0.013	-0.079**
Ethnicity (1=Afar)	151	0.77	149	0.97	151	0.81	0.200**	0.041
Education (completed years)	111	6.31	116	5.57	113	7.69	-0.740	1.381**
Main occupation (1=Student)	151	0.56	149	0.63	151	0.60	0.071	0.043

Note: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level. °includes: Oxen, Cows, Bulls, Camels and Donkeys ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 4 shows baseline and endline results for several outcome indicators. The results indicate differences between regions. The baseline was carried out in August 2012 while the project started January 2011. Consequently, results obtained may reflect some of the first outcomes of the project. However, we think that these effects are small as the start of the project was somewhat delayed by the drought in 2011 and only a few of the envisaged activities were implemented before September 2012. The endline data were collected in October-December 2014. Two data collection visits were organized to limit attrition. We recall that the endline is not a proper endline as the project continues until the end of 2015.

Access to health centers and health extension workers (HEW) is quite similar over the Zones in the baseline. A large majority of the respondents have access to them, showing that past health policies of the government and NGOs at least realized an effective distribution of these health centers and workers over the regions. The endline results indicate that treatment Zone 5 (T2/Z5) is somewhat lagging behind. Contraceptives were more easily available in Zone 3 (T1/Z3). This may reflect some first results of the project, but it may also be related to the fact that Zone 3 contains the answers of people in two more urban Kebeles (Awash 01 and Werer). The endline results confirm improved accessibility of contraceptives in all the Zones and in particular Zone 1 (C1/Z1: the control area!) catches up.

Table 4: Summary statistics and balancing tests for outcome variables (Mothers)

	Summary Statistics						Balancing tests	
	C1/Z1		T2/Z5		T1/Z3			
Dependent variable	N	Mean	N	Mean	N	Mean	T2/Z5 – C1/Z1	T1/Z3 –C1/ Z1
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
***Access**:*								
Is the health extension worker available in your Kebele (yes=1, no=0)?								
baseline	203	0.60	210	0.70	212	0.74	0.095	0.136
endline	177	0.94	166	0.61	182	0.96	-0.436***	0.042
Is the health centre available in your woreda (yes=1, no=0)?								
baseline	209	0.97	210	0.80	211	0.87	-0.168**	-0.104**
endline	173	0.98	169	0.69	183	0.96	-0.389**	-0.020
Do you have easy access to contraceptives								
baseline	208	0.46	210	0.54	212	0.65	0.068	0.183**
endline	177	0.85	147	0.67	182	0.92	-0.280*	0.091
Use:								
Did you use services from a health center (yes=1, no=0)?								
baseline	209	0.57	210	0.36	212	0.81	-0.220**	0.229**
endline	178	0.70	166	0.60	182	0.69	-0.039	0.097
Were you satisfied about the service of the health center (yes=1, no=0)?								
baseline	99	1.00	73	0.66	154	0.94	-0.342***	-0.058**
endline	116	0.99	87	0.99	121	0.99	-0.018	-0.008
Have you had antenatal check-ups (yes=1, no=0)?								
last pregnancy (b)	203	0.53	209	0.35	211	0.63	-0.181**	0.086
last two years (e)	92	0.93	49	0.63	78	0.95	-0.472**	0.032
If a baby-girl, did you circumcise her already (yes=1, no=0)?								
last pregnancy (b)	111	0.52	197	0.26	164	0.18	-0.252***	-0.332***
last two years (e)	68	0.66	51	0.55	76	0.22	-0.124	-0.428***
Did you participate in any sexual education/training program (yes=1, no=0)?								
educ/training (b)	209	0.22	210	0.12	212	0.29	-0.103**	0.064
training only (e)	178	0.14	166	0.13	182	0.45	-0.079	0.324***
Knowledge:								
HIV can be transmitted through sexual intercourse (yes=1, no=0)?								
baseline	209	0.91	210	0.94	212	0.90	0.025	-0.017
endline	178	0.99	166	0.98	182	1.00	-0.008	0.016
It is possible for a healthy looking person to have the HIV virus (yes=1, no=0)?								
baseline	209	0.57	210	0.25	212	0.66	-0.331***	0.073
endline	178	0.30	166	0.34	182	0.29	0.038	-0.048
People can get the HIV virus because of witchcraft (yes=1, no=0)?								
baseline	209	0.13	210	0.24	212	0.29	0.106*	0.157***
endline	178	0.11	166	0.12	182	0.03	0.026	-0.060***
***Perceptions**:*								
If someone dresses sexy the person wants to have sex (1=totally agree, 5=totally disagree)								
baseline	209	2.41	210	2.59	212	3.15	0.181	0.719***
endline	178	3.79	166	3.73	182	4.54	0.017	0.983***
A boy/man can use force or pressure in a relationship if he wants to have sex (1=totally agree, 5=totally disagree)								
baseline	209	2.98	210	2.86	212	3.48	-0.087	0.506*
endline	178	4.24	166	4.52	182	4.19	0.406	-0.006
Husbands should punish their wives if they feel they have done something wrong (1=totally agree, 5=totally disagree)								
baseline	208	1.74	210	1.83	212	1.76	0.133	0.057
endline	176	3.16	163	3.79	182	3.44	0.759***	0.027
Girls should be circumcised (1=totally agree, 5=totally disagree)								
baseline	209	3.31	210	3.74	212	3.78	0.399	0.453**
endline	178	4.10	165	4.68	182	4.58	0.858***	0.752***
***Intentions**:*								
Who decides about how many children you will have (1=husband/partner)								
baseline	209	0.07	210	0.32	212	0.28	0.0256***	0.210***
endline	178	0.49	166	0.32	182	0.16	-0.203**	-0.272***
Who decides whether you will use contraceptives (1=husband/partner)								
baseline	209	0.11	210	0.37	212	0.30	0.270***	0.190***
endline	178	0.60	166	0.20	182	0.21	-0.482***	-0.389***
If your next child is a girl would you support her being circumcised (yes=1,no=0)								
baseline	190	0.36	206	0.28	207	0.23	-0.079	-0.131*
endline	125	0.18	166	0.25	182	0.08	0.075	-0.098

Notes: See Table 3Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. (b) concerns data from the baseline and (e) concerns data from the endline. ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

Although health centers were accessible for many, the use rates are much lower in the baseline survey. The use of health centers improves in all the Zones and again Zone 1 (C1/Z1) shows a large improvement in the endline. Moreover, those who used health center facilities indicate that they are satisfied with the service provided. Similar results are shown for the question on antenatal check-ups for the last pregnancy in the baseline study. Zone 3 (T1/Z3) seems to be ahead of the other two regions. In the endline we asked women whether they were pregnant in the last two years and used an antenatal check-up. Nearly all pregnant women in Zone 3 and, remarkably, Zone 1 indicated that they made use of a check-up. The situation in Zone 5 (T2/Z5) improves but still lags behind the situation in the other two Zones. Remarkably a relatively large number of the girls born after the last pregnancy have been circumcised in Zone 1. In the endline this figure seems to increase even further in Zone 1. Also Zone 5 shows a disappointing trend. Mothers in Zone 3 (T1/Z3) show a more promising trend and indicate that a much smaller number of the baby-girls has been circumcised. It is also in this Zone that a relatively large part of the mothers participated in a reproductive health education or training program.

Regarding the knowledge variables we observe that on average people are informed about the transmission of HIV. This reflects the results of government/NGO initiatives in the past. In the endline the results further move in the right direction. The results on the question regarding the possibility for a healthy-looking person to have the HIV virus are somewhat ambiguous and show that further attention for knowledge training is appropriate. We compared the answers of women and their husbands in the endline data. Regarding these knowledge questions we observe similar patterns for women and husbands. Interestingly, more women indicate that you can protect yourself from HIV infection (79% of the women versus 69% of the husbands), husbands are better aware that healthy looking people may have the HIV virus (66% of the husbands versus 31% of the women) and also stronger agree with the statement that it is advisable to use a condom if you are not married (66% of the husbands versus 57% of the women).

The answers on the questions regarding perceptions show some trends in the desired direction. In all the three Zones an increasing group of women in the endline disagrees with statements like “if someone dresses sexy, the person wants to have sex”, “a boy/man can use force or pressure in a relationship, if he wants to have sex”, “a girl should be circumcised”. The Table presents averages which implies that still quite a number of persons support these practices. In particular the statement that “husbands should punish their wives if they feel they have done something wrong” is getting quite some support, although we observe a significant trend in the right direction. If we compare the answers of the husbands with the answers of the women in the endline survey again we observe similar patterns. Three questions show important differences as women more strongly disagree with the statements “if someone dresses sexy, the person wants to have sex”, “a boy/man can use force or pressure in a relationship, if he wants to have sex” and “a girl should not be given any information about sex before she marries”.

Intentions regarding related issues show similar averages for Zone 3 (T1/Z3) and Zone 5 (T2/Z5). The role of the husband in Zone 1 shows a confusing pattern as his role in the endline study seems to become more decisive. Moreover, if we compare the answers provided by the husbands with the answers of the women in the endline survey we observe that for all the questions regarding intentions the husbands more frequently indicate that they decide about the issue. For example, 44% of the husbands indicate that they individually decide whether they have sex, while 26% of the women confirm that their husbands decide about this. The most important question regarding circumcision shows that support for this practice is decreasing in particular in Zone 3 but also Zone 1 is showing an important decrease in support for this practice. Remarkably, 18% of the women indicate that they will circumcise the next baby-girl, while only 10% of the husbands provide this answer.

Table 5: Summary statistics and balancing tests for outcome variables (Boys/Girls)

	Summary Statistics						Balancing tests	
	C1/Z1		T2/Z5		T1/Z3			
Dependent variable	N	Mean	N	Mean	N	Mean	T2/Z5 – C1/Z1	T1/Z3 – C1/Z1
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
***Access**:*								
Is the health extension worker available in your Kebele (yes=1, no=0)								
baseline	150	0.67	149	0.74	151	0.72	0.067	0.051
endline	125	0.90	102	0.58	125	0.98	-0.338***	0.080***
Is the health centre available in your woreda (yes=1, no=0)?								
baseline	151	0.95	149	0.91	150	0.84	-0.047	-0.113**
endline	125	0.94	102	0.62	125	0.83	-0.330*	0.040
Do you have easy access to contraceptives (yes=1, no=0)?								
baseline	151	0.38	149	0.50	146	0.53	0.0110	0.148**
endline	124	0.90	101	0.74	125	0.83	-0.160	-0.066
Use:								
Did you use services from a health center (yes=1, no=0)?								
baseline	151	0.52	149	0.26	151	0.65	-0.265***	0.129
endline	125	0.97	102	0.99	125	0.97	0.032*	-0.000
Were you satisfied about the service of the health center (yes=1, no=0)?								
baseline	69	0.94	36	0.58	93	0.83	-0.359***	-0.114*
endline	41	0.98	32	0.94	48	0.92	-0.042	-0.041
Did you participate in any sexual education/training program (yes=1, no=0)?								
educ/training (b)	151	0.39	149	0.35	151	0.46	-0.044	0.070
training only (e)	125	0.24	102	0.25	125	0.58	0.013	0.345***
Knowledge:								
HIV can be transmitted through sexual intercourse (yes=1, no=0)?								
baseline	151	0.91	149	0.98	151	0.97	0.073**	0.060**
endline	125	0.98	102	0.98	125	0.98	0.004	-0.000
It is possible for a healthy looking person to have the HIV virus (yes=1, no=0)?								
baseline	151	0.56	149	0.28	151	0.63	-0.285***	0.069
endline	125	0.41	102	0.65	125	0.33	0.249***	-0.075
People can get the HIV virus because of witchcraft (yes=1, no=0)?								
baseline	151	0.10	149	0.13	151	0.21	0.034	0.105*
endline	125	0.10	102	0.10	125	0.08	-0.015	-0.023
***Perceptions**:*								
If someone dresses sexy the person wants to have sex (1=totally agree, 5=totally disagree)								
baseline	151	2.66	149	2.60	151	3.28	-0.069	0.605**
endline	125	2.90	102	3.10	125	3.70	0.205	0.828***
A boy/man can use force or pressure in a relationship if he wants to have sex (1=totally agree, 5=totally disagree)								
baseline	151	3.13	149	3.28	151	3.97	0.135	0.827***
endline	125	4.03	102	4.20	125	4.22	0.210	0.179
Husbands should punish their wives if they feel they have done something wrong (1=totally agree, 5=totally disagree)								
baseline	151	1.70	149	2.26	151	2.59	0.548**	0.883***
endline	125	3.28	102	3.71	125	3.87	0.467	0.598**
Girls should be circumcised (1=totally agree, 5=totally disagree)								
baseline	150	3.99	149	4.32	151	4.12	0.336	0.133
endline	125	4.23	101	4.60	125	4.63	0.441***	0.410**
***Intentions**:*								
Who decides about how many children you will have (1=husband/partner)								
baseline	151	0.06	149	0.27	151	0.26	0.208***	0.198***
endline	125	0.14	102	0.03	125	0.12	-0.114**	-0.022
Who decides whether you will use contraceptives (1=husband/partner)								
baseline	151	0.09	149	0.36	151	0.33	0.269***	0.0244***
endline	125	0.11	102	0.04	125	0.13	-0.072*	0.018
If your next child is a girl would you support her being circumcised (yes=1,no=0)								
baseline	147	0.29	149	0.29	142	0.19	-0.194***	-0.098
endline	125	0.10	44	0.09	120	0.04	-0.011	-0.062

Notes: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. (b) concerns data from the baseline and (e) concerns data from the endline. ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

Table 5 shows the results for the boys and girls. The results regarding access to health extension are quite similar for the baseline. The availability of contraceptives is somewhat lower in the baseline for boys and girls. More boys and girls participated in SRHR education programs. The scores on the knowledge questions are quite similar. Regarding perceptions we also obtain similar scores. Interestingly, a larger number of children seems to disagree with the statement that "a girl should be circumcised". If boys are compared with girls we see that for most questions regarding knowledge, perceptions and intentions, no significant differences are observed although some similarities exist with the opinion of husbands. Boys know much better that healthy looking people may have the HIV virus (54% of the boys versus 39% of the girls) and also stronger agree with the idea that it is advisable to use condoms if you are not married (72% of the boys versus 53 % of the girls). Although the difference is less clear than between mothers and husbands, we also observe that girls disagree more often with the statement that "if someone dresses sexy, the person wants to have sex". Regarding the intentions the opinions of boys and girls are more similar. The only significant difference is observed regarding the decision to have sex: 38% of the boys indicate that they decide, while only 27% of the girls confirm that the partner decides.

We conclude that there are significant differences between the zones. In Zone 3 (T1/Z3) we selected two Woreda centers or two more urban Kebeles (Awash 01 and Werer). Awash 01 is a more urban Kebele where services are relatively well developed (a hospital) and more easily accessible. This may explain why Zone 3 provides generally the best averages. Remarkably, the control group (C1/Z1) shows some impressive improvements on several scores. This raises the question whether other governmental/NGO support has been given to these communities. Availability of HEWs and Health Centers is mainly determined by Government policy and it is well possible that the scores on these indicators do not so much result from project initiatives as well as from government policy (budget). We verified during the baseline study whether specific investments have been made, or were planned for, in Zone 1. At that time Zone 1 seemed to be an area not covered by specific projects. However, general health policy can be expected to be implemented by the government in all the Zones at the same time.

The next step in the analysis is to isolate the treatment effect for the period under study. The difference-in-difference method (see method section) will be applied to analyze differences

between Zones. Zone 3 (T1/Z3) and Zone 5 (T2/Z5) are compared with the control region (C1/Z1). The treatment in Zone 3 is more comprehensive than the treatment in Zone 5 as another project on drinking water and sanitation is carried out in the same villages in Zone 3. We already noted that the difference in treatment intensity may affect results. Consequently, two treatment groups are distinguished in the analysis.

Differences over time and between Zones can be allocated to three effects:

- the change in the outcome variable (endline minus baseline) for the control Zone 1 (C1/Z1)
- the difference in the outcome variable between the treatment and the control Zone 1 at the moment of the baseline
- the effect of the treatment during the period under study (endline minus baseline)

For our analysis the third effect is most important as it isolates the effect of the treatment on the treated. In the Annex the results of the analysis are given. First Zone 5 and 1 are compared and subsequently the results for Zone 3 and 1 are given. Tables 6 and 7 provide an overview of the significance of the treatment effect.

The difference in difference analyses for the mothers regarding their ***access*** to formal health services and contraceptives shows that the treatment effect for Zone 5 was negative. The treatment effect for Zone 3 was not significant, or somewhat ambiguous (access to HEWs decreased and access to CHP improved). We note that a negative treatment effect does not necessarily imply a worsening of the situation. In general availability of the services improved significantly over time (observe the positive coefficient for the year-effect in the annex). Moreover, for some services access was already high in the baseline survey, e.g. about 90% of the mothers indicated that they have access to the Woreda health center (observe the positive constant in the annex). The negative effect pertains to the isolated effect of project treatment. This disappointing (negative or non-significant) outcome is the result of the observed positive change in the control Zone 1 (C1/Z1). With respect to access to health services Zone 1 performed much better than Zone 5 (T2/Z5). The positive change in the control Zone 1 nullifies the treatment effects of the project. This raises the question whether the government or other NGOs increased their effort in this control area regarding these formal health services. As Amref and regional authorities confirmed us that no specific major investments have been made in the sampled Kebeles in Zone 1, we conclude that the project treatment in Zone 3 did not result in a

significant improvement if compared to the control area. In particular the treatment result for Zone 5 indicates that this Zone is lagging behind Zone 3 and Zone 1.

Table 6: Treatment effects for T2/Z5 and T1/Z3 – Access and Use

	Mothers		Boys/Girls	
	C1-T2	C1-T1	C1-T2	C1-T1
Access to health services (yes=1, no=0)				
Is the health extension worker available in your Kebele	-***	-***	-***	Ns
Is the community health promotor available in your Kebele	-***	+***	-***	+***
Is the traditional health service provider available in your Kebele	-***	-*	-***	ns
Is the health centre available in your woreda	-***	ns	-**	+*
Do you have easy access to pregnancy tests	-***	ns	-**	-**
Do you have easy access to counselling on pregnancy, child care, contraceptives	-***	ns	ns	-***
Do you have easy access to medical treatment	-***	ns	ns	ns
Do you have easy access to condoms	ns	ns	-***	-***
Do you have easy access to contraceptives	-***	ns	-***	-***
Use of health services (yes=1, no =0)				
Do you prefer treatment from a health service provider or traditional treatment	+*	+**	-*	ns
Did you use services from a traditional health service provider in the last year	-*	ns	ns	-***
Did you use services from a community promotor	ns	ns	ns	ns
Did you use services from a health extension worker	+***	-**	+***	-***
Were you satisfied about the service of the HEW	ns	ns	ns	ns
Did you use services from a health center	ns	-***	+***	-***
Were you satisfied about the service of the health center	+***	+**	ns	ns
Have you had antenatal check-ups during the last pregnancy (last two years)	-***	ns	na	na
Where did you deliver your last pregnancy (last two years) (1=health centre)	-***	-**	na	na
Have you had postnatal check-ups during your last pregnancy (last two years)	-***	ns	na	na
Who assisted you for the delivery (1=health worker)	-**	-***	na	na
If a baby-girl, did you circumcise her already	+*	ns	na	na

Notes: The first column compares results for the Control Zone1 and the treatment Zone 5 (C1-T2). - = a negative treatment effect, + = a positive treatment effect. ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level and ns=not significant.

Regarding the ***use*** of the formal health services the picture is more diverse. In both Zone 3 (T1/Z3) and Zone 5 (T2/Z5) a positive treatment effect is observed as more people prefer a health service provider above traditional treatment. Moreover, people that got treated in the health center in Zone 3 and Zone 5 are more satisfied. We also observe that satisfaction with regard to the service provided by the HEW and the Health Center is quite high. With regard to the antenatal check-ups we observe that nearly all women indicate that they used this service. Remarkably, the treatment effect for this latter outcome indicator in Zone 5 is negative,

indicating again that this Zone seems to lag behind the others and project activities are not able to balance the difference.

Table 7: Treatment effects for T2/Z5 and T1/Z3 – Knowledge, Perceptions and Intentions

	Mothers		Boys/Girls	
	C1-T2	C1-T1	C1-T2	C1-T1
Knowledge about reproductive health (yes=1, no=0)				
HIV can be transmitted through sexual intercourse	ns	ns	ns	ns
HIV can be transmitted by sharing food with someone who is infected	ns	ns	ns	ns
It is possible to protect oneself from HIV infection by only having sexual intercourse with an HIV negative and faithful partner	+***	+***	+*	ns
It is possible for a healthy looking person to have the HIV virus	+***	ns	+***	-**
People can get the HIV virus because of witchcraft	ns	-***	ns	ns
If two partners are not married it is advisable to use a condom	ns	ns	+***	+**
Perceptions regarding reproductive health practices (totally agree=1, totally disagree=5)				
If someone dresses sexy the person wants to have sex	-**	ns	ns	ns
A boy/man can use force or pressure in a relationship if he wants to have sex	ns	-*	ns	-***
A woman/girl is allowed to refuse sex, even if het boy/man wants sex	ns	ns	ns	+**
Husbands should punish their wives if they feel they have done something wrong	ns	ns	ns	ns
A girl should not be given any information about sex before she marries	+***	ns	ns	ns
A girl should be circumcised	ns	ns	ns	ns
It is acceptable if a girl has sex before she marries	+***	ns	ns	ns
It is acceptable if a boy has sex before he marries	ns	-***	ns	-***
It is acceptable to use a condom to avoid pregnancy	ns	-**	-***	ns
It is acceptable to use contraceptives to avoid pregnancy	ns	-***	-***	ns
It is acceptable if schools and health service providers give unmarried people information about the use of contraceptives	ns	-***	-**	ns
Intentions (only the man/husband=1, o=others)				
Who decides about how many children you will have	-***	-***	-***	-***
Who decides whether you will use contraceptives	ns	ns	ns	ns
Who decides whether you will have sexual intercourse or not	-***	-***	+**	ns
If your next child is a girl would you support her being circumcised (yes=1,no=0)	+*	ns	+**	ns
Who decides about whether she will be circumcised	-***	-***	ns	-**

Notes: The first column compares results for the Control Zone1 and the treatment Zone 5 (C1-T2). - = a negative treatment effect, + = a positive treatment effect. ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level and ns=not significant.

Regarding ***knowledge*** we observe that the population has quite some information about whether HIV can be transmitted through sex or witchcraft. Already in the baseline the large majority indicated the correct answer. For the other questions the answers are more distributed but nearly half of the interviewed provide the correct answer. Although most

treatment effects are not significant, the treatment effects we observe in this knowledge category all confirm a positive effect in Zone 3 (T1/Z3) and Zone 5 (T2/Z5).

Perceptions on sexual and reproductive health practices show support for the statement that "husbands should punish their wives if they feel they have done something wrong" and disagreement with the statement that "it is acceptable if a girl has sex before she marries" (a more neutral stance is made for boys). Remarkably, disagreement exists with regard to the statement that girls should be circumcised. The treatment effects are in most cases not significant. For Zone 5 (T2/Z5) we observe two negative treatment effects (more people agree with the statement that women dressed sexy want to have sex and more people disagree with the statement that it is acceptable for girls to have sex before marriage). Positive treatment effects concern statements regarding information for girls about sex before marriage, use of force in a relationship to have sex, sex before marriage for boys (!), the use of condoms/contraceptives to avoid pregnancy.

The questions regarding ***intended behavior*** show that the project has some impact on the extent to which women decide about the number of children they get, the use of contraceptives and the decision regarding circumcision of the baby girl. The women intend to play a greater role in this decision. Although support for circumcision of the next baby girl is low (in line with the result we got on perceptions) we observe that there is relatively more support in Zone 5 for this practice.

7. Discussion

Summarizing the results we first want to recall that the baseline and endline data do not fulfill all the criteria for a proper baseline. The baseline was carried out 18 months after the start of the project, while the endline data were collected 1 year before the end of the project. This means that the data should be interpreted as an observed trend for the two year time lapse. It would be interesting to repeat the survey in one year time in order to get a better indicator for the final results.

The results obtained show various changes in the outcome variables. Recalling the specified outcome variables at the end of Section 3 we draw the following conclusions:

1. *the target group has an increased capacity (increased knowledge and negotiation skills) to make safe and informed decisions on SRHR issues (questions regarding knowledge, perception and intention)*

Regarding knowledge and perceptions we observe that the trend is in the right direction. Year-effects and/or treatment effects generally have the right sign. The results also show that treatment effects are not easily identified. For example, among the mothers no significant treatment effect is observed regarding the question "it is advisable to use condoms if partners are not married". The good news is that among boys and girls a positive treatment effect for this issue is observed. Mothers do indicate that they know that it is possible to protect yourself from HIV infection if you have sex (a positive treatment effect). Remarkably this treatment effect is not significant among boys and girls. Regarding intentions and future decisions we observe a clear treatment effect among women: the numbers indicating that the 'husband decides alone' are decreasing. A similar effect is observed among boys and girls. Taking into account that the project is still in the implementation phase we conclude that results in the two-year time lapse contribute to the specified outcome indicator.

2. *the health facilities realize an increase in satisfaction on SRHR services by young people (questions regarding use/satisfaction)*

The boys and girls are satisfied about the health services (HEW and Health Center). Already baseline data were very positive (constant close to 1). Treatment effects are not significant. Regarding the use of these services most of the results do not confirm a treatment effect or result in some contradicting effects for the different Zones. Most important is perhaps the results on the question "did you use any contraceptive method the last time you had sexual intercourse", showing no treatment effect. However. it should be kept in mind that figures in the endline show that the large majority of them indeed used some contraceptive method. We conclude that the boys and girls are satisfied with the services provided, but that this satisfaction exists regardless of the treatment.

3. *the health facilities realize an increase in satisfaction by women (questions regarding use/satisfaction)*

Nearly all women indicated that they are satisfied with the services of the HEW and the health center. Already for the baseline these figures were quite high (constant close to 1). With regard to the health center a further positive treatment effect is identified. We conclude that women are satisfied and that a further positive treatment effect is identified.

4. *an increase in the use of targeted SRHR services by young people and women (questions regarding use)*

Results on these issues are confusing. The use of contraceptives seems to decrease in treated areas. The HEW is more used due to the treatment in Zone 5, but less in Zone 3. The number of ante and postnatal check-ups decreased in Zone 5 (negative treatment effect), while in Zone 3 no significant treatment effect was identified. We conclude that the project does not (yet) contribute to the realization of this target.

5. *number of births attended by a skilled birth attendant in the targeted areas is increased by 20% (questions regarding use)*

The results on this question are disappointing as a negative treatment effect is observed. This indicates that the project's performance on this outcome indicator is even lower than the progress made in the control Zone (C1/Z1).

6. *an increase in the targeted areas of women who have 1-4 antenatal consultations (questions regarding use)*

The results on this question are disappointing. The number of ante and postnatal check-ups decreased in Zone 5 (negative treatment effect), while in Zone 3 no significant treatment effect was identified. This indicates that the project's performance on this outcome indicator in Zone 5 (T1/Z5) is even lower than the progress made in the control Zone (C1/Z1).

7. facilities have an increased availability of contraceptives, ART, ACT and antibiotics (questions regarding access)

Access to contraceptives in general is quite good. There is a strong year effect that confirms improved conditions. Regrettably the treatment effect for Zone 5 is negative and for Zone 3 not significant. Availability of condoms seems to be a problem. Moreover, no significant treatment effects are observed.

8. an increased acceptance of SRHR at community level in the targeted communities (questions regarding intentions, perception)

The results are not straightforward. On the question whether a girl should not be given any information about sex before she marries a strong treatment and year effect is observed for mothers in Zone 5, but not in Zone 3. Boys and girls strongly disagree with this statement but no treatment effect is identified. Mothers in Zone 3 "somehow agree" with the statement that it is acceptable if schools and health service providers give unmarried people information about the use of contraceptives. A treatment effect in the right direction is observed. The situation in Zone 5 is less favourable. Among boys and girls in Zone 5 a significant treatment effect is observed. In Zone 3 the boys and girls strongly agree with this statement although no significant treatment effect can be observed. We already discussed the results regarding decision making (intentions). Here we found some significant treatment effects showing that women intend to take a more active part in the decision making process. We conclude that project contributes to this outcome indicator.

From all these outcome variables we conclude that the project activities contribute to most of its objectives although it is not easy to attribute the effects to the project. We observe that for some objectives a major part of the investments is assumed by the government (salaries of health workers) or has been done in the past (infrastructure of health centers). As project investments in these resources are quite small, government investments can be expected to determine the scores on most of the "access to health services questions". Therefore we conclude that the absence of straightforward positive treatment effects with regard to "access to health services" is not a good indicator for the performance of this project.

This project focuses on training and extension. With regard to the use of reproductive health services, knowledge, perceptions and intentions about reproductive health services we identified several positive trends and several treatment effects that can be attributed to the project. We conclude that the project contributes to most of its objectives. With regard to some 'use' indicators (use of ante and post-natal check-ups, attendance of skilled birth attendants, availability of contraceptives) the performance of the project is disappointing.

Reproductive health is a sensitive issue. Therefore we have to be careful if the answers are interpreted. It is interesting to analyze the results on questions regarding circumcision. In Part 6 of the questionnaire we asked whether a girl should be circumcised. The large majority of the mothers and husbands indicate that they disagree with this practice. On the question "if your next girl would be a baby-girl would you support her being circumcised" we see that only 18 % of the women and 10% of the husbands confirmed this statement. Despite all this we also observe that 66% of the baby-girls born in the last two years in the control Zone (C1/Z1) are already circumcised. In the treated Zone 5 this number is somewhat lower but still high (55%). Zone 3 is more promising (22%) although it seems that this cannot be attributed to the treatment of the project. We conclude that the practice of circumcision is still widespread in spite of the trend that more people claim that they do not support the practice.

Regarding the efficiency of the project it is not so easy to make a rigorous assessment. As already discussed this project is still in its last year of implementation and several confounding factors make it difficult to identify treatment effects properly. However, we recall that several positive treatment effects have been identified. At least we conclude that the project is effective with regard to several outcome indicators and that the trend regarding most of the outcome indicators is positive. The question whether these positive trends justify a budget of 2.5 million Euro is difficult to answer. With regard to knowledge, perceptions and intentions we see that some progress is made. A large set of activities contribute to these outcomes. We observe that the costs of trainings in general are quite low (per trainee). Larger amounts of money concern investments in renovation, equipment and upgrading. For example, if we focus at the larger cost components, the upgrading of 14 health facilities in project districts concerns an investment of 16,500 Euros per health facility, per district a budget for medical supplies of 14,583 Euros is

planned for and the support budgeted for 6 civil societies is 48,000 Euro each. In particular the last activity concerns a significant amount of money. However, taking into account the socio-cultural environment and the major theme of the intervention (SRHR) investment in these societies are justified. With regard to the efficiency of the project we conclude that a lot of money is involved. However, taking the positive trends and treatment effects into account, next to the challenging environment in which this project is carried out, we conclude that there is no reason to doubt about the efficiency of the project.

8. Conclusion

With regard to the project design we note that the project activities are well related to the objectives and the theory of change. The comment we make is that the targets were not made explicit (measurable) at the start of the project and some outcome indicators are still not specified. Unspecified targets hamper evaluation. The project was implemented as designed and annual reports provide information about the progress made. No major delays or changes occurred.

Table 8: Project Final Scores

On a scale of 1 to 10, with 1 being "not at all" and 10 being "completely", for this project, how much do you agree with the following statements:	
The project was well designed.	7
The project was implemented as designed.	9
The project reached all its objectives.	7
The observed results are attributable to the project interventions.	7
The observed results are relevant to the project beneficiaries.	9
The project was implemented efficient.	8

It is not yet possible to answer the question whether the project reached all its objectives. The project is still in its last year of implementation. However, it is observed that several trends regarding knowledge, perception and intention indicate that the project is moving in the right direction. With regard to access and use of health services and in particular the use of ante and postnatal check-ups, the number of births attended by a skilled birth attendant and availability of contraceptives, we failed to observe positive treatment effects. Moreover, if we compare the

two treatment Zones it is clear that Zone 3 is doing much better than Zone 5. The question rises whether Zone 5 should get more attention from the project staff.

It is not easy to guarantee that the observed results are attributable to the project interventions. With regard to the availability and "access to health services" we observed that the scores mainly depend on general government policy (availability of HEWs, payment of salaries and infrastructure). The project budget invested in these activities is very small and, therefore, expected outcome indicators are too ambitious if related to the project activities. With regard to the other outcomes the identification of project influence is more straightforward. However, spillover effects require attention. Moreover, it is well possible that the government balances the investments in the health sector between the different zones as local governments approve NGO interventions and have the policy to avoid investments of different donors/NGOs in the same field of activities and even may increase their own investments in Zones that do not benefit from NGO support. The latter balancing effect reflects the fungibility of aid and can be justified from a policy maker perspective. However, if this effect is strong this could be a major flaw in the results as the difference-in-difference method assumes that the treatment is the difference between the treated and the control groups. This also implies that the results of the analysis should be interpreted with caution.

Even though not all objectives are already realized and even though the results cannot easiliy be attributed to the project we can confirm that the observed results are very relevant for the beneficiaries. Supply of health services in the region is still below national standards and requires more investment. Observed knowledge and perceptions about SRHR show that further action is needed. Treatment effects confirm that project activities contribute to the required change. With regard to the efficiency of the project we conclude that a lot of money is involved. However, taking the positive trends and treatment effects into account, next to the challenging environment in which this project is carried out, we conclude that there is no reason to doubt about the efficiency of the project. In line with this we conclude that we would advise to fund a similar project in the future (or to continue funding this one) as there is still enough work to be done.

Regarding the project evaluation we note that several limitations affected the evaluation. First of all we recall that a proper baseline study could not be made as the projects started 18 months before the baseline. Moreover, a proper endline study could not be made due to the

fixed deadline for the evaluation report. This makes it difficult to observe clear treatment effects and to identify the final results of the project intervention (there is still one of the five years to go). Another major limitation of this evaluation concerns the control group. During our first meeting in Addis we discussed this issue with Amref staff. We had the impression that no other major donors are active in the control area. We did not discuss the role of the local government or the potential 'balancing' measures they are taking. Results in Zone 1 show that SRHR is getting attention in all the Afar regions. Many donors do something, the government tries to coordinate the interventions, however, if you would like to have an overview of all the activities in the different Zones it is quite difficult to get that information. Consequently, unobserved spillover effects and 'budget balancing' effects may result. This lack of information makes it challenging to identify a proper control area.

Appendix

Table A1: DD estimates (Mothers, Zone 1 – Zone 5, **Access**) with controls

VARIABLES	(1) Health extension in village	(2) Community health promoter in village	(3) Traditional health service in village	(4) Health center in woreda	(5) Pregnancy test available	(6) Counseling about pregnancy available	(7) Medical treatment available	(8) Condoms available	(9) Contraceptives available
Year	0.353***	0.620***	0.185***	0.024	0.424***	0.385***	0.227***	-0.093	0.380***
	(0.047)	(0.047)	(0.044)	(0.035)	(0.049)	(0.049)	(0.050)	(0.355)	(0.049)
treat1	0.137***	0.195***	0.145***	-0.147***	0.069	0.076	0.156***	0.000	0.097*
	(0.048)	(0.048)	(0.045)	(0.036)	(0.050)	(0.050)	(0.051)	(0.362)	(0.050)
treatyear1	-0.516***	-0.515***	-0.488***	-0.148***	-0.270***	-0.278***	-0.213***	0.266	-0.342***
	(0.069)	(0.069)	(0.065)	(0.051)	(0.073)	(0.074)	(0.075)	(0.528)	(0.073)
Constant	0.864***	0.737***	0.944***	1.043***	0.586***	0.745***	0.617***	0.393	0.580***
	(0.175)	(0.175)	(0.165)	(0.130)	(0.183)	(0.184)	(0.188)	(1.321)	(0.182)
Observations	632	632	635	638	623	621	622	621	621
R-squared	0.160	0.311	0.170	0.156	0.211	0.188	0.130	0.018	0.200

Table A2: DD estimates (Mothers, Zone 1 – Zone 3, **Access**) with controls

VARIABLES	(1) Health extension in village	(2) Community health promoter in village	(3) Traditional health service in village	(4) Health center in woreda	(5) Pregnancy test available	(6) Counseling about pregnancy available	(7) Medical treatment available	(8) Condoms available	(9) Contraceptives available
year	0.361***	0.622***	0.190***	0.024	0.369***	0.350***	0.220***	-0.140	0.351***
	(0.040)	(0.039)	(0.041)	(0.026)	(0.045)	(0.046)	(0.045)	(0.342)	(0.044)
treat2	0.154***	0.016	0.104***	-0.095***	0.045	0.055	0.189***	0.022	0.124***
	(0.039)	(0.038)	(0.040)	(0.026)	(0.045)	(0.045)	(0.044)	(0.337)	(0.044)
treatyear2	-0.155***	0.140***	-0.092	0.061*	0.028	-0.013	-0.010	0.330	-0.090
	(0.055)	(0.054)	(0.056)	(0.036)	(0.063)	(0.063)	(0.062)	(0.473)	(0.061)
Constant	0.451***	0.361***	0.427***	0.890***	0.662***	0.575***	0.548***	0.048	0.545***
	(0.079)	(0.077)	(0.081)	(0.052)	(0.090)	(0.091)	(0.090)	(0.681)	(0.089)
Observations	683	683	686	688	688	688	689	686	688
R-squared	0.190	0.545	0.109	0.048	0.262	0.222	0.181	0.021	0.221

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A3: DD estimates (Mothers, Zone 1 – Zone 5, **Use**) with controls

VARIABLES	(1) Used contraceptives last time	(2) Prefer health service provider over traditional	(3) Used traditional health provider	(4) Used community promoter	(5) Used health extension worker	(6) Satisfied with health extension worker	(7) Used health center	(8) Satisfied with health center	(9) Had check-up during last pregnancy	(10) Where did you deliver	(11) Who assisted you during delivery	(12) Had check up after delivery	(13) Already circumcised
Year	0.003	-0.273***	-0.141***	-0.021	-0.217***	0.067	0.139***	-0.001	0.450***	0.149***	0.155***	0.300***	0.120
	(0.033)	(0.066)	(0.051)	(0.034)	(0.048)	(0.080)	(0.053)	(0.032)	(0.059)	(0.043)	(0.044)	(0.053)	(0.080)
treat1	0.099***	0.137**	0.133**	0.051	-0.048	-0.146***	-0.167***	-0.312***	-0.101**	0.066	0.052	0.027	-0.266***
	(0.034)	(0.068)	(0.052)	(0.035)	(0.049)	(0.053)	(0.054)	(0.039)	(0.051)	(0.044)	(0.045)	(0.054)	(0.064)
treatyear1	-0.141***	0.180*	-0.137*	-0.018	0.235***	0.111	0.021	0.296***	-0.300***	-0.169***	-0.159**	-0.321***	0.203*
	(0.048)	(0.098)	(0.075)	(0.050)	(0.070)	(0.094)	(0.077)	(0.053)	(0.098)	(0.063)	(0.065)	(0.077)	(0.114)
Constant	0.053	0.307	0.047	0.105	0.604***	0.978***	1.062***	1.121***	0.664***	0.671***	0.661***	0.440**	0.480**
	(0.122)	(0.246)	(0.191)	(0.128)	(0.179)	(0.150)	(0.196)	(0.105)	(0.234)	(0.162)	(0.166)	(0.194)	(0.211)
Observations	632	620	639	639	639	152	639	329	445	639	639	612	337
R-squared	0.091	0.109	0.140	0.022	0.102	0.188	0.128	0.284	0.254	0.104	0.097	0.148	0.158

Table A4: DD estimates (Mothers, Zone 1 – Zone 3, **Use**) with controls

VARIABLES	(1) Used contraceptives last time	(2) Prefer health service provider over traditional	(3) Used traditional health provider	(4) Used community promoter	(5) Used health extension worker	(6) Satisfied with health extension worker	(7) Used health center	(8) Satisfied with health center	(9) Had check-up during last pregnancy	(10) Where did you deliver	(11) Who assisted you during delivery	(12) Had check up after delivery	(13) Already circumcised
Year	-0.001	-0.238***	-0.125***	-0.024	-0.242***	0.021	0.126**	-0.006	0.416***	0.143***	0.144***	0.279***	0.125*
	(0.039)	(0.041)	(0.048)	(0.035)	(0.048)	(0.057)	(0.051)	(0.020)	(0.056)	(0.050)	(0.051)	(0.052)	(0.075)
treat2	0.201***	-0.151***	-0.115**	0.057*	0.229***	-0.033	0.253***	-0.046**	0.117**	0.239***	0.265***	0.184***	-0.339***
	(0.039)	(0.040)	(0.047)	(0.035)	(0.047)	(0.034)	(0.050)	(0.020)	(0.047)	(0.049)	(0.050)	(0.051)	(0.063)
treatyear2	-0.135**	0.125**	-0.054	-0.016	-0.164**	0.090	-0.252***	0.055**	-0.129	-0.143**	-0.184***	-0.009	-0.081
	(0.054)	(0.057)	(0.066)	(0.049)	(0.066)	(0.072)	(0.070)	(0.027)	(0.081)	(0.069)	(0.070)	(0.071)	(0.100)
Constant	0.239***	0.282***	0.301***	0.209***	0.270***	0.962***	0.614***	1.070***	0.448***	0.340***	0.313***	0.307***	0.424***
	(0.078)	(0.082)	(0.095)	(0.070)	(0.096)	(0.082)	(0.102)	(0.038)	(0.109)	(0.100)	(0.101)	(0.103)	(0.128)
Observations	682	685	689	689	689	186	689	442	505	689	689	670	356
R-squared	0.207	0.109	0.145	0.028	0.172	0.095	0.075	0.043	0.200	0.125	0.128	0.186	0.210

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A5: DD estimates (Mothers, Zone 1 – Zone 5, **Knowledge**) with controls

VARIABLES	(1) HIV transmitted through sex	(2) HIV transmitted through sharing food	(3) Possible to protect from HIV during sex	(4) Have HIV virus if looking healthy	(5) Get HIV through witchcraft	(6) Advisable to use condom if not married
Year	0.081***	-0.072***	0.024	-0.246***	-0.030	0.105**
	(0.023)	(0.027)	(0.052)	(0.053)	(0.039)	(0.053)
treat1	0.037	0.011	-0.265***	-0.301***	0.054	-0.051
	(0.024)	(0.028)	(0.053)	(0.054)	(0.040)	(0.054)
treatyear1	-0.045	-0.008	0.349***	0.320***	-0.031	-0.041
	(0.034)	(0.040)	(0.075)	(0.077)	(0.057)	(0.077)
Constant	0.933***	0.355***	0.571***	0.301	-0.004	0.335*
	(0.086)	(0.102)	(0.192)	(0.196)	(0.145)	(0.196)
Observations	639	639	639	639	639	639
R-squared	0.046	0.054	0.146	0.075	0.022	0.128

Table A6: DD estimates (Mothers, Zone 1 – Zone 3, **Knowledge**) with controls

VARIABLES	(1) HIV transmitted through sex	(2) HIV transmitted through sharing food	(3) Possible to protect from HIV during sex	(4) Have HIV virus if looking healthy	(5) Get HIV through witchcraft	(6) Advisable to use condom if not married
Year	0.085***	-0.080***	0.009	-0.279***	-0.029	0.131**
	(0.025)	(0.029)	(0.048)	(0.053)	(0.037)	(0.053)
treat2	-0.026	0.029	0.010	0.072	0.127***	0.149***
	(0.024)	(0.028)	(0.048)	(0.052)	(0.036)	(0.052)
treatyear2	0.022	-0.023	0.293***	-0.080	-0.188***	-0.041
	(0.034)	(0.040)	(0.067)	(0.073)	(0.051)	(0.074)
Constant	0.956***	0.127**	0.567***	0.591***	0.060	0.539***
	(0.049)	(0.057)	(0.096)	(0.106)	(0.073)	(0.106)
Observations	689	689	689	689	689	689
R-squared	0.070	0.068	0.131	0.145	0.089	0.123

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A7: DD estimates (Mothers, Zone 1 – Zone 5, **Perceptions**) with controls

VARIABLES	(1) Dresses sexy	(2) Force sex	(3) Refuse sex	(4) Punish wives	(5) Sex info before marriage	(6) Should be circumcised	(7) Sex before marriage girl	(8) Sex before marriage boy	(9) Condom avoid pregnancy	(10) Contraceptives avoid pregnancy	(11) Info if not married
Year	1.440***	1.153***	0.299	1.630***	0.386**	0.679***	0.264**	1.349***	0.743***	0.375**	0.957***
	(0.184)	(0.160)	(0.189)	(0.166)	(0.166)	(0.174)	(0.118)	(0.164)	(0.171)	(0.180)	(0.183)
treat1	0.439**	-0.157	-0.390**	0.115	0.347**	0.431**	-0.231*	0.186	-0.312*	-0.368**	0.531***
	(0.188)	(0.163)	(0.193)	(0.169)	(0.169)	(0.178)	(0.121)	(0.167)	(0.175)	(0.184)	(0.187)
treatyear1	-0.564**	0.358	-0.376	0.293	0.649***	0.210	0.466***	0.347	-0.028	-0.180	-0.036
	(0.269)	(0.233)	(0.276)	(0.242)	(0.242)	(0.254)	(0.172)	(0.239)	(0.250)	(0.263)	(0.268)
Constant	2.661***	3.300***	3.320***	0.563	3.144***	4.160***	4.169***	2.420***	3.471***	2.635***	3.245***
	(0.688)	(0.596)	(0.706)	(0.616)	(0.618)	(0.650)	(0.440)	(0.608)	(0.639)	(0.672)	(0.684)
Observations	639	639	639	634	639	638	638	633	639	639	639
R-squared	0.195	0.221	0.052	0.306	0.121	0.133	0.114	0.232	0.117	0.112	0.145

Table A8: DD estimates (Mothers, Zone 1 – Zone 3, **Perceptions**) with controls

VARIABLES	(1) Dresses sexy	(2) Force sex	(3) Refuse sex	(4) Punish wives	(5) Sex info before marriage	(6) Should be circumcised	(7) Sex before marriage girl	(8) Sex before marriage boy	(9) Condom avoid pregnancy	(10) Contraceptives avoid pregnancy	(11) Info if not married
Year	1.363***	1.075***	0.319*	1.441***	0.271	0.740***	0.279**	1.205***	0.728***	0.397**	0.906***
	(0.177)	(0.169)	(0.187)	(0.174)	(0.184)	(0.176)	(0.121)	(0.182)	(0.171)	(0.164)	(0.179)
treat2	0.662***	0.354**	-0.724***	-0.010	0.209	0.340*	0.156	0.476***	-0.301*	-0.692***	0.370**
	(0.174)	(0.166)	(0.184)	(0.171)	(0.181)	(0.173)	(0.119)	(0.178)	(0.168)	(0.162)	(0.176)
treatyear2	0.068	-0.408*	0.211	0.192	0.311	0.059	-0.215	-1.054***	-0.582**	-0.678***	-1.169***
	(0.244)	(0.233)	(0.258)	(0.241)	(0.254)	(0.243)	(0.167)	(0.250)	(0.236)	(0.227)	(0.247)
Constant	2.537***	3.607***	3.782***	2.100***	3.121***	3.309***	3.899***	2.605***	2.379***	2.825***	2.285***
	(0.352)	(0.337)	(0.373)	(0.348)	(0.367)	(0.351)	(0.240)	(0.360)	(0.340)	(0.328)	(0.357)
Observations	689	689	689	687	689	689	687	684	689	689	689
R-squared	0.251	0.120	0.066	0.228	0.059	0.124	0.069	0.096	0.184	0.182	0.111

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A9: DD estimates (Mothers, Zone 1 – Zone 5, **Intentions**) with controls

VARIABLES	(1) Decide number of children	(2) Plan to use contraceptives in futures	(3) Decide on use of contraceptives	(4) Decide if we should have sex	(5) Support your next baby girl being circumcision	(6) Decide if the baby girl should be circumcision
Year	0.347***	-0.092*	0.419***	0.116**	-0.197***	0.387***
	(0.047)	(0.048)	(0.047)	(0.050)	(0.054)	(0.047)
treat1	0.218***	0.240***	0.214***	0.096*	-0.085*	0.226***
	(0.048)	(0.049)	(0.048)	(0.051)	(0.051)	(0.048)
treatyear1	-0.358***	0.041	-0.580***	-0.409***	0.151*	-0.457***
	(0.069)	(0.070)	(0.069)	(0.073)	(0.077)	(0.069)
Constant	0.338*	0.081	0.375**	0.440**	0.117	0.248
	(0.177)	(0.179)	(0.177)	(0.187)	(0.182)	(0.177)
Observations	639	639	639	638	538	639
R-squared	0.169	0.153	0.199	0.091	0.075	0.166

Table A10: DD estimates (Mothers, Zone 1 – Zone 3, **Intentions**) with controls

VARIABLES	(1) Decide number of children	(2) Plan to use contraceptives in futures	(3) Decide on use of contraceptives	(4) Decide if we should have sex	(5) Support your next baby girl being circumcision	(6) Decide if the baby girl should be circumcision
Year	0.351***	-0.126***	0.434***	0.128**	-0.208***	0.360***
	(0.045)	(0.048)	(0.047)	(0.053)	(0.052)	(0.043)
treat2	0.167***	0.213***	0.149***	0.181***	-0.098**	0.107**
	(0.044)	(0.048)	(0.046)	(0.052)	(0.047)	(0.043)
treatyear2	-0.460***	0.064	-0.539***	-0.405***	0.061	-0.440***
	(0.062)	(0.067)	(0.065)	(0.073)	(0.073)	(0.060)
Constant	0.215**	0.237**	0.224**	0.402***	0.338***	0.237***
	(0.090)	(0.097)	(0.094)	(0.106)	(0.103)	(0.086)
Observations	689	689	689	686	550	689
R-squared	0.179	0.173	0.208	0.088	0.104	0.212

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated . All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A11: DD estimates (Boys and girls, Zone 1 – Zone 5, **Access**) with controls

VARIABLES	(1) Health extension in village	(2) Community health promoter in village	(3) Traditional health service in village	(4) Health center in woreda	(5) Pregnancy test available	(6) Counseling about pregnancy available	(7) Medical treatment available	(8) Condoms available	(9) Contraceptives available
Year	0.094	0.457***	0.141	-0.127**	0.298	2.009	0.106	0.543***	0.563***
	(0.082)	(0.087)	(0.090)	(0.061)	(3.444)	(1.746)	(0.083)	(0.084)	(0.084)
treat1	0.047	0.198***	0.101	-0.083	0.359	0.288	-0.005	0.298***	0.219***
	(0.070)	(0.074)	(0.076)	(0.053)	(2.941)	(1.491)	(0.071)	(0.072)	(0.072)
treatyear1	-0.308***	-0.474***	-0.289***	-0.158**	-9.977**	-1.802	-0.007	-0.402***	-0.358***
	(0.098)	(0.105)	(0.108)	(0.074)	(4.157)	(2.107)	(0.100)	(0.102)	(0.102)
Constant	0.332	-0.614*	0.320	0.596**	20.762	9.001	0.986***	-0.078	0.525
	(0.341)	(0.362)	(0.374)	(0.257)	(14.433)	(7.316)	(0.348)	(0.353)	(0.354)
Observations	298	298	297	298	297	297	296	297	297
R-squared	0.160	0.237	0.119	0.192	0.122	0.019	0.051	0.218	0.232

Table A12: DD estimates (Boys and girls, Zone 1 – Zone 3, **Access**) with controls

VARIABLES	(1) Health extension in village	(2) Community health promoter in village	(3) Traditional health service in village	(4) Health center in woreda	(5) Pregnancy test available	(6) Counseling about pregnancy available	(7) Medical treatment available	(8) Condoms available	(9) Contraceptives available
year	0.174***	0.555***	0.119	-0.046	0.438***	0.618***	0.165**	0.524***	0.563***
	(0.060)	(0.064)	(0.081)	(0.036)	(0.075)	(0.071)	(0.071)	(0.069)	(0.071)
treat2	0.111**	-0.103*	0.088	-0.046	0.127**	0.311***	0.109*	0.328***	0.279***
	(0.051)	(0.055)	(0.069)	(0.031)	(0.064)	(0.061)	(0.060)	(0.059)	(0.061)
treatyear2	-0.050	0.232***	0.021	0.084*	-0.180**	-0.356***	-0.127	-0.360***	-0.337***
	(0.072)	(0.077)	(0.097)	(0.043)	(0.090)	(0.086)	(0.085)	(0.083)	(0.086)
Constant	0.902***	0.049	0.461*	1.094***	0.803***	0.662***	0.795***	0.515**	0.835***
	(0.181)	(0.194)	(0.244)	(0.108)	(0.227)	(0.217)	(0.214)	(0.208)	(0.217)
Observations	360	360	359	359	355	355	359	358	355
R-squared	0.132	0.494	0.042	0.038	0.230	0.320	0.064	0.295	0.289

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A13: DD estimates (Boys and girls, Zone 1 – Zone 5, **Use**) with controls

VARIABLES	(1) Used contraceptives last time	(2) Prefer health service provider over traditional	(3) Used traditional health provider	(4) Used community promoter	(5) Used health extension worker	(6) Satisfied with health extension worker	(7) Used health center	(8) Satisfied with health center
Year	0.170	-0.099*	0.908***	0.928***	0.712***	0.035	0.411***	0.248**
	(0.139)	(0.056)	(0.036)	(0.025)	(0.051)	(0.152)	(0.069)	(0.094)
treat1	0.134	0.116**	0.056*	-0.033	-0.229***	0.007	-0.245***	-0.240***
	(0.140)	(0.048)	(0.031)	(0.021)	(0.043)	(0.146)	(0.059)	(0.088)
treatyear1	-0.135	-0.118*	-0.042	0.041	0.235***	-0.172	0.284***	0.127
	(0.184)	(0.068)	(0.043)	(0.030)	(0.061)	(0.179)	(0.083)	(0.119)
Constant	0.899	0.379	0.016	-0.052	0.332	1.039*	0.249	0.736*
	(0.550)	(0.235)	(0.149)	(0.104)	(0.212)	(0.576)	(0.286)	(0.382)
Observations	99	294	298	298	298	50	298	103
R-squared	0.237	0.106	0.870	0.937	0.730	0.312	0.471	0.314

Table A14: DD estimates (Boys and girls, Zone 1 – Zone 3, **Use**) with controls

VARIABLES	(1) Used contraceptives last time	(2) Prefer health service provider over traditional	(3) Used traditional health provider	(4) Used community promoter	(5) Used health extension worker	(6) Satisfied with health extension worker	(7) Used health center	(8) Satisfied with health center
Year	0.336***	-0.069	0.927***	0.923***	0.753***	0.151	0.448***	0.116
	(0.126)	(0.138)	(0.040)	(0.029)	(0.063)	(0.124)	(0.067)	(0.076)
treat2	0.235**	0.136	0.112***	-0.005	0.239***	-0.033	0.200***	-0.086
	(0.108)	(0.117)	(0.034)	(0.025)	(0.054)	(0.064)	(0.057)	(0.059)
treatyear2	-0.218	0.092	-0.123***	-0.015	-0.244***	0.108	-0.220***	0.029
	(0.142)	(0.165)	(0.047)	(0.035)	(0.075)	(0.162)	(0.080)	(0.086)
Constant	0.450	-0.205	-0.120	-0.044	0.474**	1.175***	0.447**	0.888***
	(0.330)	(0.417)	(0.119)	(0.088)	(0.190)	(0.344)	(0.201)	(0.201)
Observations	156	359	360	360	360	79	360	173
R-squared	0.279	0.058	0.810	0.897	0.447	0.249	0.256	0.108

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A15: DD estimates (Boys and girls, Zone 1 – Zone 5, **Knowledge**) with controls

VARIABLES	(1) HIV transmitted through sex	(2) HIV transmitted through sharing food	(3) Possible to protect from HIV during sex	(4) Have HIV virus if looking healthy	(5) Get HIV through witchcraft	(6) Advisable to use condom if not married	(7) Sex education
year	0.016	-0.079	0.110	-0.062	-0.041	-0.141	-0.245***
	(0.037)	(0.049)	(0.090)	(0.090)	(0.060)	(0.087)	(0.088)
treat1	0.064**	0.025	-0.065	-0.277***	0.076	-0.178**	-0.056
	(0.031)	(0.042)	(0.077)	(0.077)	(0.051)	(0.074)	(0.076)
treatyear1	-0.028	-0.058	0.183*	0.552***	-0.071	0.376***	-0.039
	(0.044)	(0.059)	(0.108)	(0.108)	(0.072)	(0.104)	(0.107)
Constant	0.916***	0.263	0.083	0.076	0.180	0.513	0.256
	(0.154)	(0.206)	(0.375)	(0.375)	(0.250)	(0.362)	(0.369)
Observations	298	298	298	298	298	298	298
R-squared	0.036	0.057	0.063	0.176	0.078	0.125	0.161

Table A16: DD estimates (Boys and girls, Zone 1 – Zone 3, **Knowledge**) with controls

VARIABLES	(1) HIV transmitted through sex	(2) HIV transmitted through sharing food	(3) Possible to protect from HIV during sex	(4) Have HIV virus if looking healthy	(5) Get HIV through witchcraft	(6) Advisable to use condom if not married	(7) Sex education
year	0.022	-0.060	0.161**	-0.071	-0.029	-0.102	-0.162*
	(0.031)	(0.047)	(0.079)	(0.086)	(0.054)	(0.074)	(0.084)
treat2	0.049*	0.051	0.066	0.147**	0.036	-0.040	0.017
	(0.026)	(0.040)	(0.067)	(0.073)	(0.046)	(0.063)	(0.071)
treatyear2	-0.028	-0.060	0.088	-0.237**	-0.052	0.183**	0.193*
	(0.037)	(0.055)	(0.094)	(0.103)	(0.064)	(0.088)	(0.100)
Constant	0.898***	0.153	0.460*	0.404	0.147	0.500**	-0.274
	(0.093)	(0.140)	(0.237)	(0.260)	(0.162)	(0.224)	(0.253)
Observations	360	360	360	360	360	360	360
R-squared	0.029	0.061	0.079	0.101	0.030	0.128	0.149

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A17: DD estimates (Boys and girls, Zone 1 – Zone 5, **Perceptions**) with controls

VARIABLES	(1) Dresses sexy	(2) Force sex	(3) Refuse sex	(4) Punish wives	(5) Sex info before marriage	(6) Should be circumcised	(7) Sex before marriage girl	(8) Sex before marriage boy	(9) Condom avoid pregnancy	(10) Contraceptives avoid pregnancy	(11) Info if not married
Year	0.358	1.258***	0.221	1.687***	0.660**	0.305	0.920***	1.522***	0.959***	0.588***	0.808***
	(0.304)	(0.278)	(0.304)	(0.280)	(0.288)	(0.245)	(0.234)	(0.254)	(0.246)	(0.223)	(0.233)
treat1	-0.097	0.413*	0.059	0.345	0.687***	0.385*	0.246	0.481**	1.148***	0.609***	0.771***
	(0.259)	(0.237)	(0.259)	(0.239)	(0.246)	(0.209)	(0.200)	(0.220)	(0.210)	(0.190)	(0.199)
treatyear1	0.230	-0.166	0.135	0.204	-0.389	0.070	-0.004	-0.040	-1.453***	-0.913***	-0.623**
	(0.366)	(0.335)	(0.366)	(0.337)	(0.347)	(0.295)	(0.282)	(0.309)	(0.297)	(0.269)	(0.281)
Constant	4.131***	2.537**	3.289***	1.935*	3.635***	3.885***	3.929***	2.203**	3.548***	2.134**	2.711***
	(1.269)	(1.160)	(1.268)	(1.168)	(1.201)	(1.017)	(0.976)	(1.067)	(1.034)	(0.936)	(0.973)
Observations	298	298	298	298	298	296	298	294	296	297	298
R-squared	0.144	0.182	0.024	0.277	0.063	0.077	0.126	0.240	0.146	0.105	0.185

Table A18: DD estimates (Boys and girls, Zone 1 – Zone 3, **Perceptions**) with controls

VARIABLES	(1) Dresses sexy	(2) Force sex	(3) Refuse sex	(4) Punish wives	(5) Sex info before marriage	(6) Should be circumcised	(7) Sex before marriage girl	(8) Sex before marriage boy	(9) Condom avoid pregnancy	(10) Contraceptives avoid pregnancy	(11) Info if not married
Year	0.481*	1.136***	-0.155	1.087***	0.733***	0.195	0.746***	1.515***	0.654***	0.393**	0.837***
	(0.277)	(0.231)	(0.286)	(0.264)	(0.279)	(0.221)	(0.242)	(0.262)	(0.209)	(0.190)	(0.185)
treat2	0.783***	1.078***	-0.489**	0.865***	-0.245	0.294	0.307	0.519**	-0.160	-0.230	0.011
	(0.235)	(0.196)	(0.243)	(0.224)	(0.237)	(0.187)	(0.205)	(0.223)	(0.178)	(0.161)	(0.158)
treatyear2	-0.279	-0.845***	0.749**	0.288	0.416	0.207	-0.360	-0.853***	-0.306	-0.088	-0.227
	(0.330)	(0.276)	(0.341)	(0.314)	(0.332)	(0.263)	(0.288)	(0.313)	(0.249)	(0.227)	(0.221)
Constant	2.671***	3.464***	5.050***	1.061	3.583***	3.327***	3.507***	2.525***	2.362***	1.385**	1.811***
	(0.834)	(0.697)	(0.863)	(0.795)	(0.841)	(0.663)	(0.729)	(0.791)	(0.628)	(0.573)	(0.559)
Observations	360	360	358	360	360	359	360	355	359	360	360
R-squared	0.165	0.231	0.054	0.276	0.106	0.078	0.068	0.105	0.174	0.180	0.220

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A19: DD estimates (Boys and girls, Zone 1 – Zone 5, **Intentions**) with controls

VARIABLES	(1) Decide number of children	(2) Plan to use contraceptives in futures	(3) Decide on use of contraceptives	(4) Decide if we should have sex	(5) Support your next baby girl being circumcision	(6) Decide if the baby girl should be circumcision
Year	0.174**	-0.027	0.147*	0.156*	-0.150**	-0.193***
	(0.082)	(0.090)	(0.083)	(0.085)	(0.070)	(0.064)
treat1	0.370***	0.013	0.314***	0.255***	-0.203***	0.262***
	(0.070)	(0.077)	(0.071)	(0.072)	(0.058)	(0.054)
treatyear1	-0.601***	-0.177	-0.511***	-0.476***	0.190**	-0.296***
	(0.099)	(0.108)	(0.100)	(0.102)	(0.093)	(0.077)
Constant	0.058	0.243	0.143	0.087	0.376	-0.120
	(0.344)	(0.375)	(0.346)	(0.354)	(0.323)	(0.265)
Observations	298	298	298	298	250	298
R-squared	0.208	0.082	0.168	0.136	0.104	0.363

Table A20: DD estimates (Boys and girls, Zone 1 – Zone 3, **Intentions**) with controls

VARIABLES	(1) Decide number of children	(2) Plan to use contraceptives in futures	(3) Decide on use of contraceptives	(4) Decide if we should have sex	(5) Support your next baby girl being circumcision	(6) Decide if the baby girl should be circumcision
Year	0.132*	0.150*	0.147*	0.177**	-0.123**	-0.217***
	(0.077)	(0.085)	(0.080)	(0.079)	(0.061)	(0.055)
treat2	-0.079	0.104	0.175**	-0.000	-0.078	-0.055
	(0.065)	(0.072)	(0.068)	(0.067)	(0.053)	(0.047)
treatyear2	0.117	0.080	-0.218**	0.124	-0.013	0.077
	(0.092)	(0.101)	(0.096)	(0.095)	(0.073)	(0.066)
Constant	0.244	0.255	0.063	0.025	0.513***	0.190
	(0.232)	(0.256)	(0.242)	(0.239)	(0.182)	(0.167)
Observations	360	360	360	360	344	360
R-squared	0.072	0.132	0.088	0.101	0.112	0.157

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

WASH Alliance

Pastoralist WASH

Report MFS II Joint Evaluations (C13)

Achievement of MDGs

Country	Ethiopia
Consortium	WASH Alliance
Responsible Dutch NGO	Amref Flying Doctors Netherlands
Project (if applicable)	Pastoralist WASH
Southern partner organisation	Amref Health Africa Ethiopia

The project/partner is part of the sample for the following evaluation component(s):

Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

Evaluation team:

University of Groningen: Clemens Lutz, Elisabetta de Cao and Steffen Eriksen

IFPRI/ESARO Ethiopia: Getaw Tadesse and Samson Jemaneh

1. Introduction

The general aim of this project (C13) is to reduce poverty, improve health and environmental and economic conditions, by empowering people and creating an enabling environment, thus achieving increased sustainable access to and use of safe water and sanitation services and improved hygiene practices for women and marginalized groups in the Afar region in Ethiopia. The project is implemented by Amref Health Africa Ethiopia.

To Increase access and use of save water and sanitation the project addresses three target groups. First, communities, specifically women and girls, to increase awareness and demand. Second, relevant service providers in the business sector, public sector and civil society to organize supply of WASH services. Third, policy makers and key actors to promote and enable the sustainable realization of the right to water and sanitation. The project objectives target in particular the MDG 7C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.

Impact of this project is measured through a 'difference-in-difference' analysis. Households (control group and treatment group) have been interviewed in September 2012 and September-December 2014. The collected data allow us to calculate several treatment effects on specified outcome indicators. The results show that the treatment effects on outcome indicators for sanitation are quite promising. To date the results for drinking water are disappointing. However, it should be kept in mind that this project still has one year to go.

The report is structured as follows. The next section describes the context of the project. Subsequently, an overview of project activities is provided. Section 4 presents the method and Section 5 discusses the data collection. Section 6 provides the findings and Section 7 discusses the results. The final section draws conclusions.

2. Context

This project is carried out in Afar, one of the most remote, isolated regions in Ethiopia. Afar pastoralist communities have difficulty in accessing mainstream public services and participating in policy making processes. The Afar region is a pastoralist area characterized by recurrent

conflict, food insecurity, flooding and drought. In Zone 3 families settle in communities although even here most houses are semi-permanent. Among the pastoralists the men and boys follow the cattle to the pastures, depending on the season and the pasture conditions. Most females stay behind in semi-permanent communities.

In the project proposal we read that “Ethiopia is facing an exceptionally high under-five mortality rate of 123/1000, which is largely due to unsafe water, inadequate sanitation and poor hygiene, resulting in diarrhoea, dysentery, schistosomiasis and malaria. the average child suffers five to twelve diarrhoea episodes a year. These repeated episodes are one of the contributing factors to malnutrition”. “Water supply and sanitation coverage in the Afar region is considerably lower than overall national coverage. Pastoralists have historically been sidelined by development policies and are unable to participate in public policy making. In Afar, the majority of the population of the region has no access to potable water. About 35,7% of the households get drinking water from rivers and lakes, 15,7% from unprotected wells and springs, 4,2% from protected wells and springs, 36,8% from public taps and only 7,6% from their own tap. Overall the region exhibits the lowest latrine coverage; only 2,5% of the households own a latrine”.

Ethiopia has a National Hygiene and Sanitation Strategy (NH&SS) that is part of the Health Policy. A Water Sector Development program (WSDP) is developed to support the government’s water resources policy. In Afar a community based Water Sanitation and Hygiene (WASH) programme is designed, focusing on strengthening the capacities of beneficiaries to realize and sustain access to and use of WASH facilities. Programme approaches include capacity building, implementation and construction of WASH facilities, community involvement and empowerment, strengthening collaboration with local authorities, identify and use simple, culturally acceptable local technologies, and awareness creation and behaviour change communication.

The responsibilities of local authorities are increasing over time due to decentralization processes in Ethiopia. This sees increases in funds available to the Woreda for water and sanitation from government and development partners. Woredas are responsible for design, planning, implementation, monitoring and the evaluation of programs. However, local

authorities currently lack the capacity to absorb and manage these funds. With partners Amref has identified low human resource capacity, poor management information systems, weak infrastructure, and little organizational capacity to implement participatory approaches to development.

Periodic water quality and quantity monitoring, absent in Ethiopia, will be conducted in collaboration with partners WaterAid and HCS/RiPPLE. At community level the programme will collaborate with Addis Ababa University and the Ministry of Water Resources on removing excess fluoride from ground water. Since WASH is crucial in decreasing maternal and child mortality, the programme will cooperate with the Unite for Body Rights Programme (SRHR Alliance, project C11) that is implemented at the same time and in the same Afar Zone 3.

For further details we refer to the context as presented for project C11.

3. Project description

Amref Health Africa Ethiopia is implementing health development initiatives including WASH and trachoma prevention in Afar since 2004. The needs and constraints of the target group of the present project have been identified through a community needs analysis (2009) and a national consultation meeting (2010). Four major problems were identified: scarcity of water sources and sanitation facilities, women and girls are solely responsible for fetching water with severe implications for women safety, education and health, a weak capacity of local authorities, a low awareness on hygiene and sanitation.

The overall objective of this project is to contribute to halving the proportion of people without sustainable access to safe drinking water and basic sanitation. The approach followed seeks to close the gap by improving the capacity of the water and health (sanitation) system on the supply side, finding workable approaches to deliver services in hard to reach areas and empowering communities to participate in improving their water and sanitation needs. Core strategies are capacity building at all levels to strengthen service delivery, and learning/sharing of information to enhance replication of best practices. The WASH alliance follows the 'FIETS' approach to sustainability which consists of the following components:

- Financial sustainability - integration of activities into district development plans and budgets to allow for operation and management costs
- Institutional sustainability – training and mentoring of local authorities
- Environmental sustainability – unsustainable use of the resources, pollution and ecological damage are addressed
- Technological sustainability – appropriate and locally manageable technologies and hands on training on the operations and maintenance will be delivered
- Social sustainability – participation of local leaders, community members and project beneficiaries.

The theory of change, planned activities and expected outcomes of the project are related to the FIETS approach. Activities concern training and education to increase demand (awareness), construction of facilities and training of service suppliers and finally support to local and national services involved in water and sanitation services planning. These activities should lead to empowered communities, competent service suppliers and improved water and sanitation policy. The final outcome of these interventions should be a sustainable access and use of safe water and sanitation services and improved hygiene practices. In the project proposal we also read the following more comprehensive outcome: "reduced poverty and improved health, environmental and economic conditions by empowering people and creating an enabling environment". It is claimed that the project contributes to the MDGs 7, 3, 4, 5 and 6. Although we agree that this may be true we note that the major target concerns the MDG 7c. In this evaluation we therefore focus on outcomes regarding this MDG (also selected by WOTRO/NWO for this evaluation).

The following objectives are specified in the project document:

1 Empowered communities, specifically women and girls, will demand and achieve sustainable access to and use of safe water, improved sanitation and hygienic living conditions.

2 Relevant service providers in the business sector, public sector and civil society will co-operate to respond to need for sustainable, accessible, and affordable and demand driven WASH services.

3 Policy makers and key actors promote and enable the sustainable realization of the right to water and sanitation through their policies, programmes and budget allocations, and are held accountable for their achievements in WASH.

4 A stable, complementary, effective and accountable alliance (in North and South), in which participating actors feel ownership, share knowledge and coordinate work towards sustainable integration of WASH into policies, strategies and programmes, in order to increase the access to and use of WASH facilities.

With regard to the first objective regarding "empowered communities" five result areas are specified and for each of them activities and outcomes are provided.

1. Increased access to and use of sustainable sanitation

   The following activities are planned for this result area:

   a. Health facility and school and community latrine construction, and piloting ECOSAN (if feasible)
   b. Household sanitation realization by using CLTS[1]: carry out sanitation and hygiene campaign, identify and train CLTS facilitators, identify and train community sanitation champions, facilitate and carry out village sanitation mappings, facilitate and conduct Open Defecation Free (ODF) declaration ceremonies, support and carry out 'collective community reward schemes', regional consultation meetings with Regional Health Bureau (RHB) and Regional Water Bureau (RWB).

   Regarding these activities two output/outcome indicators are specified:

   - In 70% of the intervention areas the use of improved sanitation facilities has significantly increased by the end of 2015 (target group 38122 persons)
   - The % of the total population having access to sustainable sanitation systems at institutes like schools and health centers has significantly increased (target group 30494 persons)

2. Increasing use of sustainable and safe (drinking) water

[1] Community Level Total Sanitation and hygiene

The following activities are planned for this result area: community mobilization activities, a hydro-geological and geophysical survey, establishing and training water user groups (with special emphasis to the user groups leadership i.e. WASHCO), training water sources operators, water source development by drilling deep boreholes, sand dams, shallow wells and river water purification options, reticulation and distribution - focusing on facilities and communities.

Regarding this activity the following outcome indicators are specified:

- In 70% of the intervention areas the use of sustainable safe drinking water has significantly increased by the end of 2015 (target group 38147 persons)
- The % of the total population having access to safe drinking water has significantly increased (target group 38147 persons)

3. Improving hygiene and sanitation practices

   The following activities are planned for this result area: community mobilization, ygiene education and hygiene and sanitation campaigns (combined with CLTS, in the selected pilot Kebeles), IEC material development and distribution

   Regarding this activity the following outcome indicator is specified:

   - In 70% of the intervention areas the target population has significantly improved its hygiene and sanitation practices by the end of 2015

4. Introducing new economic opportunities due to improved WASH services

   The following activities are planned for this result area: encouragement of income generating activities (selling drinking water, irrigation of fruits, vegetables, washing of vehicles).

   Regarding this activity the following outcome indicator is specified:

   - In 70% of the intervention areas the target population benefits from new economic opportunities due to improved wash services by the end of 2015

5. Training and developing use of Integrated Water Resource Management tools

   The following activities are planned for this result area: developing the use of integrated water resource management tools (2 tools), training of core personnel from the water office and water user groups on IWRM (24 trainees).

Regarding this activity the following outcome indicator is specified:

- In 70% of the intervention areas the target population benefits from new economic opportunities due to improved wash services by the end of 2015 (target set as benchmark: 20% of the population?)

With regard to the second objective regarding "service providers" six result areas are specified and for each of them activities and outcomes are provided.

1. Coordination to respond to the need for improved WASH services

   The following activities are planned for this result area: establishment of district WASH teams (6 districts), establishment of WASH a forum.

   Regarding this activity the following outcome indicators are specified:

   - In 70% of the intervention areas the business sector, public sector and civil society improved their coordination significantly to respond to the need for improved wash services (6 districts)
   - In 95% of the intervention areas active wash stakeholder coordination structures exist

2. Communities specifically women, claim and use their right to sustainable water and sanitation services

   The following activities are planned for this result area: awareness creation towards the use of sustainable water and sanitation service at community level (6 districts), mobilization of communities to participate and use their sustainable water and sanitation schemes (6 districts), mobilizing/awareness creation of the community towards practicing demand driven wash services through their women or marginalized group representatives (6 districts).

   Regarding this activity the following outcome indicators are specified:

   - In 70% of the intervention areas community groups are successful in influencing policies, budget allocations, designs of wash infrastructure and services (12)
   - In 95% of the intervention areas community groups exist with a recognizable voice/representation of women that are active in claiming their rights to affordable and equitable services

3. Effective role of NGOs to support communities to achieve their rights to WASH

   The following activities are planned for this result area: supporting local CSOs to mainstream wash activities

   Regarding this activity the following outcome indicators are specified

   - In 70% of the target NGOs are more effective in terms of supporting communities to have access to wash services (6 districts)
   - 95% of the country program partner NGOs are capacitated on relevant issues based on their capacity assessments (6 districts)

4. Effective role of the public sector in the WASH sector

   The following activities are planned for this result area: coordination to respond to the need for improved wash services – supporting district plans, strengthening district wash teams to support the public sector to fulfill a leading role in the wash sector.

   Regarding this activity the following outcome indicator is specified

   - In 70% of the intervention areas the public sector fulfils a leading role in the wash sector

5. Supporting the private sector in the WASH sector

   The following activities are planned for this result area: strengthening their capacity through training and supply of equipment for local producers, plumbers, solid waste collection crews, water group management committees.

   Regarding this activity the following outcome indicator is specified

   - In 95% of the intervention areas small producers, business and service providers are capacitated to play an increased role in sustainable wash service delivery

6. Improved private and public finance options for wash service construction, operation and maintenance.

   The following activities are planned for this result area: mobilizing the private and public sector for raising more money for wash activities, strengthening local financing through training on income generating activities.

   Regarding this activity the following outcome indicators are specified

- at least 3 local finance providers have institutionalized finance for WASH activities for consumers or service providers
- at least 6 local finance institutions are willing to finance pilot products for wash service , operation and maintenance

With regard to the third objective regarding “policy makers and key actors” four result areas are specified and for each of them activities and outcomes are provided.

1. Working with district Water offices to ensure that sufficient local finance is available to sustain and build upon WASH Alliance results.
2. Supporting districts on Budget Planning and tracking
3. Awareness raising on practical implications of the right to (drinking) water and sanitation (RTWS) and inclusion in WASH policy and programs
4. Mainstreaming ecosystem service provision into water resource management and WASH delivery is achieved

The activities formulated under this objective support the targets formulated under objective 1 and 2. The activities concern the strengthening of civil society. We recall that this evaluation concerns the contribution to the realization of MDG objectives and, therefore, will focus on the first two objectives and related outcomes.

With regard to the fourth objective regarding “the alliance” two result areas are specified and for each of them activities and outcomes are provided.

1. Supporting and working together with the WASH alliance members to adopt sustainable WASH ('FIETS') approach – joint planning, review and reporting
2. Integration of thematic issues and approaches of WASH alliance Members/partners

The activities formulated under this objective support the targets formulated under objective 1 and 2. The activities concern capacity building within the alliance which will be evaluated separately. This evaluation concerns the MDG objectives and, therefore, will focus on the first two objectives

We observe that quite a number of outcome indicators are specified for community groups, the business sector and public sector. These outcomes are important. However we gave priority to

measuring outcomes at household level. The final objective of this project is to improve the access and use of safe drinking water and sanitation at household level. These outcomes should be measured at the level of the targeted households/individuals. The questions raised in the household survey allow us to test some outcome indicators at household level. We recall the following specific outcome indicators and translated them in expected effects at household level:

1 the use of improved sanitation facilities has significantly increased by the end of 2015 (target group 38122 persons)
2 the population having access to sustainable sanitation systems at institutes like schools and health centers has significantly increased (target group 30494 persons)
3 the use of sustainable safe drinking water has significantly increased by the end of 2015 (target group 38147 persons)
4 the population having access to safe drinking water has significantly increased (target group 38147 persons- check this with log frame: sustainability of water points?)

Progress reports

Progress made is clearly presented in the quantitative planning format and the annual financial reports. The narrative annual reports provide further information and show that in general project implementation is in line with the planning. Some minor changes are reported, however, these are not expected to affect the final outcome indicators. Only with regard to borehole constructions more serious delays are observed in the first years of the project. The major reason for this delay is that it is difficult to find construction companies in the Afar region. The challenging environment is given as one of the explanations for this problem. However, we understand from the reports that these constructions have been realized by now.

Inputs

Financial and technical support comes from the project (1.245.000 Euro). In zone 3 Amref Health Africa Ethiopia is a major NGO involved in WASH activities. Amref closely works with the government and other agencies, directly and through the Zone 3 NGO Forum in order to avoid duplication of existing interventions. With regard to WASH activities we have the impression that the coordination between NGOs and the government results in a distribution of kebeles between the NGOs to avoid duplication, and also a tendency to make intervention of the

different organizations similar. In Zone 3 and in the districts of our household survey (Amibara and Fentale) Amref Health Africa Ethiopia is the leading organization. This implies that changes in sanitation and drinking water practices can be attributed mainly to its interventions. Obviously, Amref's activities are closely linked to the health and drinking water infrastructure supported by the government. This makes it somewhat difficult to distinguish the outcomes of investments made by the project, the government and other donor organizations as activities may concern the same health organizations and schools (hospitals, HEWs etc.). However if we assume that government interventions are similar among all the regions a difference-in-difference analysis will be able to identify impacts related to the project.

A related project on Sexual and Reproductive Health and Right (SRHR) in zone 3 and 5

The SRHR project implemented by Amref Health Africa Ethiopia in zone 3 (C11) is implemented in the same period as the WASH project. The first project targets the same people and kebeles. As a result it will be difficult to disentangle outcomes from both projects (C11 and C13) in zone 3. This project will benefit from some synergies with respect to its local organization. Field staff may combine tasks, communities benefit from both projects and contacts with local authorities consider both projects. However, the activities and expected outcomes are quite different as this project focusses on drinking water and sanitation. The other project (C11) focuses on reproductive health. Therefore, the evaluation regarding the expected outcomes can be attributed to the project's intervention.

4. Method

The objective of this evaluation is to describe changes in outcome indicators that can be attributed to participation in the project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants (Armendariz, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not automatically provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice*

versa. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized control trial (RCT). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RCTs, is not always possible because of program implementation or ethical reasons.

As we were not involved in the design of the project, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model one needs to have information about relevant indicators of the treatment group and the control group at two points in time, preferably before (baseline) and after (end-line) the intervention. While the RCT methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RCT method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

The DD method works best if the treatment and comparison group are as comparable as possible. One popular method to achieve this is the propensity score method (PSM) (Rosenbaum, 1983). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by

the intervention. These include stable characteristics of the household. If there is a proper baseline, outcome variables during baseline can also be used for matching, because they were not yet affected by the treatment. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. The DD method is then applied to households with propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded.

As indicated above, we first applied PSM and then estimated a DD model. Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[2], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y, and is an unbiased estimate of the average impact on the dependent variable Y of being assigned to the treatment group provided the assumption of no selection on un-observables holds.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on un-observables. Adding DD to PSM helps picking up the time-invariant heterogeneity, but bias can still remain due to time-variant un-observables. We note that the possibility of time varying heterogeneity between control and treatment groups is less likely in this study as both groups are located in the same region and belong to the same agro-ecology and administrative system. We were also informed that no specific interventions were taking place in the Kebeles that are

[2] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

part of the control group. Yet, a positive significant effect in the DD model is a strong indication of an influential intervention. An insignificant effect (or even a significant negative effect), however does not necessarily imply that the intervention does not work, as in our analysis we only measure short-term effects.

Many of the outcome variables considered in the analysis are binary. In these cases, we estimated a linear probability model (LPM) and report the marginal effect of D_i^C for the impact of the project on outcome Y.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The DD model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As we deal with a number of new entries and drop-outs in the endline survey (Table 1) all estimations are done on the balanced panel.

5. Data collection

The project operates in Zone 3 in the Afar region. Two activities are key: improving access and use of safe drinking water and improvement of sanitation and hygiene practices. In 2012 activities were still in the start-up phase (somewhat delayed because of the drought in 2011). This implies that the data collected in August 2012 may be considered as a kind of baseline household level data, but certainly not a proper baseline. As the project intends to cover the whole Zone, control groups having no access to the treatment are identified in the neighbouring Afar Zone 1 and Zone 5 (districts not targeted by the project and selected Kebeles are expected not to benefit from investments of alternative donors). The data collected at the end of 2014 do not fulfil the criteria for an end-line study as project activities continue until the end of 2015. However, most of the intended impacts are expected to be visible in the data. We agree that it would have been better to organize the end-line data collection at the end of 2015. However, deadlines in the MFS-II evaluation project made it necessary to organize this evaluation earlier.

Therefore, we note that the results should be seen as observed trends for the two year time lapse.

The outcome indicators identified in the last section are measured at household level in September 2012 and October-December 2014. The same household-members are interviewed for the baseline and the end-line. For the survey we interviewed mothers (15-49 years). Men participate in focus group discussions that were held prior to the individual interview in the village. The focus group discussion was conducted by the supervisor of the enumerators and helps to acquaint the community and husbands about the survey. Since the primary objective of the project is to change the behaviour of households through information dissemination and behavioural change campaigns, all households living in the targeted Zone may in principle be defined as the "treated group". Some outcome indicators should be measured at community level. We use data available in the annual reports to review these indicators.

We use a multi-stage stratified sampling method in which strata are defined by zones which represent different target groups, Woredas, Kebeles and villages (hamlets). For efficiency reasons we used the same household survey for the evaluation of projects C11 and C13.

Selection of Zones

We distinguished 3 groups depending on access to project services . As discussed with Amref staff the difference in treatment intensity (benefitting from 1 or 2 projects) may affect results. Consequently, we decided to distinguish two treatment groups in the evaluation of the C11 project. The second treatment group for project C11 is taken as an additional control group for the evaluation of project C13. A second control group provides information about the situation in Zone 5 in which Amref is active and can also be seen as a robustness check on the results given for the other control group (Zone 1):

- T1/Z3: A treatment group benefitting from both projects, that is, households having access to SRHR and WASH services (projects C11 and C13). This group is drawn from Zone 3.

- C2/Z5: A treatment group, having access to SRH services only. The results for Zone 5 reflect the situation for households having access to this project only (C11).

- C1/Z1: Control group without access to any of the projects C11/C13. This group is drawn from Zone 1. Zone 1 is selected taking into account the geographical proximity to the treatment zones. It is also physically accessible.

Selection of Woredas

First we identified a list of intervention Woredas for each zone. From this list two Woredas per zone were selected. The selection of Woredas is not random because of the limited number of Woredas that receive both projects and their accessibility to conduct the survey. Thus, a convenient or purposive sampling is used to identify the Woredas. Samples are selected from the following Woredas in each zone

a. Zone 3: Awash, and Amibara
b. Zone 5: Dawe, and Telalak,
c. Zone 1: Mile and Chifira

Figure 1: Map of the Afar region

Selection of Kebeles

Selection of Kebeles is somewhat challenging in the Afar region. Kebeles in this region are not always clearly demarcated and people only know the names of the village/hamlets (gote) they live in, but do not always know the name of the Kebele. Kebele names are usually assigned by Woreda officials. We selected the Kebeles at the Woreda office. At the Kebele level we selected a number of hamlets needed to obtain the required response rate. For each Woreda we selected three Kebeles: the Woreda center and two more rural Kebeles. We note that not all

Woreda centers can be considered as urban areas. Only the Kebeles Awash 01 (Woreda Awash Fentale), Werer (Woreda Amibara) and Mile 01 (Woreda Mile) do have some infrastructure and a concentration of population that can be considered somewhat urban.

Selection of households or women

Our sample concerned women within the age group of 15 to 49. In Kebeles where there was a list of residents available, we used the list to sample households (35 households were selected for each Kebele using lottery methods). However, in villages where there was no list, we randomly selected houses from the village. If the age of the woman in the house was out of the age range, we replaced the household by the neighbouring household.

Table 1: Full sample size

		Survey among household mothers		
Woreda		**Baseline**	**Endline**	**Attrition**
Awash Fentale		106	83	22%
Amibara		106	105	1%
	Zone 3	212	188	11%
Telalak		106	90	15%
Dawe		104	75	28%
	Zone 5	210	165	21%
Mille		106	93	12%
Chifra		103	80	22%
	Zone 1	209	173	17%
Total		631	526	17%

Attrition

Attrition is a challenge in these type of surveys and in particular in these type of regions where many inhabitants are pastoralists. In total 113 mothers dropped out. We were not able to match 8 endline interviews with a baseline interview. Another 105 women interviewed for the baseline were not interviewed for the endline. Although our enumerators went twice to the villages they were not able to find the same persons back. Flooding played a role in the end-line study and quite a number of families evacuated for the search of grazing areas and their own safety. We regressed the attrition on the control variables and observe that attrition is somewhat negatively related to the availability of salaried or casual labour and the family size. This is

understandable as these families can be expected to be more sedentary. In general, we conclude that attrition is well distributed over different household characteristics and Zones and that no bias is expected from this problem.

Enumerators and interview

Female enumerators were used to interview women. All enumerators speak the local language, Afar. The enumerators were supervised by supervisors who checked the questionnaire every night. The supervisors and the enumerators conducted the focus group discussion together. Individual interviews were conducted in a location where only the interviewer and the respondent were present. The interview took place in an area near to the home of the interviewee. Three supervisors, 15 enumerators for the baseline and 18 enumerators for the endline, were hired and trained, forming three teams going to two Woredas each.

The questionnaire:

Ideas for the survey questions are drawn from the two baseline studies conducted by Amref Health Africa Ethiopia in the preparatory stage of the projects. If possible the same questions are addressed. This facilitates comparison between the Amref data and the efficient use of existing data. The questionnaire for women consists of the following blocks of questions

1. Socio-economic background of the respondent and the household
2. Access to Sexual and Reproductive Health Services
3. Knowledge about Sexual and Reproductive Health Services
4. Attitudes towards sexual and reproductive health practices
5. Use of sexual and reproductive health services
6. Intentions to use Sexual and Reproductive Health Services
7. Household water supply
8. Household sanitation

The first part of the survey concerns information about the household. Part 2-6 concerns questions related to SRHR to evaluate project C11. Part 7 and 8 contains the relevant information for this evaluation of project C13 (see the questionnaires in the annex).

6. Analyses and results

The descriptive statistics presented in Table 2 show the number of observations in the baseline study in the three Zones for a set of household indicators. It is observed that the observations are well distributed over the 3 groups we distinguish (C1/Z1 = control Zone 1, C2/Z5 = control Zone 5 and T1/Z3 = treatment Zone 3). The average age of the mothers interviewed is about 32 years, their husbands are on average about 7 years older. The number of observations for the husbands is lower as some women are divorced or widow. The large majority of the households have the Muslim religion and adhere to the Afar ethnic community. Completed years of education is similar for the three groups and very low. Most respondents are illiterate. The main occupation for the women interviewed is housekeeping and childcare, others indicate the importance of livestock keeping. This question may have been somewhat confusing as housekeeping may indeed form the major activity but is not an occupation.

Table 2: Summary statistics and balancing tests for control variables: Mothers (baseline)

	Summary Statistics						Balancing tests	
	Zone 1		Zone 5		Zone 3			
Dependent variable	N	Mean	N	Mean	N	Mean	Zone5 – Zone1	Zone3 – Zone1
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Age	208	30.88	210	33.42	212	32.03	2.541***	1.096
Age husband	186	38.86	173	40.35	168	38.41	1.508	-0.436
Marital status (1=married)	207	0.92	210	0.86	212	0.81	-0.058	-0.111***
Religion (1=Muslim)	209	0.96	210	0.98	212	0.86	-0.010	-0.122**
Religion husband (Muslim)	192	0.97	180	0.97	171	0.89	0.004	-0.079*
Ethnicity (1=Afar)	209	0.74	210	0.86	212	0.70	0.132	-0.035
Ethnicity husband (1=Afar)	192	0.80	180	0.91	171	0.78	0.111	-0.026
Education (completed years)	203	1.14	208	1.02	209	1.56	-0.106	0.415
Education husband (years)	175	1.58	165	1.22	163	2.76	-0.410	1.156
Occupation (housekeeping)	209	0.42	210	0.26	212	0.36	-0.152***	-0.049
Occupat. husband (livestock)	192	0.42	180	0.63	171	0.28	0.228**	-0.132
Family size	202	6.06	205	6.04	208	5.52	-0.016	-0.661
#pack animals°	209	7.21	210	9.20	212	9.20	2.105	2.019
Goats & Sheep	209	17.87	210	20.13	212	11.41	2.556	-6.410*
Sedentary	209	0.80	210	0.88	212	0.83	0.069	0.029
Casual labor	209	0.08	210	0.03	212	0.11	-0.058**	0.026
Salaried labor	209	0.30	210	0.23	212	0.48	-0.069	0.175**

Note: Column 2, 4 and 6 presents the mean for Zone 1, 5 and 3. Column 7 and 8 display the coefficient from a separate OLS regression. °includes: Oxen, Cows, Bulls, Camels and Donkeys. ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Major sources of income for the household concern livestock revenues, but quite a number of households have a salary income or perform casual labor. In particular in the more urban Awash Fentale region a relatively large group of interviewees receive salary income. The results show that the differences between averages for the three groups are small, although some differences between the groups are significant (balancing tests). In order to control for these

differences propensity score matching is applied for the difference-in-difference analysis (see method section).

Table 3: Summary statistics and balancing tests for outcomes regarding drinking water

	Control				Treatment			
	Control 1		Control 2		Amibara		Awash fentale	
Dependent variable	N	Mean	N	Mean	N	Mean	N	Mean
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Main source of drinking water is a protected water source (1=protected water source)								
Baseline	209	0.62	210	0.57	106	0.81	106	0.58
Endline	173	0.45	165	0.61	105	0.67	83	0.59
Distance in dry season to drinking water source (1=less than 200m)								
Baseline	209	0.52	210	0.25	106	0.84	106	0.42
Endline	162	0.43	163	0.44	105	0.86	83	0.76
Distance in wet season to drinking water source (1=less than 200m)								
Baseline	209	0.56	210	0.29	106	0.80	106	0.43
Endline	173	0.49	165	0.42	105	0.86	83	0.76
Distance in dry season to drinking water source (1=less than 2000m)								
Baseline	207	0.86	210	0.71	106	1.00	106	0.77
Endline	162	0.77	163	0.64	105	0.96	83	0.99
Distance in wet season to drinking water source (1=less than 2000m)								
Baseline	206	0.88	210	0.74	106	1.00	105	0.78
Endline	162	0.81	163	0.64	105	0.96	83	0.99
Drinking water is stored in a covered container (1=covered)								
Baseline	209	0.82	210	0.88	106	0.95	106	0.87
Endline	173	0.96	165	1.00	105	0.98	83	0.85
Drinking water container is clean (1=clean)								
Baseline	208	0.53	209	0.49	106	0.70	106	0.42
Endline	173	0.71	165	0.95	105	0.89	83	0.81
Mother is the main responsible for collecting water for domestic purpose (1=mother)								
Baseline	209	0.60	210	0.77	106	0.69	106	0.71
Endline	173	0.64	165	0.94	105	0.70	83	0.76
Problems with water supply (1=no problem)								
Baseline	208	0.41	210	0.44	106	0.45	106	0.75
Endline	173	0.61	169	0.49	105	0.28	83	0.11
Endline outcome statistics:								
Piped water or public tap available in kebele (1=yes)	175	0.48	167	0.81	105	0.54	83	0.48
Amref constructed it	84	0.05	132	0.02	57	0.00	39	0.49
Local government constructed it	84	0.29	132	0.77	57	0.60	39	0.51
Others constructed it	84	0.66	132	0.20	57	0.40	39	0.00
Is supply reliable (1=reliable)	175	0.36	164	0.57	104	0.50	83	0.29
Do you participate in the WASHCO	84	0.54	132	0.14	56	0.46	39	0.62
Do you pay for the water (1=yes)	83	0.20	164	0.28	104	0.22	83	0.12

Notes: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level.
***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

Tables 3 and 4 show baseline and endline results for several outcome indicators. The results reflect differences between regions. The baseline was carried out in August 2012 while the project started January 2011. Consequently, results obtained may reflect some of the first outcomes of the project. However, we think that these effects are small as the start of the project was somewhat delayed by the drought in 2011 and only a few of the envisaged activities were implemented before September 2012. The endline data were collected in October-

December 2014. Two data collection visits were organized to limit attrition. We recall that the endline is not a proper endline as the project continues until the end of 2015.

Table 3 presents some statistics about the use and access to drinking water. Already in the baseline survey more than 60% of the respondents (see also Table 4) indicate that they have access to drinking water from a protected water source (piped water into the house, public tap/standpipe, protected dug well, protected spring, borehole). The situation in Amibara was relatively good in the baseline but this advantage became less distinctive in the endline. On average no improvement of this situation in the endline survey is observed.

Table 4: Major drinking water source

	Baseline	Endline	
surface water (river/lake/pond/canal)	212	157	369
piped water into the house	222	142	364
public tap/standpipe	104	107	211
protected dug well	45	45	90
protected spring	13	2	15
borehole	14	0	14
unprotected well	1	13	14
unprotected spring	0	11	11
household water facility	1	0	1
rainwater tank	18	0	18
cart with small tank	0	7	7
other	0	11	11
Total	630	495	1125

The distance to the drinking water source is shortest in the Amibara Woreda and longest in Zone 5. In the treatment area, and in particular in Awash Fentale, an improvement in the situation is observed. We note that this drinking water source does not necessarily provide safe drinking water as the question simply refers to the 'main source'. A large majority stores drinking water in a covered, clean container. For the endline survey we observed an improvement in the cleanness of the drinking water container in all the Woredas under study. As expected, in general mothers are responsible for fetching the drinking water.

More than half of the respondents indicate that they do not have problems with the water supply. The major complaint of the other respondents concerns the cleanness of the water, salinity, irregularity or distance of water supply. Interestingly, in the control areas less problems with water provision were perceived than in the treatment area, in particular in the endline study (Table 3).

Table 5: Problems with water supply

Problems with water supply?	Baseline	Endline
no problems observed	326	221
water is dirty	187	116
water is saline	21	59
water supply is irregular	37	68
water is far away	44	50
water source dries up	11	3
fluoride	4	0
total	630	517

In the endline survey we asked whether there was a public tap or piped water facility in the Kebele. About 50% of the respondents confirmed that there is at least one piped water facility in the Kebele, which indicates a 50% coverage of safe water. The situation in Zone 5 (C2/Z5) seemed to be most attractive as 81% of the respondents affirm this question. Amref and the local government constructed the facilities in Zone 3 (T1/Z3). Local governments and other organizations constructed the facilities in the control areas. In Zone 3 quite a number of the interviewees participate in the WASHCO. The respondents in the endline indicate that the reliability of the water does not differ that much from what we observe in the control Zones. Rather disappointing is the observation that the majority of those who use piped water or a public tap indicate that they do not pay for the service (only endline data are available). This indicates that maintenance of the facilities may become a problem. This is disturbing as this may explain why so many drinking water facilities needed repairs and were refurbished by the project. We conclude that the situation regarding drinking water is quite similar in the different Zones. The treatment area seems to be in a somewhat better position. However, perceived problems with regard to drinking water are highest in the treatment area. It is not clear whether

this result reflect indeed more problems or that in this region people are more aware of the required drinking water standards.

Table 6: Summary statistics and balancing tests for outcomes regarding sanitation

	Control 1		Control 2		Amibara		Awash fentale	
Dependent variable	N	Mean	N	Mean	N	Mean	N	Mean
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Household members defecate in shrubs/bush/cat method								
Baseline	208	0.68	210	0.60	106	0.53	106	0.54
Endline	173	0.43	160	0.63	104	0.38	82	0.27
Household members defecate on own latrine/community latrine								
Baseline	208	0.30	210	0.40	106	0.46	106	0.44
Endline	173	0.55	160	0.38	104	0.61	82	0.73
Household has a latrine/flush toilet (1=yes)								
Baseline	209	0.37	210	0.41	106	0.63	106	0.48
Endline	173	0.53	165	0.50	105	0.58	83	0.71
Evidence of the use of the latrine is shown (1=yes)								
Baseline	209	0.26	210	0.22	106	0.54	106	0.31
Endline	173	0.25	165	0.20	105	0.55	83	0.49
Does your community have a latrine that is open for public use? (1=yes)								
Baseline	209	0.10	210	0.20	106	0.19	106	0.21
Endline	173	0.18	165	0.29	105	0.47	83	0.49
Does anyone from your household ever use the public/community latrine (1=yes)								
Baseline	209	0.40	210	0.30	106	0.13	106	0.23
Endline	173	0.21	165	0.30	105	0.43	83	0.52
Do you have a hand washing facility nearby the latrine? (yes=1)								
Baseline	209	0.33	210	0.71	106	0.58	106	0.79
Endline	173	0.67	165	0.41	105	0.06	83	0.29
Do you wash hands after defecation? (yes=1)								
Baseline	209	0.96	210	0.84	106	0.96	106	0.58
Endline	173	0.84	165	0.87	105	1.00	83	1.00
Do you wash hands before eating? (yes=1)								
Baseline	209	0.96	210	0.99	106	0.98	106	0.99
Endline	173	0.99	165	0.90	105	1.00	83	1.00
How frequent do you take a shower? (1=weekly or less)								
Baseline	209	0.99	210	1.00	106	0.95	106	0.98
Endline	175	0.97	164	0.94	104	0.98	83	0.99
Where do you dispose of your household waste? (1=dumping pit)								
Baseline	209	0.16	210	0.13	106	0.26	106	0.08
Endline	175	0.15	164	0.07	104	0.13	83	0.07
Endline outcome statistics (yes=1):								
Participation in CLTS campaign	174	0.09	169	0.04	105	0.33	83	0.31
Did HEW visit your home (WASH)	174	0.36	169	0.35	105	0.66	0.48	0.48

Notes: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level.
***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

The outcome indicators regarding sanitation show that the number of interviewees who use their own latrines or community latrines increased significantly in Zone 3 (T1/Z3) and Zone 1 (C1/Z1). About 50% of the respondents have a latrine facility at household level. Figures regarding evidence of use of the household latrine are somewhat lower. In the treatment area we observe an increase in the availability of community latrines. Figures about the availability of

a hand washing facility nearby the latrine are ambiguous. However, washing hands before eating seems to be a common practice. Washing hands after defecation is less common practice but an improvement is observed for the treatment area. The respondents indicate that they regularly take a shower. The use of the dumping pit for waste is a less common practice

It is observed that one third of the respondents in the treatment area participated in a Community Level Total Sanitation and hygiene (CLTS) campaign. For the control areas this figure is much lower. Similarly, the HEWs visited in particular the households in the treatment area to assess the WASH situation. We conclude that the treatment area seems to be in a somewhat better position. Access and use of latrine facilities are better and more people participated in the CLTS campaign.

The next step in the analysis is to isolate the treatment effect for the period under study. The difference-in-difference method (see method section) will be applied to analyze differences between Zones. Zone 3 (T1/Z3) is compared with two control regions (C1/Z1 and C1/Z3). The two control areas can be seen as a robustness check for the difference-in-difference analysis.

Differences over time and between Zones can be allocated to three effects:

- the change in the outcome variable (endline minus baseline) for the control Zones (C1/Z1 or C2/Z5)
- the difference in the outcome variable between the treatment and the control Zones at the moment of the baseline
- the effect of the treatment during the period under study (endline minus baseline)

For our analysis the third effect is most important as it isolates the effect of the treatment on the treated. In the Annex the results of the analysis are given. First Zone 3 and 1 are compared and subsequently the results for Zone 5 and 1 are given. Tables 6 and 7 provide an overview of the significance of the treatment effect.

Table 7: Treatment effects for T1/Z3 – Drinking water

	T1/Z3-C1/Z1	T1/Z3-C2/Z5
Access to drinking water		
Distance in dry season to drinking water source (1=less than 200m)	+***	ns
Distance in wet season to drinking water source (1=less than 200m)	+***	+***
Distance in dry season to drinking water source (1=less than 2000m)	+***	+***
Distance in wet season to drinking water source (1=less than 2000m)	+***	+***
Use of drinking water facilities		
Main source of drinking water is a protected water source (1=protected water source)	ns	ns
Problems with water (1=no problem)	-***	ns
Practice		
Drinking water is stored in a covered container (1=covered)	ns	ns
Drinking water container is clean (1=clean)	ns	-**

Notes: The first column compares results for the Control Zone1 and the treatment Zone 3 (T1-C1). - = a negative treatment effect, + = a positive treatment effect. ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level and ns=not significant.

Access to drinking water improved in the treatment area as the distance to the water source decreased and significant treatment effects are observed. We recall that this drinking water source does not necessarily provide safe drinking water. It is disturbing that, despite this improvement, there is no increase observed in the number of people that use a protected water source for their drinking water. This is disappointing as nearly 40% of the respondents in the endline study indicate that they do not take drinking water from a protected water source. A further disappointing negative treatment effect concerns problems with the water supply in Zone 3 (T1/Z3) if compared with Zone 1 (C1/Z1). Regarding drinking water storage we observe several non-significant treatment effects. Fortunately, the scores for these practices in all the Zones are very good for the endline study.

Table 8: Treatment effects for T1/Z3 – Sanitation

	T1/Z3-C1/Z1	T1/Z3-C2/Z5
Access to Latrines (yes=1, no=0)		
Household has a latrine/flush toilet (1=yes)	ns	Ns
Does your community have a latrine that is open for public use? (1=yes)	+***	+***
Do you have a hand washing facility nearby the latrine? (yes=1)	-***	-***
Use of Latriness (yes=1, no =0)		
Household members defecate in shrubs/bush/cat method	ns	-***
Household members defecate on own latrine/community latrine	ns	+***
Evidence of the use of the latrine is shown (1=yes)	+*	Ns
Does anyone from your household ever use the public/community latrine (1=yes)	+***	+***
Practice		
Do you wash hands after defecation? (yes=1)	+***	+***
Do you wash hands before eating? (yes=1)	ns	+***
How frequent do you take a shower? (1=weekly or less)	ns	+***
Where do you dispose of your household waste? (dumping pit=1)	ns	ns

Notes: The first column compares results for the Control Zone1 and the treatment Zone 3 (T1-C1). - = a negative treatment effect, + = a positive treatment effect. ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level and ns=not significant.

Regarding sanitation we observe that access to latrines at household level did not improve as a result of the treatment. However, availability of public latrines did improve in the treatment area (T1/Z3). Availability of hand washing facilities near the latrine decreased in the treatment area and a negative treatment effect is observed. The use of latrines is increasing. Significant treatment effects are observed for several indicators. The CLTS campaigns seem to have the desired effect as a larger number of treated persons wash their hands after defecation and before eating. The use of the dumping pit is not benefitting from a treatment of the project

7. Discussion

Summarizing the results we first want to recall that the baseline and endline data do not fulfill all the criteria for a proper baseline. The baseline was carried out 18 months after the start of the project, while the endline data were collected 1 year before the end of the project. This means that the data should be interpreted as an observed trend for the two year time lapse. It

would be interesting to repeat the survey in one year time in order to get a better measurement of the final results.

The results show various changes in the outcome variables. Recalling the specified outcome variables at the end of Section 3 we draw the following conclusions:

1 the use of improved sanitation facilities has significantly increased by the end of 2015

The number of households with their own latrine is somewhat increasing. However, this change cannot be attributed to project activities as no treatment effect is identified. We note that the project did not invest directly in the construction of private household latrines. Nevertheless, we observe an increase in the use of the latrine and, if T1/Z3 is compared with C2/Z5 we even observe a treatment effect. Although the CLTS campaigns did not increase the availability of latrines at household level, it did influence some of the sanitation practices (washing hands and shower frequency).

2 the population having access to sustainable sanitation systems at institutes like schools and health centers has significantly increased

Significant treatment effects are observed regarding availability and use of public/community latrines. Direct investments of the project in these latrines seem to make a difference.

3 *the use of sustainable safe drinking water has significantly increased by the end of 2015*

Many households do have access to protected drinking water. However, the use of safe drinking water did not improve over time and no significant treatment effects are observed. Moreover, more problems regarding the water supply are observed in the treatment area.

4 *population having access to safe drinking water has significantly increased*

Access to drinking water did improve as the number of people having water available at a maximum distance of 200 meter (or 2km) increased in Zone 3. Significant treatment effects are observed for both control groups. However, taking into account that the use of safe drinking water did not increase it is quite doubtful whether all these resources provide safe drinking water.

From all these outcome indicators we conclude that project results are quite mixed. With regard to the use of safe drinking water we conclude that no treatment effect is observed. Disappointing is the increase in problems with the water supply in the treatment area. Regarding sanitation, the results are more favorable, several positive treatment effects are observed.

Regarding the efficiency of the project it is not so easy to make a rigorous assessment as final results are not yet known due to the fact that this project is still in its last year of implementation. In total a budget of 1.2 million Euro is involved in this project. A large set of activities are planned for. We observe that the costs of trainings in general are quite low (per trainee). Larger amounts of money concern investments in drinking water facilities: renovation and construction of boreholes (42,000 Euros per borehole). As private construction companies are involved in these constructions we expect that the investments reflect market prices. We have shown that the project is effective with regard to several outcome indicators regarding sanitation. As most activities concern relatively low-cost trainings and campaigns we conclude that this part of the project is also efficient. With regard to the drinking water activities the efficiency is less clear. The problem is not the high cost of some of the activities but the effectiveness. However, it could be argued that the high cost activities may explain part of this problem. The project has chosen to invest in a small number of costly borehole drillings. As the Afar live in small hamlets it could have been a better option to choose more simple technologies (hand-pumps) to realize a large outreach in a larger number of hamlets. A related advantage could be the maintenance problem. Many people do not pay for drinking water facilities, which, after some time, may explain why so many drinking water facilities break down.

8. Conclusion

With regard to the project design we note that the project activities are well related to the objectives and the theory of change. The project was implemented as designed and annual reports provide information about the progress made. No major delays or changes occurred. It is not yet possible to answer the question whether the project will reach its objectives. The project is still in its last year of implementation. The activities regarding sanitation show some

promising results. However, the drinking water interventions do not yet result in clear treatment effects.

Table 9: Project Final Scores

On a scale of 1 to 10, with 1 being “not at all” and 10 being “completely”, for this project, how much do you agree with the following statements:	
The project was well designed.	9
The project was implemented as designed.	9
The project reached all its objectives.	6
The observed results are attributable to the project interventions.	6
The observed results are relevant to the project beneficiaries.	9
The project was implemented efficient.	7

It is not easy to guarantee that the observed results are attributable to the project interventions. In Zone 3 (T1/Z3) and in the districts of our household survey (Amibara and Fentale) Amref Health Africa Ethiopia is the leading organization. This implies that changes in sanitation and drinking water practices can be attributed mainly to its interventions. Obviously, Amref’s activities are closely linked to the health and drinking water infrastructure supported by the government. This makes it somewhat difficult to distinguish the outcomes of investments made by the project, the government and other donor organizations, as activities may concern the same health organizations and schools (hospitals, HEWs etc.). At the start of the project we checked whether major investments regarding WASH activities were implemented in the control Zones. As far as we understood this is not the case and therefore we expect that government interventions are similar among all the regions. Consequently, a difference-in-difference analysis will be able to identify impacts related to the project.

Even though not all objectives are already realized and even though the results cannot easiliy be attributed to the project we can confirm that the observed results are very relevant for the beneficiaries. Supply of WASH facilities is still below standard and further investments in the region are needed. With regard to the efficiency of the project we conclude that a significant amount of money is involved. Positive treatment effects are observed for sanitation activities. Drinking water interventions are not yet effective. In line with this we conclude that we would

advice to fund a similar project in the future (or to continue funding this one) but recommend to assess the final outcomes of the drinking water activities and the major investments in borehole drillings in particular.

Regarding the project evaluation we note that several limitations affected the evaluation. First of all we recall that a proper baseline study could not be made as the projects started 18 months before the baseline. Moreover, a proper endline study could not be made due to the fixed deadline for the evaluation report. This makes it difficult to observe clear treatment effects and to identify the final results of the project intervention (there is still one of the five years to go).

Appendix

Table A1: DD estimates (Mothers, Zone 1 – Zone 3, **Drinking water**) with controls

VARIABLES	(1) Use of a protected water source	(2) Distance dry season 200m	(3) Distance wet season 200m	(4) Distance dry season 2000m	(5) Distance wet season 2000m	(6) Water stored in covered container	(7) Container is clean	(8) No problems with the water supply
Year	-0.170***	-0.080	-0.083*	-0.091**	-0.089***	0.113***	0.177***	0.012
	(0.051)	(0.049)	(0.050)	(0.036)	(0.033)	(0.031)	(0.048)	(0.050)
treat2	0.065	0.097**	0.020	0.013	-0.020	0.056*	-0.003	-0.187***
	(0.049)	(0.047)	(0.049)	(0.034)	(0.032)	(0.030)	(0.047)	(0.049)
treatyear2	0.088	0.274***	0.318***	0.199***	0.210***	-0.044	0.109	-0.219***
	(0.069)	(0.067)	(0.069)	(0.049)	(0.046)	(0.042)	(0.066)	(0.069)
Constant	0.667***	0.512***	0.692***	0.890***	0.963***	0.802***	0.496***	0.432***
	(0.100)	(0.096)	(0.100)	(0.070)	(0.065)	(0.061)	(0.096)	(0.100)
Observations	686	673	686	674	673	686	685	686
R-squared	0.200	0.261	0.189	0.121	0.094	0.071	0.228	0.231

Table A2: DD estimates (Mothers, Zone 3 – Zone 5, **Drinking water**) with controls

VARIABLES	(1) Use of a protected water source	(2) Distance dry season 200m	(3) Distance wet season 200m	(4) Distance dry season 2000m	(5) Distance wet season 2000m	(6) Water stored in covered container	(7) Container is clean	(8) No problems with the water supply
Year	-0.025	0.091*	0.028	-0.098**	-0.117***	0.105***	0.417***	0.000
	(0.056)	(0.051)	(0.052)	(0.042)	(0.041)	(0.027)	(0.047)	(0.052)
treat2	0.054	0.268***	0.173***	0.120***	0.098**	0.005	-0.016	0.013
	(0.055)	(0.050)	(0.051)	(0.041)	(0.041)	(0.026)	(0.046)	(0.053)
treatyear2	-0.051	0.104	0.215***	0.210***	0.237***	-0.056	-0.135**	-0.058
	(0.076)	(0.070)	(0.071)	(0.057)	(0.057)	(0.037)	(0.064)	(0.076)
Constant	0.808***	0.413***	0.547***	0.768***	0.818***	0.941***	0.558***	0.648***
	(0.116)	(0.106)	(0.108)	(0.086)	(0.086)	(0.056)	(0.097)	(0.195)
Observations	654	651	654	652	651	654	653	638
R-squared	0.053	0.255	0.234	0.199	0.198	0.057	0.249	0.145

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated . All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A3: DD estimates (Mothers, Zone 1 – Zone 3, **Sanitation**) with controls

VARIABLES	(1) Shrubs/bush/cat method	(2) Use a latrine	(3) Have own latrine	(4) Evidence use own latrine	(5) Have public latrine	(6) Use public latrine	(7) Hand washing facility nearby	(8) Wash after defecate	(9) Wash before eating	(10) Shower frequency	(11) Waste dumping pit
Year	-0.226***	0.235***	0.156***	-0.020	0.087*	-0.221***	0.296***	-0.128***	0.039***	-0.015	-0.027
	(0.051)	(0.051)	(0.051)	(0.052)	(0.046)	(0.051)	(0.050)	(0.033)	(0.013)	(0.016)	(0.040)
treat2	-0.071	0.088*	0.138***	0.128**	0.072	-0.259***	0.323***	-0.190***	0.025**	-0.021	0.016
	(0.050)	(0.050)	(0.050)	(0.051)	(0.045)	(0.050)	(0.049)	(0.032)	(0.013)	(0.015)	(0.039)
treatyear2	0.021	-0.023	-0.066	0.140*	0.214***	0.540***	-0.814***	0.362***	-0.028	0.024	-0.076
	(0.070)	(0.070)	(0.070)	(0.072)	(0.063)	(0.070)	(0.068)	(0.045)	(0.018)	(0.022)	(0.055)
Constant	0.585***	0.413***	0.459***	0.319***	0.070	0.299***	0.505***	0.992***	0.954***	0.980***	0.159**
	(0.101)	(0.102)	(0.102)	(0.104)	(0.091)	(0.101)	(0.099)	(0.065)	(0.026)	(0.031)	(0.080)
Observations	683	683	686	686	686	686	686	686	686	687	687
R-squared	0.230	0.222	0.214	0.135	0.165	0.115	0.253	0.148	0.032	0.007	0.045

Table A4: DD estimates (Mothers, Zone 3 – Zone 5, **Sanitation**) with controls

VARIABLES	(1) Shrubs/bush/cat method	(2) Use a latrine	(3) Have own latrine	(4) Use own latrine	(5) Have public latrine	(6) Use public latrine	(7) Hand washing facility nearby	(8) Wash after defecate	(9) Wash before eating	(10) Shower frequency	(11) Waste dumping pit
Year	0.070	-0.070	0.036	-0.019	0.024	-0.000	-0.321***	-0.001	-0.093***	-0.066***	-0.032
	(0.055)	(0.055)	(0.056)	(0.053)	(0.051)	(0.052)	(0.052)	(0.037)	(0.020)	(0.019)	(0.038)
treat2	-0.014	0.001	0.076	0.180***	-0.091*	-0.146***	-0.042	-0.101***	0.003	-0.030	0.040
	(0.054)	(0.054)	(0.055)	(0.052)	(0.050)	(0.052)	(0.051)	(0.037)	(0.020)	(0.019)	(0.037)
treatyear2	-0.265***	0.280***	0.023	0.115	0.279***	0.343***	-0.216***	0.247***	0.096***	0.077***	-0.065
	(0.076)	(0.076)	(0.077)	(0.073)	(0.070)	(0.072)	(0.071)	(0.051)	(0.028)	(0.026)	(0.051)
Constant	0.460***	0.548***	0.535***	0.189*	0.256**	0.217**	0.929***	0.862***	0.970***	1.024***	0.125
	(0.114)	(0.114)	(0.117)	(0.110)	(0.106)	(0.109)	(0.107)	(0.078)	(0.042)	(0.040)	(0.078)
Observations	647	647	654	654	654	654	654	654	654	652	652
R-squared	0.150	0.150	0.100	0.127	0.135	0.098	0.246	0.105	0.083	0.025	0.049

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated . All regressions are estimated including controls, which include: Age of the husband, marital status, religion of the woman, religion of the husband, ethnicity of the woman, ethnicity of the husband, education of the woman, education of the husband, primary occupation of the woman, primary occupation of the husband, number of pack animals, number of goats and sheep, sedentary, casual labor and salaried labor. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Endline report – Ethiopia, CARE Ethiopia MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Elias Zerfu [2]
Derbew Kefyalew [2]
Bram Peters [1]
Nicky Buizer [1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI- 15-057

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, B. Peters, N.N. Buizer, 2014. *Endline report Ethiopia, CARE Ethiopia. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI- 15-057. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, CARE Ethiopia. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI- 15-057

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **7**

1.1 Purpose and outline of the report 7
1.2 Brief summary of analysis and findings 8

2 Context and General Information about the SPO – CARE Ethiopia **11**

2.1 General information about the Southern Partner Organisation (SPO) 11
2.2 The socio-economic, cultural and political context in which the partner operates 11
2.3 Contracting details 12
2.4 Background to the Southern Partner Organisation 13

3 Methodological approach and reflection **15**

3.1 Overall methodological approach and reflection 15
3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4 16
3.3 Attributing changes in organisational capacity - evaluation question 2 and 4 18
3.3.1 Selection of SPOs for 5C process tracing 18
3.3.2 Key steps in process tracing for the 5C study 18
3.3.3 Methodological reflection 19

4 Results **22**

4.1 MFS II supported capacity development interventions 22
4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4 22
4.2.1 Changes in the five core capabilities 23
4.2.2 Key organisational capacity changes - general causal map 26

5 Discussion and conclusion **32**

5.1 Methodological issues 32
5.2 Changes in organisational capacity development 32

References and Resources **35**

List of Respondents **37**

Introduction 38
Changes in partner organisation's capacity – evaluation question 1 39
Attributing changes in partner organisation's capacity – evaluation question 2 44
Explaining factors – evaluation question 4 60
Methodological reflection 60

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation CARE Ethiopia and the Co-Financing Agencies CARE Netherlands for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to CARE Ethiopia, CARE Netherlands, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

ADA	Austrian Development Agency
CARE NL	CARE Netherlands
Causal map	Map with cause-effect relationships. See also 'detailed causal map'.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CIDA	Canadian International Development Agency
CCA	Climate Change Adaptation
CDC	Centre for Disease Control
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CS	Civil Society
CSO	Civil Society Organization
Detailed causal map	Also 'model of change'. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
DRR	Disaster Risk Reduction
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
GTP	Government of Ethiopia's Growth and Transformation Plan
ECHO-Ethiopia	Every Church Organised in Ethiopia
EU	European Union
IFPRI	International Food Policy Research Institute
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MoFA	Ministry of Foreign Affairs
MFS	Dutch co-financing system
MIS	Management Information System
NGO	Non-Governmental Organisation
OD	Organisational Development
PfR	Partners for Resilience
PME	Planning, Monitoring and Evaluation
PRA	Priority Result Area
Process tracing	Theory-based approach to trace causal mechanisms
RCT	Randomized Control Trials
SPO	Southern Partner Organisation
SSD	Support for Sustainable Development
SSI	Semi-structured Interview
ToC	Theory of Change
UNHCR	United Nations High Commissioner for Refugees (UN's refugees agency)
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

Achievement of Millennium Development Goals (MDGs) & themes;

Capacity development of Southern partner organisations (SPO) (5 c study);

Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: CARE Ethiopia in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in chapter 4.2.2.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, improvements took place in all of the capabilities.

Over the last two years some small improvements took place in the indicators under the capability to act and commit. The management of CARE Ethiopia is responsive and now receiving regular information from projects to use for taking action. In the last two years a substantial amount was budgeted for training of staff and staff are encouraged to seek education opportunities in-country and abroad. Many opportunities have been offered to staff, staff has taken CARE Academy courses and are offered in-country scholarships. Staff skills have therefore improved and the training opportunities are also seen as an important incentive. Staff salaries have increased and the merit-based salary increment policy has been further implemented.

In the capability to adapt and self-renew CARE Ethiopia saw many small improvements. The application of M&E improved slightly because more competent staffs were hired and the information system has been strengthened. Staff's M&E competencies were strengthened through MFS II funded training. CARE Ethiopia has established a knowledge centre through which learning takes place and lessons are shared. In this way M&E findings are used to inform future strategies. There has been a very slight improvement in terms of room for critical reflection which was triggered by feedback from CARE Netherlands. CARE Ethiopia has become more responsive to its stakeholders as they are now organising a yearly partnership day and are following a community development approach.

In terms of the capability to deliver on development objectives, CARE Ethiopia has improved in various indicators. Staff's awareness of the importance to work cost-effectively has increased. In various projects CARE Ethiopia has reduced costs by maximising the contribution of the community. The organisation is reaching or surpassing its planned outputs and the partners are satisfied with the results. There was a very slight improvement in ensuring that beneficiary needs are met because of the presence of qualified staff, regular monitoring and beneficiary consultations. Staffs have become more experienced e.g. through learning events, and are therefore better able to balance quality and efficiency. Hiring new staff for the program quality and learning unit has also helped in this regard.
In the capability to relate, CARE Ethiopia very slightly improved in engaging with their target groups. The CARE PfR program manager visits projects and discusses with beneficiaries more frequently now. With regards to relations within the organisation, communication has improved due to Wi-Fi connection in the field offices with USAID funding.
Finally, CARE Ethiopia has shown slight improvements in some of the indicators under the capability to achieve coherence. There has been a very slight improvement in operational guidelines due to a revision of the HR manual and policy and development of implementation guidelines and transparent financial procedures. There is a slight improvement in staff's capacity to ensure the complementarity of the various projects to CARE's new program approach for a better impact.

During the endline workshop some key organisational capacity changes were brought up by CARE Ethiopia's staff in the general 'key changes in organisational capacity' causal map: better understanding and knowledge of disaster risk reduction and management; enhanced knowledge and understanding of options for local adaptation to climate change; enhanced M&E and learning capacity including automated data base management; enhanced capacity of staff in strengthening and utilizing school clubs for environment protection interventions; enhanced capacity in joint monitoring through partnership with government and community; and knowledge and awareness to carry out reconciliation of results versus expenses.

The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to CARE Ethiopia's staff, they improved their knowledge on disaster risk reduction and management (DRRM) because of joint bi-monthly review meetings with PFR (Partners for Resilience) partners (MFS II funded); experience gained from implementation of the BREAD IV project (funded by DFID); a training on community management disaster risk reduction in 2013 (funded by MFS II), quarterly meetings of the agricultural task force organised by MoA and FAO; participation in the climate change strategy for CARE; and past experiences in joint monitoring with implementing partners.

The organisation enhanced its knowledge and understanding of options for local adaptation to climate change because of participating in the climate change strategy for CARE; participation in the CARE climate working group that discusses on local adaptation; and because of exploration of knowledge by contacting partners, experts and consulting documents.

CARE Ethiopia enhanced its M&E and learning capacity (including having automated data base management) because of a training on M&E in 2014 (funded by MFS II); CARE Ethiopia's robust M&E system and M&E unit; and support for planning and quality learning by a new impact measurement advisor since 2013.

CARE Ethiopia has enhanced its staff capacity in strengthening and utilising school clubs through partnership with the government and the community due to two midterm review meetings organised in Dire Dawa, Ethiopia and Uganda (MFS II funded); and past experience and knowledge on group formation and working with groups in different development interventions.

The organisation said to have enhanced its capacity in joint monitoring through their partnerships with government and communities because of past experiences in joint progress monitoring with implementing partners; and the nature of the MFS II funded program that required a multidisciplinary approach, community involvement and is implemented in partnership with a local NGO.

Finally, CARE Ethiopia improved its knowledge and awareness on carrying out reconciliation of results versus expenses because of exposure to the MFS II reporting system (reporting costs by activity and result area).

According to CARE Ethiopia's staff, MFS II funded capacity development interventions have thus played a role in better understanding and knowledge of disaster risk reduction and management; and enhanced M&E and learning capacity. This was through bi-monthly review meetings with PFR partners, training on M&E; and midterm review meetings. However, internal factors like participation in CARE's climate change strategy and climate working group; experiences in joint monitoring; hiring an impact measurement advisor, having a robust M&E system and unit; and exploring knowledge have also played an important role in the key organisational capacity changes that the CARE Ethiopia staff considered important since the baseline in 2012. Support from other funders, like, DFID, FAO and MoA, in terms of meetings and experience gained through projects, has also been mentioned among the underlying factors for these changes.

2 Context and General Information about the SPO – CARE Ethiopia

2.1 General information about the Southern Partner Organisation (SPO)

Ethiopia	
Consortium	Partners for Resilience
Responsible Dutch NGO	CARE Netherlands
Project (if applicable)	Climate Proof Disaster Risk Reduction Program (CPDRR) Project C6 in MDG sample
Southern partner organisation	CARE Ethiopia

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

In 2010, Ethiopia embarked up on its third Poverty Reduction Strategy Paper, the Growth and Transformation Plan (GTP) for the period 2010/11–2014/15. The GTP has eradication of poverty and transformation at the centre of its focus, and it is most ambitious in incorporating sustainable development principles and objectives. The GTP's objectives are identified as: (i) Attaining high growth within a stable macroeconomic framework; (ii) Achieving the MDGs in the social sector; and (iii) Establishing a stable democratic and developmental state. To accomplish these objectives, the GTP defined a number of strategic pillars. These are: to sustain rapid growth; emphasize agriculture; promote industrialization; invest in infrastructure; enhance social development; strengthen governance; and empower youth and women.

Ethiopia is considered one of the least developed countries, ranked 171 out of 182 countries in the UNDP Human Development Index for 2009. In the 2010 Global hunger index which ranks developing countries and countries in transition based on proportion of undernourished people, proportion of underweight children under five, and child mortality rate, Ethiopia was given a 29.8, on a scale of 0-100, with 0 being the best and 100 the worst possible score. Ethiopia is one of the countries that made the most absolute progress improving its score between 1990 and 2010; in 1990 it had a score of 43.7, and now it's down to 29.8. However, despite this improvement this score is still troubling – Ethiopia still ranks 80th out of 84 countries.

The level of hunger in Ethiopia can also be measured based on child growth, which is "internationally recognized as an important indicator of nutritional status and health in populations." In 2005, 20% of babies had low birth weight (less than 2500g at birth). 53.5% of children under five and 30.6% of pregnant women were anaemic. 34.6% of children were considered underweight, which contributes to child mortality. 50.7% of children suffered from growth retardation as a result of inadequate diets, and 12.3% were "wasting", which refers to a condition brought on by severe under-nutrition and causes permanent impairment of the immune system, making them much more susceptible to

infectious diseases and death. These high levels of under-nutrition, particularly in children and mothers, have serious implications for Ethiopia's future. High child mortality, impaired immune system, and the results of stunting due to inadequate diet, which include delayed mental development and intellectual capacity and decreased performance in school, have long-term effects, not only for those children but for economic productivity as a whole. Small, undernourished women are also more likely to experience complications in during childbirth, and are more likely to give birth to low birth-weight babies, further "contributing to the intergenerational cycle of malnutrition

CARE started working in Ethiopia in 1984 in response to severe drought and famine that devastated the population and claimed the lives of nearly one million people. Since then, the organization's activities have expanded to address the root causes of poverty and vulnerability. CARE's programs focus on the areas of livelihoods and food security, sexual and reproductive health, HIV/AIDS, education, governance, water and sanitation, and emergency preparedness and response. As part of CARE Ethiopia's development of a focused and long-term program approach to poverty, the office targets three groups of people: pastoralist girls, chronically food-insecure rural women, and poor young girls living in cities and on the outskirts of urban areas. CARE Ethiopia's projects are implemented through field offices located in specific project zones in its geographic focus regions. Currently, CARE works in Oromiya, Amhara, Afar and Southern Nations and Nationalities Peoples Regional States.

CARE seeks a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE Ethiopia's mission is to work with poor women and men, boys and girls, communities and institutions, to have a significant impact on the underlying causes of poverty. The revised Strategic Plan 2010-2020 provides a unified direction for the Country Office based on the analytical foundation it has produced for the three identified Impact Groups, and based on changes in CARE Ethiopia's operating environment.

As one of CARE International's learning laboratories in making this shift, CARE Ethiopia has committed to develop programs around the following three impact groups which include chronically food insecure rural women; pastoralist school-aged girls; and resource-poor urban female youth. These three programs are grounded in deeper understanding of the particular vulnerabilities and opportunities of each group (as well as specific sub-populations) and involve a long-term commitment to positive social change. In mutually supportive alliances, CARE Ethiopia will contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls, honouring their dignity. CARE Ethiopia's strategic directions are designed to support the UN Millennium Development Goals for Ethiopia (MDG) and the Government of Ethiopia's Growth and Transformation Plan (GTP).

2.3 Contracting details

When did cooperation with this partner start:
In 2009 CARE Nederland first worked together with CARE Ethiopia on the 'RESILIENCE' project, a multi-country programme aimed to field test different Disaster Risk Reduction (DRR) methods (other countries of participation are Indonesia and Bolivia). In 2010 CARE Nederland started contacting CARE Ethiopia to prepare for the Partners for Resilience Project, which commenced in 2011.

What is the MFS II contracting period:
1 January 2011 – 31 December 2015

Did cooperation with this partner end?
NO

If yes, when did it finish?
N.A.

What is the reason for ending the cooperation with this partner:
N.A.

If not, is there an expected end date?
31 December 2015 (for the MFS II project, not for cooperation)

2.4 Background to the Southern Partner Organisation

History

CARE started working in Ethiopia in 1984. It was in response to the severe famine that took place in many parts of the country. Since then, the organization's activities have expanded to address the root causes of poverty and vulnerability.

Influencing factors

The major influencing factors in most cases were related to government policies. The following influencing factors that shaped the involvement of CARE Ethiopia were identified.

- Change of government in 1991
- Decentralization of regions in 1994
- Economic policy reform in 1995
- CSO law in 2008.

The following years were critical in the development process of the organization:

Critical changes										
1984	1988-1989	1991	1995	2000	2001	2003	2005	2008	2011	2012
Incep-tion due to severe famine	Relief and rehabilitation activity in response to	Change of government	Orientation to market economy which forced the restruc-turing of	Occur-rence of major famine	Introduc-tionof SCALA financial software	Work on livestock and feed	From REVIVE to PSNP REVIVE:	CSO law; from project to program	Closure of multi-year assistance program	Introduction of Pamodzi grant and finance software

Target groups

At present the organization targets three groups of people. These are pastoralist girls, chronically food-insecure rural women, and poor young girls living in cities and on the outskirts of urban areas. There have been changes in the target groups over the years. At inception and the following years, the target groups were people affected by drought, displaced/refuges from Somalia and the northern part of Ethiopia because of the war. In the 1990s, it was rural households in East Shoa and part of West Harargie. By the beginning of 2000 drought affected people in South Gonder and pastoralists were the main target groups.

Numbers of staff

The workshop participants could not recall the number of staff at the inception period. But it was stated that due to the government's orientation to market economy CARE was forced to restructure its transport system which led to the layoff of large number of staff. By 2000 to 2005, the number of staff reached about 800-1000. Although the number of staff reached more than 1000 in the following years, the introduction of new CSO law in 2008 made CARE Ethiopia to abandon governance and rights-related programs and retrench some staff. Furthermore, the closure of the Multi Year Assistant Program (MYAP) further brought about reduction in staff from 1500 in 2011 to 644 in 2012. The number of staff in 2013 and in 2014 was 481 and 503 respectively.

Total budget and funders

The participants were not able to tell the amount of budgets allocated for the whole period under discussion. They were able to state the budget for 2012. According to the finance department the budget of the organization was USD 27.7 million in 2007-08 budget year which grew to USD 32.7 million, in 2008-09. The recent three years budget were USD 36.2 million, USD 53.1 million, and USD 52 million for the budget years 2009-10, 2010-11, and 2001-12 respectively. The budget years 2012-13 and 2013-14 was USD 34,795,656.83 and USD 36,908,828.56 respectively

From inception to the current period, USAID remained to be the main source of funding. Other major funders were UNHCR, ECHO, EU, Norway Embassy, ADA (Austria Development), CIDA, governments of Germany, Luxemburg, and the Netherlands, Howard and Buffet foundation, Hilton foundation, Boeng foundation, Goldman, Starbucks, CDC France, JOCK, and MSF-II.

Capacity strengthening activities

CARE Ethiopia has been engaged in various capacity strengthening activities since inception. What the participants were able to remember were:

- At inception: thematic training to prepare staff for the work - household assessment, disaster response.
- In 2000: continuous training on safety and security.
- In 2003: long-term training, training on budget (online and face-to-face), and on-the-job training in USA.
- As of 2005: online training with CARE Academy in 10 thematic areas.
- In 2009: training on livestock emergency response guideline (LEG), and training on holistic management.
- As of 2010: induction training (quarterly and regularly).
- In 2011: GED training, CMDRR training, ToT on the use of participatory video
- In 2012: training on self-discovery, Outcome mapping Tot workshop and DRR/CCA & EMR training
- 2013: PfR Global Conference in the Netherlands
- 2014: Training on Monitoring & Evaluation; ToT training on Ecosystem & climate and communication training

Vision

To seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security (CARE International Vision).

Mission

To serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility *CARE International Mission)*.

CARE Ethiopia's mission is to work with poor women and men, boys and girls, communities and institutions, to have a significant impact on the underlying causes of poverty.

Strategies

At present the organization targets three groups of people. These are pastoralist girls, chronically food-insecure rural women, and poor young girls living in cities and on the outskirts of urban areas. CARE Ethiopia's programs focus on the areas of livelihoods and food security, sexual and reproductive health, HIV/AIDS, education, water and sanitation, and emergency preparedness and response, through:

- Building capacity to respond to disaster.
- Global diversity.
- Organization evolution.
- Information and knowledge management.
- Build shared expertise in key areas of competence.
- Strengthen governance and decision making processes.

CARE Ethiopia is committed to achieving the overall goal by:

- Generating and using knowledge, committing to continuous reflection and application of learning.
- Influencing the development and humanitarian agendas.
- Working in partnership and alliances.
- Changing the organization to become a more legitimate, effective, efficient, transparent and accountable contributor to social change in Ethiopia.

MFS II funded project in Afar Region

The MFS II funded project is taking place in Afar Region. CARE will work in partnership with one well established local NGO partner in Afar region-Support for Sustainable Development (SSD). Actually, this is the organisation that is targeted for capacity building with MFS II funding, with CARE Ethiopia as an intermediate organisation. On top of this, the focus of the project on development is to enhance communities‟ resilience, the policy context and cooperation between governmental and non-governmental actors. Other stakeholders are government counterparts (local/regional), NGOs, PfR consortium members, networks, knowledge institutions/resource organization.

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[1].

[1] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia* (i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop

have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have

come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled

countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of CARE ET that have taken place since the baseline in 2012 are described. The information is based on the information provided by CARE NL.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
.....				

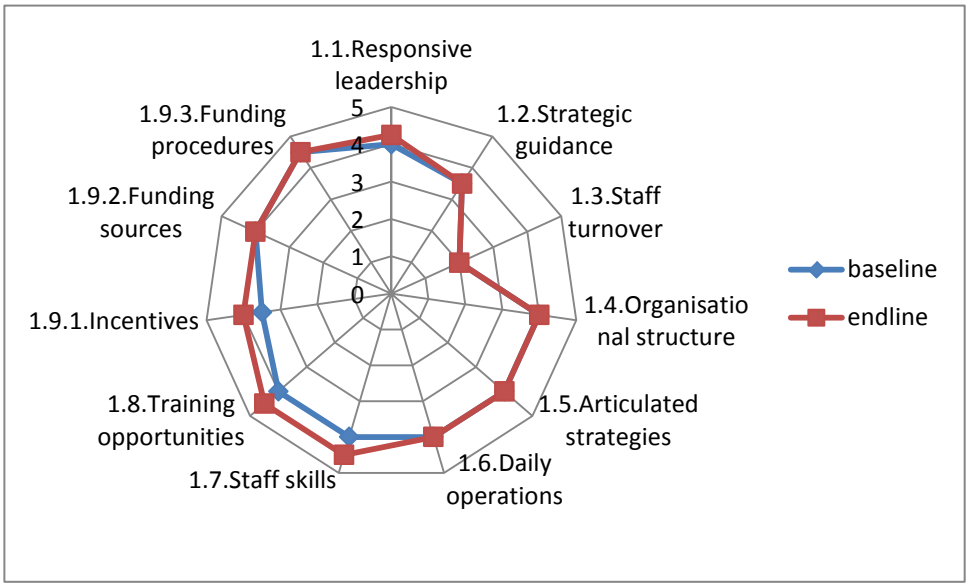
Source: (no suitable information received)

4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. See also appendix 4. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The summary results are described in 4.2.2 whilst the detailed general map is described in appendix 4.

4.2.1 Changes in the five core capabilities

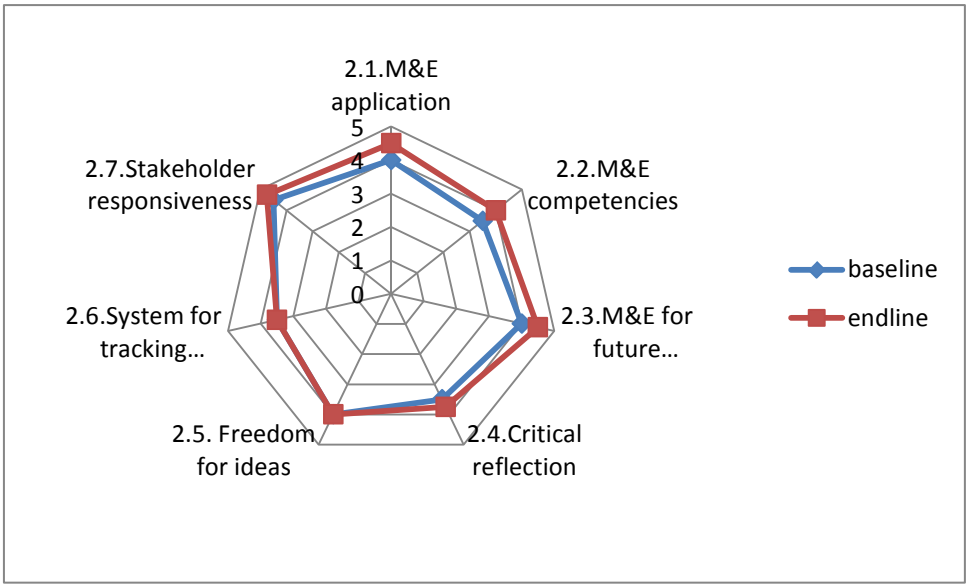
Capability to Act and Commit



The organization leadership is accountable to staff and stakeholders through meetings and sharing the minutes of meetings. The leadership is now getting regular information on the projects and programs in order to take action if necessary. However, some staffs indicated that the leadership style has not changed but involvement with the project has increased. The CARE Ethiopia HR unit is the lead coordinator to provide strategic guidance and organizes induction of policies and strategies for the newly recruited staffs. The leaders of CARE Ethiopia provided appropriate strategic guidance to support implementation of its programs similar with the baseline period. Changes have not been observed in terms of staff turnover, though some staff left and others joined the organization. Care Ethiopia has a clear organizational structure and clearly articulated strategies. CARE-Ethiopia has undertaken strategic planning, including more strategic analysis and goal setting, and daily operations of all programs and projects have been designed in line with this. The organization has showed some improvement in terms of staff skills. This is due to the fact that CARE Ethiopia are usually hires well-educated professionals, but also due to the fact that CARE Ethiopia has been providing different in-country and abroad trainings to its employees. Hence, CARE Ethiopia has been providing more training opportunities for employees and many employees have taken relevant CARE Academy courses to enhance their skills and capacity. They have disseminated the knowledge to other employees. CARE Ethiopia has put in place different incentive mechanisms for staff members that include improving structural job grades with increased staff salaries, and cost of living adjustments (COLA). There is an enabling working environment and the organization has set different reward policies that enable employees to comply with the organization requirements. On the other hand, the organization's funding sources and funding procedures have not significantly changed.

Score: from 3.8 to 3.9 (Very minor improvement)

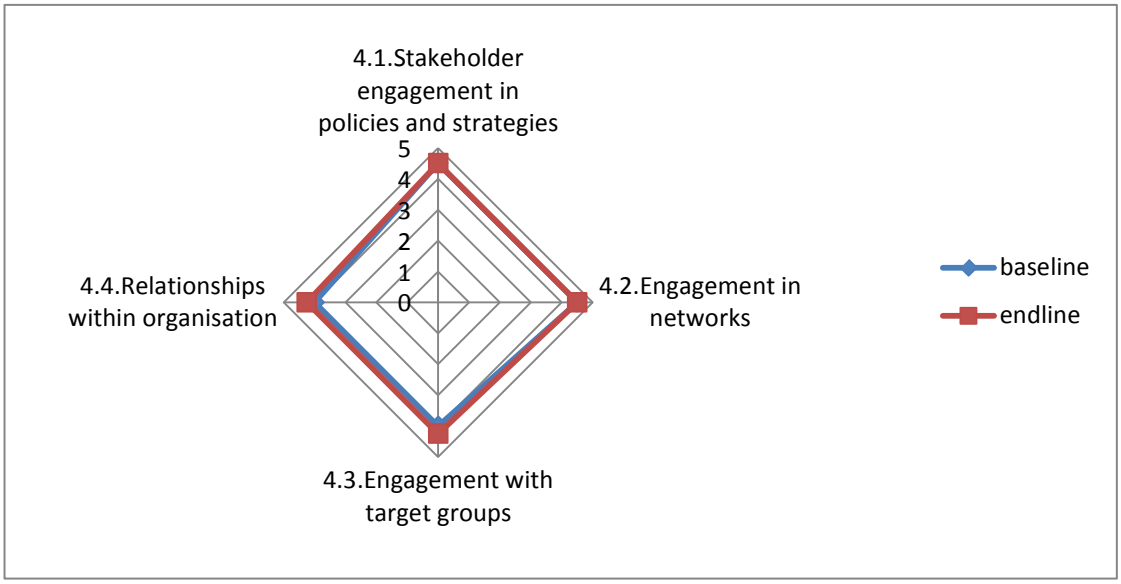
Capability to adapt and self-renew



The organization M&E unit has been strengthened due to the fact that more competent staffs were hired and a strengthened information system. The M&E tools were revised and a data base was developed for the country office in general and for individual projects in particular. Besides, the M&E training organized by the PfR project for CARE M&E staff and project managers/coordinators has helped to improve the M&E competences and enabled the HR department and other team members to generate and prepare reports as required. CARE Ethiopia has established a knowledge center through which learning and lessons are shared, e.g. through learning events and these can feed into future strategies. For example, documentation and sharing of good practices of the PfR results were very important to scale up good practices. Furthermore, critical reflection has taken place in a way that employees were highly encouraged to reflect their opinions regarding performance and benefit related issues through several discussion forums and experience sharing events. The organization has maintained its good practices in freedom of ideas as the organization has experience to welcome ideas of staff. Besides, there are complaint mechanisms put in place at both HQ and field level, and CARE Ethiopia consults on a regular basis with the donor and similar NGOs on strategic and operational issues as indicated in the baseline report. Furthermore, CARE has established a partnership day workshop, and this was conducted in 2014 where all CARE partners came together to acknowledge the partnership so far and to discuss the strengths, and challenges of current partnerships with CARE. An action plan was also developed to improve the partnerships. CARE has carried out an organizational Capacity Assessment aimed at building the capacity of partners. Thus responsiveness to stakeholders has increased in the collaboration with partners also supports the organisation in tracking the environment.

Score: from 3.8 to 4.1 (slight improvement)

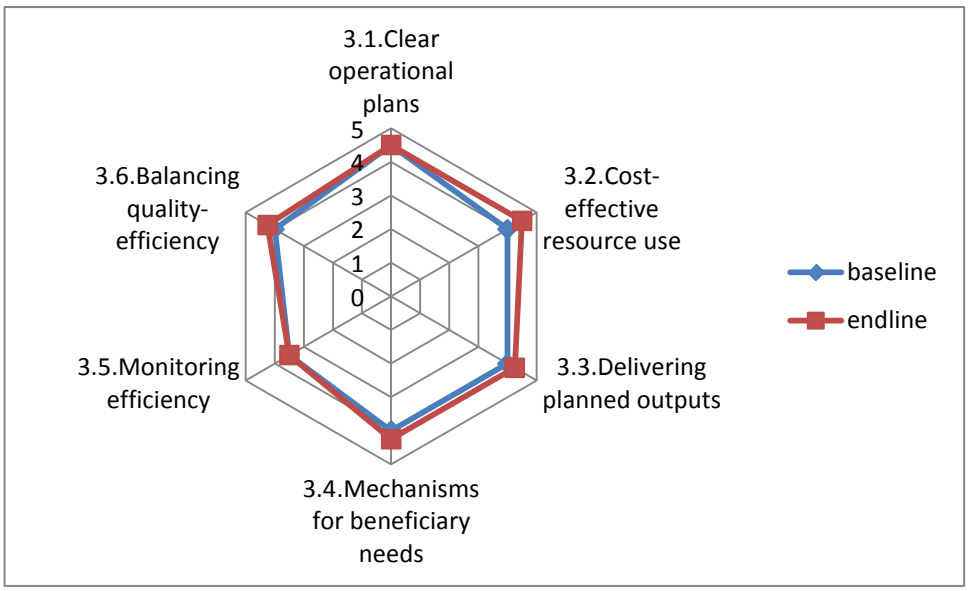
Capability to deliver on development objectives



CARE Ethiopia has good experience in designing projects based on a fully fledged project proposal that contains a clear operational plan. Besides, the organization has shown some progress in designing projects to complement each other to ensure cost effectiveness at times of project design and implementation phase. As a result CARE Ethiopia has made great progress with program implementation, resulting in impressive achievements in delivering planned outputs. This is due to the presence of qualified and committed staff and management, regular monitoring and beneficiary consultations. Also, the organization has been working very closely with the grass root beneficiaries. However, the organization has no mechanisms to monitor efficiency. Nevertheless, staff are more experienced to ensure balancing quality and efficiency in their work. Besides, new staffs was hired for the Program Quality and Learning Unit and a number of learning events like exchange visits, conferences, workshops, exchanges, etc., have also helped to improve capacity in balancing efficiency requirements with the quality of work.

Score: from 4.0 to 4.2 (very slight improvement)

Capability to relate

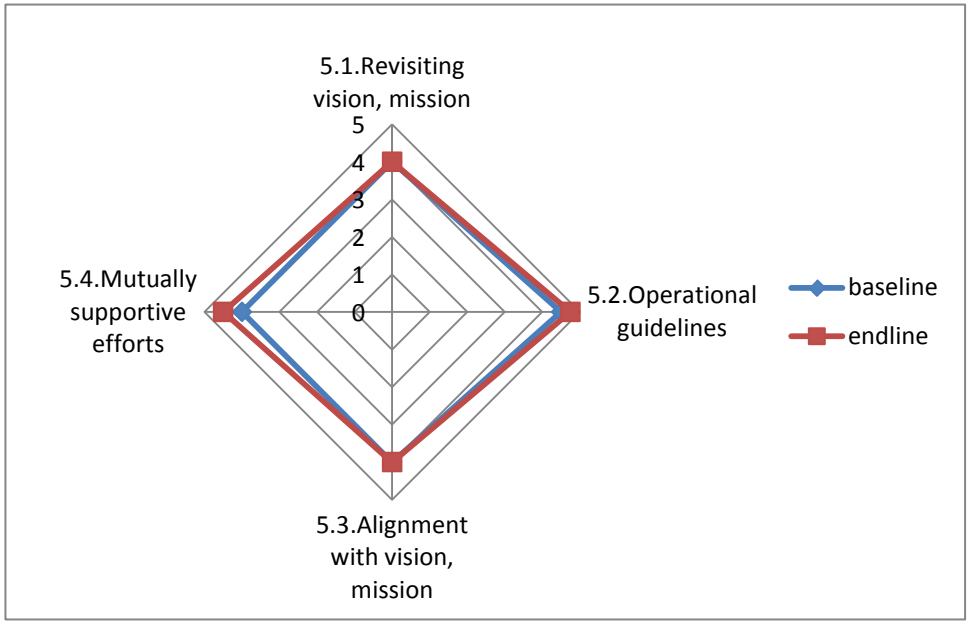


Most of the policies and strategies are designed at international level and CARE-Ethiopia designed policies and strategies based on that, and adapting these to the local context. Stakeholder involvement is an integral part of CARE's work at all stages, during strategy formulation and program design, implementation and evaluation. Besides, CARE has engaged with networks and established partnerships

with local NGOs, INGOs, universities, private companies and research institutes. However, no information was provided on the new networks and partners with which CARE Ethiopia has engaged. The CARE PfR program manager visits projects and discusses with beneficiaries more frequently now compared to the baseline in 2012. Meanwhile, though CARE-Ethiopia has moved its head office to a new building, all facilities demonstrated during the baseline are still present. Hence, the offices are well furnished and the layout is conducive for work. Besides, communication at field offices has improved through email communication using CDMA (a device for internet connection).

Score: from 4.2 to 4.4 (very slight improvement)

Capability to achieve coherence



CARE Ethiopia's strategic directions are designed to support the UN Millennium Development Goals for Ethiopia (MDG) and the Government of Ethiopia's Growth and Transformation Plan (GTP). CARE is a well-established organization and has all the technical guidelines in the different areas of operation. In this regard, small revisions have been made to the HR manual and policy. Besides, CARE Ethiopia has improved project documentation and is developing new guidelines and more systematic implementation strategies. The organization has developed implementation manuals and has transparent financial procedures and practice. All programs and projects have been designed in line with the organization's vision, mission and strategies. This was evident in the strategic document where CARE Ethiopia has identified three impact groups following CARE's decision to shift from project to program approach. Accordingly, program/project initiatives are intentionally designed to meet these requirements. Furthermore, there has been an improvement in terms of staff capacity to ensure the complementarity of the various projects to CARE's program approach for a better impact. Provision of trainings, learning and linking with partners, and learning from experience has helped with this. Projects are reviewed to ensure synergy during project design as well as in the implementation phase.
Score: from 4.1 to 4.3 (very slight improvement)

4.2.2 Key organisational capacity changes - general causal map

Below you can find a description of the key changes in organizational capacity of CARE since the baseline as expressed by CARE staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on CARE from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how CARE has changed since the baseline.

The endline workshop was conducted on 19th November 2014, at CARE headquarters in Addis Ababa. Six CARE staff of the following job categories participated: management, program and M&E. Following the self-assessment on December4, 2014, staff brainstormed about and developed a causal map for the key changes that happened in CARE since the MFS II baseline survey in 2012 in the area of organizational capacity.

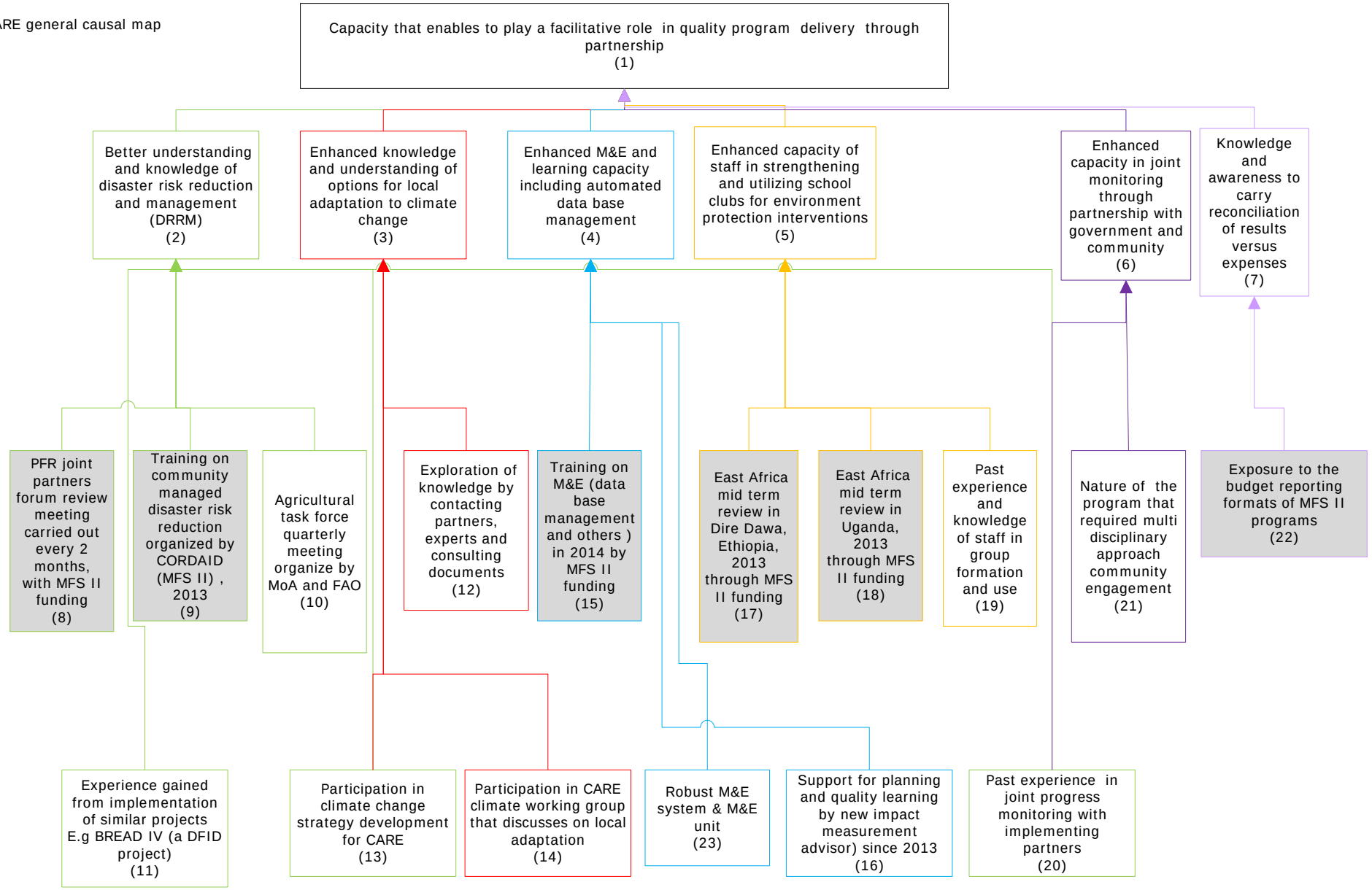
The workshop participants raised different points and finally agreed that **"capacity that enables to play a facilitation role in quality program delivery through partnership "**(1) be the final goal for CARE capacity building. To achieve this, CARE has made the following capacity changes since 2012:

- Better understanding and knowledge of disaster risk reduction and management (2);
- Enhanced knowledge and understanding of options for local adaptation to climate change (3);
- Enhanced M&E and learning capacity including automated data base management (4);
- Enhanced capacity of staff in strengthening and utilizing school clubs for environment protection interventions (5);
- Enhanced capacity in joint monitoring through partnership with government and community (6); and
- Knowledge and awareness to carry out reconciliation of results versus expenses (7).

CARE believes that the project which is supported by MFS II is small compared to what CARE is doing in the country. Therefore, the influence of MFS II in the capacity building of CARE as a whole is minimal but the focus with this endline process has been on the project and the relationship to headquarters.

Each of these key organizational capacity changes is further explained below. The numbers correspond to the numbers in the visual.

CARE general causal map



Better understanding and knowledge of disaster risk reduction and management (DRRM) (2)

The issue of disaster risk reduction and management is not new to CARE. Earlier to this, CARE was implementing interventions dealing with DRMM by itself and with partners. For example, in addition to the experiences it had while conducting the joint bi-monthly monitoring of PFR (Partners for Resilience – MFS II) intervention implemented by partners (8) it was implementing the BREAD IV project financed by DFID funding (11) in parallel with the MFS II project. In addition, the participation of the PFR implementing staff in the climate change strategy development for CARE (13) has helped the staff get the capacity. However, since the issue is complicated and involves different stakeholders, getting current information and experiences will help in the better implementation of it. In this regard, the PFR joint partners' forum review meeting carried out every two months with the MFS funding (8) has helped CARE to learn from the experiences of others and also share its experiences in relation to the implementation of PFR. Similarly the agricultural task force quarterly meeting organized by MoA and FAO (10) also gave the opportunity for CARE to learn about the experiences of other stakeholders. Furthermore, the training the staff received on community managed disaster risk management organized by CORDAID (9) (MFS II funded) also helped in improving the understanding and knowledge of disaster risk management (2). And past experiences in joint progress monitoring with implementing partners (20) also contributed to the improved understanding of DRRM.

Enhanced knowledge and understanding of options for local adaptation to climate change (3)

The issue of climate change has become the current issue in the organization because most of the operations of the organizations are in areas which are climate change prone and inhabited by pastoralists and agro-pastoralists. As a result CARE is doing its best to update itself regarding the issue of climate change through exploration of relevant knowledge by contacting partners, experts and consulting documents (12). In addition, the participation in the climate change strategy development for CARE (13) and the participation of the PFR staff in the CARE climate working group that discusses on local adaptation strategies to climate change (14) has helped the MFS II project implementing staff to have a better understanding and knowledge regarding the options for local adaptation to climate change (3).

Enhanced M&E and learning capacity including automated data base management (4)

CARE has a robust M&E system and an M&E unit (23) catering to the needs of the different projects within the organization. In line with this, the PFR project also receives M&E support from this unit. Since 2012 the unit has made improvement in terms of the way it is carrying out its M&E and learning. The main reason for the change is the support it is getting from the new impact measurement advisor hired in 2013 (16) and the training on M&E (with topics on data base management and other issues) with the support of MFS II funding. This training is for all M&E staff and has an influence on the overall CARE M&E operations, but this isn't reflected in the visual since this is mainly focuses on the project funded by MFS II.

Enhanced capacity of staff in strengthening and utilizing school clubs through partnership with the government and community (5)

In most schools the government has formed different kinds of clubs to support and improve the quality of education. In line with this, CARE has established new clubs or has strengthened the existing clubs so that they work on environmental protection issues; such as, planting trees inside their school compound, planting trees around their homesteads. Though CARE had past experience and knowledge in group formation and working with groups for different development interventions (19), the capacity of the staff implementing PFR was enhanced as a result of the two project midterm review meetings organized in Dire Dawa, Ethiopia (17) and Uganda (18) ; both in 2013 with the funding of MFS II. In the midterm review meetings the experiences of different stakeholders from different countries was presented. This helped the staff implementing the MFS II supported project to get better knowledge in establishing new clubs as well as strengthening the existing ones to use school clubs for the protection of the environment.

Enhanced capacity in joint monitoring through partnership with government and community (6)

Most of the interventions that CARE is implementing are carried out through local partners. For example, the current project which is financed by MFS II is also implemented in partnership with a local NGO. In addition, since the nature of program requires a multi-disciplinary approach and the involvement of the community (21) as it is an intervention implemented for pastoralists and with pastoralists, working with them is essential for the success of the project. Government partners who work with pastoralists were also involved to ensure the sustainability of the project after the end of the project time. The joint activity, among other things, requires not only implementing the project with the community and the Government but also monitoring the progress with them. Therefore, as a result of the repeated involvement in this kind of activity and the past experience in joint progress monitoring with implementing partners (20), CARE's capacity in the area of joint monitoring through partnership with government and community is enhanced and has become more after the baseline study in 2012.

Knowledge and **awareness to carry out reconciliation of results versus expenses (7)**

The financial reporting system that is being asked and used in the MFS II funding requires all costs to be reported by activity and result area. This helps to track the cost that is incurred to get a certain result. On the other hand this also helps to calculate the infancy and benefit cost ratio of the project. CARE staff implementing the MFS II project mentioned that their exposure to this reporting system has increased their knowledge (22). However, the staff is not sure how and when they will use this knowledge since CARE is having its own financial reporting system and also other funders have their own systems.

5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited CARE staff in the organization's HQs in Addis Ababa and explained the purpose and the process of the 5C end line assessment. During the visit, both teams agreed on the workshop dates including the type and number of staff who would attend the workshop. In addition to that, the assessment team also gave the "support to capacity development sheet" to be filled by CARE staff. The Ethiopian 5C assessment team conducted the assessment in three visits. The first visit was to conduct the self-assessment workshop and ask the staff to fill the self-assessment form in their respective four subgroups (management (1); program (1); M&E (3); and HRM and administration (1)). Six staff members participated in the workshop in which three were also present during the baseline. Since the implementation of the PfR project was outsourced and implemented by another SPO, the CARE field staff didn't participate in the endline workshop as was done in the workshops carried out with other SPOs. However, the opinion of the SPO was collected through partner interview. Therefore, a partner interview form was sent to them through email and the SPO was asked to complete the forms and send these to the assessment team.

This was followed by a second visit to carry out a brainstorming session and develop a general casual map that explains the key organisational capacity changes that have happened in CARE since the baseline in 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessments and to better understand the organisational capacity change in CARE since the baseline in 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms. Some of the interviews were done through emails because respondents were busy and this method was thought to be flexible so that they could fill the form whenever convenient for them.

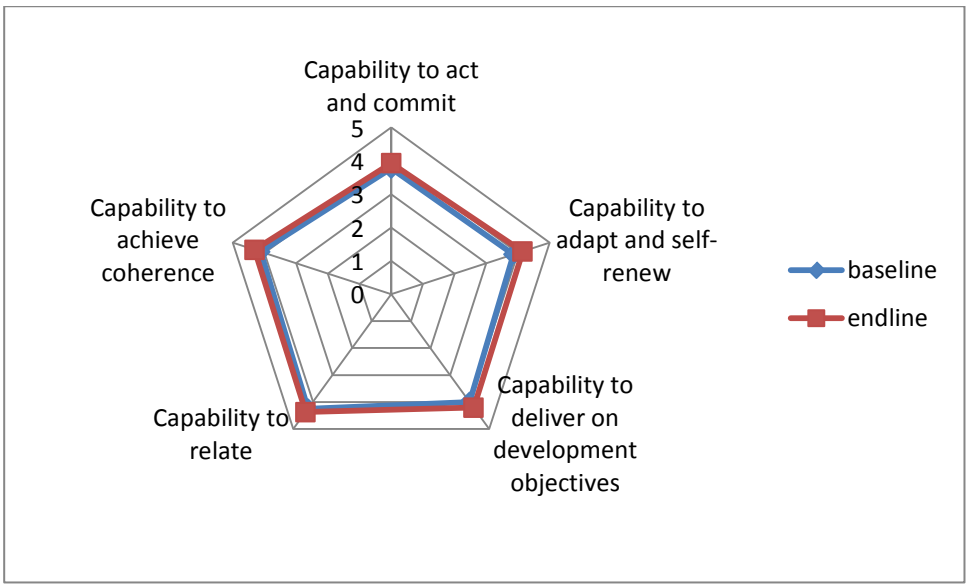
The plan of the evaluation team to also conduct two interviews with CARE partners (not PfR – implementing partner) didn't materialize because the interview overlapped with other activities that were to be carried out in the SPO.

It must be noted that the PfR project is very small compared to the rest of CARE's initiatives in Ethiopia. So whilst the 5C assessment team aimed to get an overall picture of CARE as an organisation, it must be noted that information received from the organisation is mainly based on information from HQ and the PfR project related documents and persons. Since the organisation is very large it was impossible to reach all the different project sites and this was also not the purpose of this 5c evaluation. The capacity development interventions by the CFA focused mainly on the people involved in the PfR project.

5.2 Changes in organisational capacity development

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years some small improvements took place in the indicators under the capability to act and commit. The management of CARE Ethiopia is responsive and now receiving regular information from projects to use for taking action. In the last two years a substantial amount was budgeted for training of staff and staff are encouraged to seek education opportunities in-country and abroad. Many opportunities have been offered to staff, staff has taken CARE Academy courses and are offered in-country scholarships. Staff skills have therefore improved and the training opportunities are also seen as an important incentive. Staff salaries have increased and the merit-based salary increment policy has been further implemented.

In the capability to adapt and self-renew CARE Ethiopia saw many small improvements. The application of M&E improved slightly because more competent staffs were hired and the information system has been strengthened. Staff's M&E competencies were strengthened through MFS II funded training. CARE Ethiopia has established a knowledge centre through which learning takes place and lessons are shared. In this way M&E findings are used to inform future strategies. There has been a very slight improvement in terms of room for critical reflection which was triggered by feedback from CARE Netherlands. CARE Ethiopia has become more responsive to its stakeholders as they are now organising a yearly partnership day and is following a community development approach.

In terms of the capability to deliver on development objectives, CARE Ethiopia has improved in various indicators. Staff's awareness of the importance to work cost-effectively has increased. In various projects CARE Ethiopia has reduced costs by maximising the contribution of the community. The organisation is reaching or surpassing its planned outputs and the partners are satisfied with the results. There was a very slight improvement in ensuring that beneficiary needs are met because of the presence of qualified staff, regular monitoring and beneficiary consultations. Staffs have become more experienced e.g. through learning events, and are therefore better able to balance quality and efficiency. Hiring new staff for the program quality and learning unit has also helped in this regard.

In the capability to relate, CARE Ethiopia very slightly improved in engaging with their target groups. The CARE PfR program manager visits projects and discusses with beneficiaries more frequently now. With regards to relations within the organisation, communication has improved due to Wi-Fi connection in the field offices with USAID funding.

Finally, CARE Ethiopia has shown slight improvements in some of the indicators under the capability to achieve coherence. There has been a very slight improvement in operational guidelines due to a revision of the HR manual and policy and development of implementation guidelines and transparent financial procedures. There is a slight improvement in staff's capacity to ensure the complementarity of the various projects to CARE's new program approach for a better impact.

During the endline workshop some key organisational capacity changes were brought up by CARE Ethiopia's staff in the 'general key changes in organisational capacity causal map': better

understanding and knowledge of disaster risk reduction and management; enhanced knowledge and understanding of options for local adaptation to climate change; enhanced M&E and learning capacity including automated data base management; enhanced capacity of staff in strengthening and utilizing school clubs for environment protection interventions; enhanced capacity in joint monitoring through partnership with government and community; and knowledge and awareness to carry out reconciliation of results versus expenses. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to CARE Ethiopia's staff, they improved their knowledge on disaster risk reduction and management (DRRM) because of joint bi-monthly review meetings with PFR (Partners for Resilience) partners (funded by MFS II); experience gained from implementation of the BREAD IV project (funded by DFID); a training on community management disaster risk reduction in 2013 (funded by MFS II), quarterly meetings of the agricultural task force organised by MoA and FAO; participation in the climate change strategy for CARE; and past experiences in joint monitoring with implementing partners. The organisation enhanced its knowledge and understanding of options for local adaptation to climate change because of participating in the climate change strategy for CARE; participation in the CARE climate working group that discusses on local adaptation; and because of exploration of knowledge by contacting partners, experts and consulting documents. CARE Ethiopia enhanced its M&E and learning capacity (including having automated data base management) because of a training on M&E in 2014 (funded by MFS II); CARE Ethiopia's robust M&E system and M&E unit; and support for planning and quality learning by a new impact measurement advisor since 2013. CARE Ethiopia has enhanced its staff capacity in strengthening and utilising school clubs through partnership with the government and the community due to two midterm review meetings organised in Dire Dawa, Ethiopia and Uganda (MFS II funded); and past experience and knowledge on group formation and working with groups in different development interventions. The organisation said to have enhanced its capacity in joint monitoring through their partnerships with government and community because of past experiences in joint progress monitoring with implementing partners; and the nature of the MFS II funded program that required a multidisciplinary approach, community involvement and is implemented in partnership with a local NGO. Finally, CARE Ethiopia improved its knowledge and awareness on carrying out reconciliation of results versus expenses because of exposure to the MFS II reporting system (reporting costs by activity and result area). According to CARE Ethiopia's, MFS II funded capacity development interventions have thus played a role in better understanding and knowledge of disaster risk reduction and management; and enhanced M&E and learning capacity. This was through bi-monthly review meetings with PFR partners, training on M&E; and midterm review meetings. However, internal factors like participation in CARE's climate change strategy and climate working group; experiences in joint monitoring; hiring an impact measurement advisor, having a robust M&E system and unit; and exploring knowledge have also played an important role in the key organisational capacity changes that the CARE Ethiopia staff considered important since the baseline in 2012. Support from other funders, like, DFID, FAO and MoA, in terms of meetings and experience gained through projects, has also been mentioned among the underlying factors for these changes.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. Tracing Causal Mechanisms. International Studies Review 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 270-280.

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

CARE_QPR_Jan_March_13_Submission.docx
CARE PRIME April_June 13 Quarterly Report FINAL.docx
CARE_PRIMEOct_Dec_12Quarterly Report.doc
DRM National Policy- English.doc
Ethiopia Climate-Resilient Green economy.pdf
20140430 PfR Annual Report 2013.pdf
9. GRAD Organization Chart May 16.docm
ANCP-01 Abstract-2014.doc
ANCP-01 Annual Report-2014.doc
ANCP-01 Costed work plan-2014.xls
ANCP-01 Logframe-2014.doc
ANCP-02 4 year concept Revised-2014.docx
ANCP-02 Abstract-2014.doc
ANCP-02 Annual Report-2014.doc
ANCP-02 Data Collection Format-2014.doc
ANCP-03 Com. participation experience-2014.doc
ANCP-03 Community appl format-2014.doc
ANCP-03 DIP-2014.xls
ANCP-03 Final Report-2014.xlsx
ANCP-04 Online indicators-2014.xlsx
ANCP-04 Annual Report-2014.docx
ANCP-04 Signed IPIA-2014.pdf
ANCP-04 WASH and women empowerment-2014.pdf
ANCP-05 FY14_17 budget template-2014.xls
ANCP-06 FY 13 WASH plus budget-2014.xls
ANCP-07 FY 13 budget Narative-2014.doc
ANCP-08 FY-13 project- Implementation Plan-2014.xls
CARE_Ethiopia_key_info_document_05.03.14.docx
CARE-ANCP FY 13 WASH proposal- 27 April 12.doc
External Final Evaluation of RREAD IV project.pdf
PRIME project Proposal for Printing %28v12.12.17%29.pdf
READ IV Good Practice Report Final 1.pdf
READ-IV Final Report (3).doc
RREAD IV Final financial report two.xls
1. Technical proposal Final word document.doc
5. Results Framework.xlsm
7. Monitoring and Evaluation Tools.docm

Fieldwork data:

A_5c endline_assessment sheet_PfR_Ethiopia_CARE-Eth_CARE-NL_completed_with interview.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_CARE-Eth_CARE-NL_completed.docx
H. 5c endline self-assessment of the SPO on organisational capacity – monitoring and evaluation staffn – CARE Eth..docx
I. 5c endline self-assessment of the SPO on organisational capacity – administrative and HRM staff – CARE Eth..doc
Q_5c endline observation sheet_Ethiopia_CARE Ethiopia-el.docx
R_5c endline_observable indicators at SPO_Ethiopia_CARE Ethiopia-el.docx
D_5c endline interview guide_(implementing) partners_selected indicators_Ethiopia_CARE Ethiopia.doc
F_5c endline self-assessment sheet_management_Ethiopia_CARE Ethiopia.doc
G. 5c endline self-assessment of the SPO on organisational capacity – program – CARE-ET.docx

List of Respondents

Alliance / CFA officers:

No.	Name	Function
1	Cecile de Milliano	Programme Coordinator (Ad Interim) Partners for Resilience (PfR) CARE Nederland
2	Iljitsj Wemerman	Programme Coordinator CARE Nederland
3	Anne te Molder	CARE Nederland; Programme Coordinator Partners for Resilience (PfR)

CARE Ethiopia staff:

No	Name	Function in the organization
1	Amanuel Kassie	Patoralists Livelihoods Resilence Program Manager
2	Sileshi Zewdie	Project Manager
3	Moges Tefera	Program quality and Learning Coordinator
4	Martha Rezene	Capacity Strengtheinhg & Partnership Advisor
5	Eshetu Demisie	Program Monitoring and Impact Measurement Advisor
6	Endalemaw Ayalew	Human Resource Officer

Others:

Elizabeth Milten, Deputy General Manager, Support for Sustainable Development (SSD). A Partner of CARE Ethiopia.

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[2] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;

[2] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

16. Provide the description of indicators in the relevant formats – CDI team
17. Review the descriptions per indicator – in-country team & CDI team
18. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
19. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
20. Organise the field visit to the SPO – in-country team
21. Interview the CFA – CDI team
22. Run the endline workshop with the SPO – in-country team
23. Interview SPO staff – in-country team
24. Fill-in observation sheets – in-country team
25. Interview externals – in-country team
26. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
27. Provide to the overview of information per 5c indicator to in-country team – CDI team
28. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
29. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
30. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o -2 = Considerable deterioration
   - o -1 = A slight deterioration
   - o 0 = No change occurred, the situation is the same as in 2012
   - o +1 = Slight improvement

- o +2 = Considerable improvement

2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;

- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

Purpose of the fieldwork**:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

Self-assessments**:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were *collected by the in-country team and by the CDI team.*

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per *indicator to the in-country team for initial analysis.*

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were *linked to the general causal map or detailed process tracing related causal map.*

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the *summary capability scores based on the average of all indicators by capability.*

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.

Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.

Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on

17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[3]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[3] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process:

management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.
The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused

the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

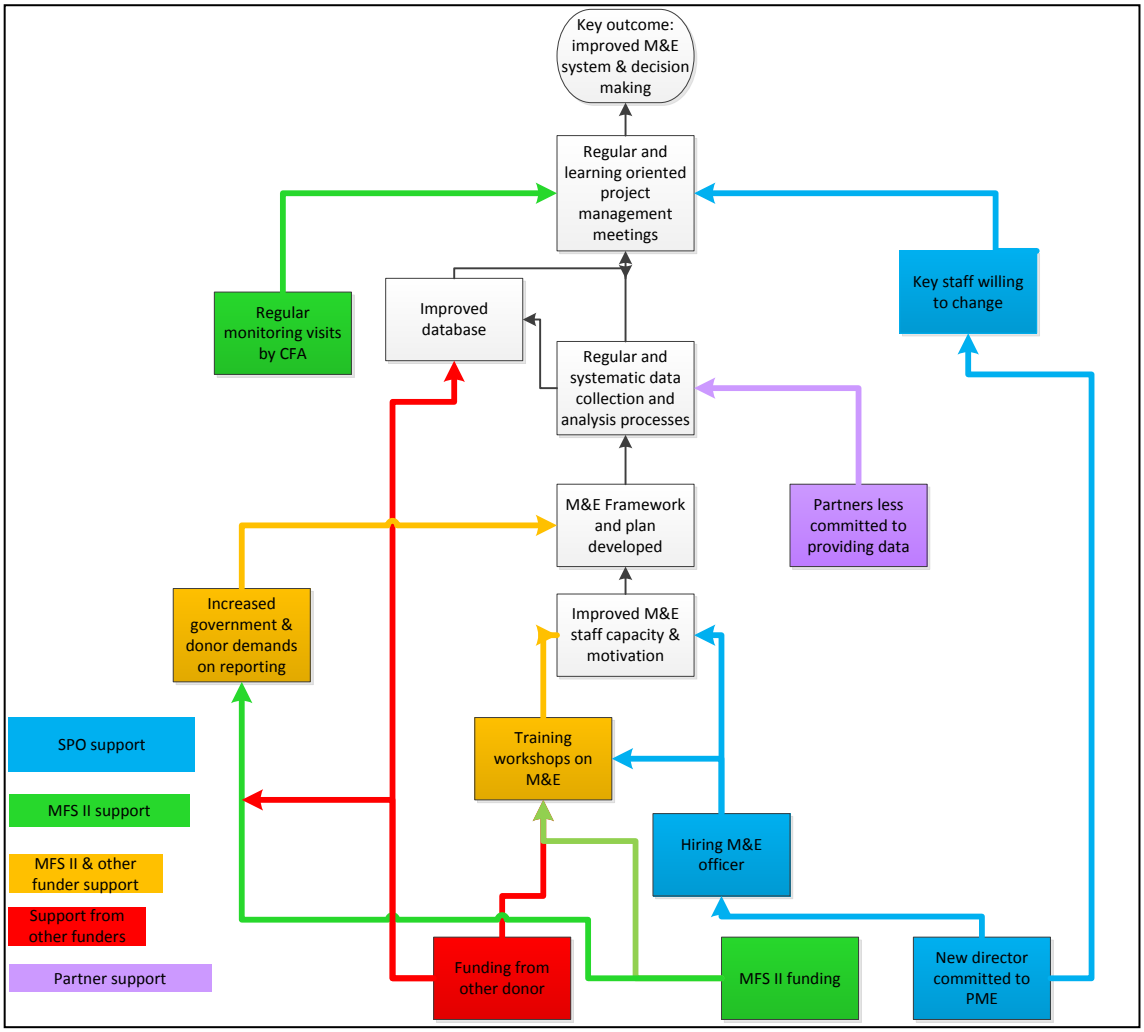


Figure 1 *An imaginary example of a model of change*

Step 5. Identify ***types of evidence*** *needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be

addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

Step 6. ***Collect data*** *to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

Step 7. ***Assess the quality*** *of data and* ***analyse data****, and develop the* ***final detailed causal map*** *(model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

Confirming/ rejecting a causal relation (yes/no);
Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has

provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is

crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

Capacity is referred to as the overall ability of an organisation or system to create value for others;

Capabilities are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);

Competencies are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

The capability to act and commit;

The capability to deliver on development objectives;

The capability to adapt and self-renew;

The capability to relate (to external stakeholders);

The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Note: CARE-Ethiopia is a huge organization compared to other SPOs in the 5c evaluation. As much as possible the focus has been on CARE at large, and most of the information has been received from CARE HQ in Addis Ababa, but specific information can be related to the MFS II funded PfR project in Afar region.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organisation (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organisation.

According to the PFR annual report for 2013, the organization's leadership was accountable to staff and stakeholders through meetings and sharing the minutes of meetings. The leadership is now getting regular information on the projects & programs in order to take actions if necessary. However, some staff members indicated that the leadership style has not changed but rather the involvement with the PfR project has increased.

Score: From 4 to 4.25 (Very slight improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

According to staff self-assessment, the leaders of CARE Ethiopia provide appropriate strategic guidance with the already existing clear strategic guidance to support implementation of its program. The CARE Ethiopia HR unit is the lead coordinator to provide strategic guidance and organized induction of policies and strategies for the newly recruited staffs. According to the PFR annual report in 2013, CARE Ethiopia's program management takes place through four levels of responsibility to ensure quality implementation and rapid problem solving. This includes a steering committee, technical advisory group, program management unit (PMU) and the field implementation teams. This management structure has helped to divide tasks and responsibilities, ensure integrated programming and a unified approach, prevent duplication of efforts, ensure effective communication, and established an enabling environment for information sharing and learning between the consortium members. CARE is a member of different networks and consortium both at national and international level like CARE Netherland, CARE UK, CARE Denmark, CCRDA, IWIMI, etc. On the other hand, an interview with a Care partner showed that in some cases staff members of this partner do not have a full understanding of the policies and guidelines of CARE ETHIOPIA.

Score: From 3.5 to 3.5 (No change)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

In this regard, most of the staff self-assessment results indicated that nothing has changed in CARE-Ethiopia since the baseline. However, the 5c evaluation team indicated that some staff members have left and other have joined the organization. However, it doesn't show that there was extreme change on both sides. Besides, the M&E unit also illustrated that there has been staff turnover but not sure if it's above or below the baseline time as there was no supporting document. The CARE NL self-assessment indicated that there has a stable CARE-ET team for the PfR project and staff turnover is generally high at the end of a project since staff are mainly contract that on the basis of a project.

Score: From 2 to 2 (No change)

1.4. Organizational structure: 'Existence of clear organizational structure reflecting the objectives of the organization'

Observable indicator: Staff have copy of org structure and understand this

There is no observable change with regard to this indicator. As indicated in the baseline report, staffs have a copy of organizational structure, understand this, and are operating in line with it at CARE-Ethiopia.

Score: From 4 to 4 (No change)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

In this regard, there are no observed changes in CARE-Ethiopia except the strategy was elaborated in work plans of projects. Management has shared the strategic plan with staffs, but there is no evidence whether internalization of the strategic plan has improved.

Score: From 4 to 4 (No change)

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

CARE-Ethiopia has undertaken strategic planning and daily operations of all programs and projects have been designed in line with this. The program descriptions are well documented and shared, including more strategic analysis and goal statements, theory of change and pathways of change. New projects are designed to complement missing components of existing projects. All the activities under the PfR project have daily operational plans in line with the strategic plan. However, the self-assessments showed that no changes were observed in this regard since the baseline.

Score: From 4 to 4 (No change)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

CARE Ethiopia generally hires experienced and well-qualified people. The organization has also been providing different in country and abroad trainings to its employees. In order to meet the staff training needs, a substantial amount of funds were budgeted for the last 2 years and almost all employees who have a desire to improve their capacities have benefited this. Besides, the organization has encouraged employees to source education opportunities both in-country and abroad. Due to these opportunities many employees have upgraded their educational status. Staff members have also become more experienced and learned on the job regarding relevant themes, and there was cross learning with partners.

Score: From 4 to 4.5 (Slight improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO are offered appropriate training opportunities

In order to retain and enhance the performance of employees, CARE Ethiopia has been providing more training opportunities for employees and many employees have taken relevant CARE Academy courses to enhance their skills and capacity. In addition, many staff members have attended different capacity building trainings in-country and abroad; and they have disseminated the knowledge to other employees. CARE Ethiopia has strengthened the mechanism of supporting staff through in country scholarship. Hence, a significant number of staffs are supported through the process. More staffs are getting training in the local training institutions both in Addis Ababa and other regional cities. Programs and projects have allocated budgets for staff development. CARE has sponsored the education fee of all staff who applied for various levels of local/in-country study (government and private institutions) in 2014. There is a continuous process of training needs assessments and learning. CARE and partners trained in Economic and Markets Development (EMD) approach and Rapid Market assessment methodology since the baseline.

Score: From 4 to 4.5 (Slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

According to the response in the self-assessment some staff members feel that the in-country scholarship given to staff is considered as incentive. CARE Ethiopia structural job grades and thus salaries of staff have improved as well as cost of living adjustments (COLA) . There is an enabling working environment and the organization has set different reward policies that enable employees to comply with the organization's requirements. For example, in recognition of outstanding performance, behavior and adherence to CARE Ethiopia a Transport policy, appreciation and a one month bonus policy is put in place. In addition, a merit-based salary increment policy has been implemented. Though this policy is not new for CARE, orientations have been given to employees and the number of good performers during the last two years has significantly increased. Based on this policy, employees have been getting yearly merit increments and appreciation certificates.

Score: From 3.5 to 4 (Slight improvement)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

In this regard, contradicted views were observed during the self-assessment. Some staff noted that CARE Ethiopia received a big fund from USAID through Mercy Corps for its five year program in the pastoral area and the organization Program management (program director, PQL & Pastoral program unit working with partners secured the fund from USAID). However, other staff members indicated that Care has lost major funding proposals such as PRIME and had some issues with major donors like USAID where the CARE-initiated joint fund soliciting (with SSD) has been interrupted as a result of disagreement between CARE and the donor agency, USAID. Again, others have said that less funding was available by donors, and thus a decrease in CARE programming.

Score: From 4 to 4 (No change)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

There are procedures used by CARE international in exploring new funding opportunities and the PfR project follows the funding procedures of CARE international. According to the self-assessment reports there is no change with regard to this indicator. Besides, staff of the SPO is not always fully aware of opportunities, and CARE Ethiopia needs to explore opportunities and increase capacity in exploring options.

Score: From 4.5 to 4.5 (No change)

Summary of capability to act and commit

The organization leadership is accountable to staff and stakeholders through meetings and sharing the minutes of meetings. The leadership is now getting regular information on the projects and programs in order to take action if necessary. However, some staffs indicated that the leadership style has not changed but involvement with the project has increased. The CARE Ethiopia HR unit is the lead coordinator to provide strategic guidance and organizes induction of policies and strategies for the newly recruited staffs. The leaders of CARE Ethiopia provided appropriate strategic guidance to support implementation of its programs similar with the baseline period. Changes have not been observed in terms of staff turnover, though some staff left and others joined the organization. Care Ethiopia has a clear organizational structure and clearly articulated strategies. CARE-Ethiopia has undertaken strategic planning, including more strategic analysis and goal setting, and daily operations of all programs and projects have been designed in line with this. The organization has showed some improvement in terms of staff skills. This is due to the fact that CARE Ethiopia are usually hires well-educated professionals, but also due to the fact that CARE Ethiopia has been providing different in-country and abroad trainings to its employees. Hence, CARE Ethiopia has been providing more training opportunities for employees and many employees have taken relevant CARE Academy courses to enhance their skills and capacity. They have disseminated the knowledge to other employees. CARE Ethiopia has put in place different incentive mechanisms for staff members that include improving structural job grades with increased staff salaries, and cost of living adjustments (COLA). There is an enabling working environment and the organization has set different reward policies that enable employees to comply with the organization requirements. On the other hand, the organization's funding sources and funding procedures have not significantly changed.

Score: from 3.8 to 3.9 (Very minor improvement)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organisational).

The organization's M&E has been strengthened due to the fact that more competent staffs have been hired and the information system has been strengthened. The CARE PfR project has organized an M&E training for CARE M&E staff members and PfR project country member staff. There has been revision of the M&E tools and a data base is developed for the country office in general and for individual projects in particular. The SPO has automated the M&E system with new software.

Score: From 4 to 4.5 (Slight improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

The M&E competence of CARE Ethiopia has improved due to the fact that the M&E system has been strengthened both in manpower and information system. Besides, competent staffs have been recruited and placed both in CARE Addis and field offices. Furthermore, an M&E training for CARE M&E staff and project managers/coordinators has helped to improve the M&E competence, and enabled the HR department and other team members to generate and prepare required reports easily. Staffs were trained on M&E with MFS II funds from the PfR project. According to the self-assessment by program staffs, CARE PfR project has organized an M & E training for CARE M&E staffs and PfR project country members staffs. . In addition, the training in M&E enabled them to track results, output and impacts of the projects and establish their database. As a result of this, PfR staff was able to collect and document case stories of the program. The CFA noted that there is more awareness on M&E and M&E procedures, and there are more clear plans for this now. However, local implementing partner staffstill need more training on the subject (not specifically CARE as CARE Ethiopia is not the implementer).

Score: From 3.5 to 4 (Slight improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

CARE Ethiopia has established a knowledge center through which learning and lessons are shared. Learning events (like by the WASH sector and other projects) have been conducted, including documentation, sharing of good practices and lessons learned has taken place. Hence, outcomes and lessons learned have been shared with projects since the baseline and these have informed future strategies. The training manual and the discussion minutes were kept for documentation and also for future reference. Moreover, documentation and sharing of good practices of the PfR results were very important to scale up good practices.

Score: From 4 to 4.5 (Slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

In this regard, employees are highly encouraged to reflect their opinions regarding performance and benefit related issues. In relation to these issues, several discussion forums have been conducted and experiences have been learnt. Senior management team members have also given response to essential matters. Critical reflection has taken place due to stimulation of by CARE Netherlands during their field visits and progress report feedback on the MFS II funded PfR project.

Score: From 3.5 to 3.75 (Very slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

In this regard, management has welcomed and encouraged ideas of staff to be shared in in different forums including senior staff meetings. No change has been observed after the baseline because the organization has maintained its good practices in this regard.

Score: From 4 to 4 (No change)

2.6. System for tracking environment: 'The organisation has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

CARE Ethiopia conducts assessments in its impact groups (target groups). In addition, a forward accountability training was provided to new project staffs and its partners. CARE country offices abide by the international CARE standards of accountability and transparency towards all involved stakeholders. There are complaint mechanisms put in place at both HQ and field level, and CARE Ethiopia consults on a regular basis with donors and similar NGOs on strategic and operational issues as indicated in the baseline report.

Score: From 3.5 to 3.5 (No change)

2.7. Stakeholder responsiveness: 'The organisation is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

CARE has established an annual partnership day that involves all partners and stakeholders. Accordingly, a partnership day workshop was conducted in 2014 where all CARE partners came together to acknowledge the partnership so far and to discuss the strengths and challenges of current partnerships with CARE. An action plan was also developed to improve the partnerships. CARE has carried out organizational Capacity Assessments aimed at building the capacity of partners. Besides, CARE has followed a community development approach, where community committees define and realize their own priorities and needs. This bottom-up approach ensures ownership and commitment from the communities. According to the PfR annual report in 2013, the organization was accountable and responsive to stakeholders.

Score: From 4.5 to 4.75 (Very slight improvement)

Summary capability to adapt and self-renew

The organization M&E unit has been strengthened due to the fact that more competent staffs were hired and a strengthened information system. The M&E tools were revised and a data base was developed for the country office in general and for individual projects in particular. Besides, the M&E training organized by the PfR project for CARE M&E staff and project managers/coordinators has helped to improve the M&E competences and enabled the HR department and other team members to generate and prepare reports as required. CARE Ethiopia has established a knowledge center through which learning and lessons are shared, e.g. through learning events and these can feed into future strategies. For example, documentation and sharing of good practices of the PfR results were very important to scale up good practices. Furthermore, critical reflection has taken place in a way that employees were highly encouraged to reflect their opinions regarding performance and benefit related issues through several discussion forums and experience sharing events. The organization has maintained its good practices in freedom of ideas as the organization has experience to welcome ideas of staff. Besides, there are complaint mechanisms put in place at both HQ and field level, and CARE Ethiopia consults on a regular basis with the donor and similar NGOs on strategic and operational issues as indicated in the baseline report. Furthermore, CARE has established a partnership day workshop, and this was conducted in 2014 where all CARE partners came together to acknowledge the partnership so far and to discuss the strengths, and challenges of current partnerships with CARE. An action plan was also developed to improve the partnerships. CARE has carried out an organizational Capacity Assessment aimed at building the capacity of partners. Thus responsiveness to stakeholders has increased in the collaboration with partners also supports the organisation in tracking the environment.

Score: from 3.8 to 4.1 (slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organization has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

According to staff self-assessments, each project was based on a fully fledged project proposal containing a clear operational plan. Staff were involved in planning at all levels in CARE Ethiopia and this has been practiced during and after the baseline. Hence, it was good and is still organized in an excellent way.

Score: From 4.5 to 4.5 (No change)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

Projects are designed to complement each other and share staff time that minimize costs. This is due to the increased awareness creation and learning created by staff to reduce costs. The first time an intervention costs more but after this, the intervention can be applied more cost-effectively using the previous experience. According to the annual report in 2014 for AusAID, that project has used the project budget efficiently by maximizing the community contribution. This is also the case for the PfR project (MFS II funded). Operational modalities are in place together with a good budget management system, proper internal auditing and compliance mechanisms.

Score: From 4 to 4.5 (Slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

Considering the available resources CARE Ethiopia has made progress with program implementation, resulting in diverse achievements. All partners are satisfied with the results and provide guidance, feedback, coaching, and provision of trainings. The PfR Annual Report 2013 has also revealed that in all countries where the PfR project is implemented (MFS II funded), the partners have reached or even surpassed the set target. Project managers are actively monitoring the delivery of planned outputs which supports this implementation process.

Score: From 4 to 4.25 (Very slight improvement)

3.4. Mechanisms for beneficiary needs: 'The organisation has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

According to staff, all the mechanisms mentioned at the baseline situation have been practiced in a strengthened way by CARE Ethiopia in this regard. The CFA and partner assessments showed that there was improvement in this regard due to the presence of qualified and committed staff and management, regular monitoring and beneficiary consultations , and the organization has been working very close with the grass roots beneficiaries directly. The community participation approach is the general/normal approach of CARE.

Score: From 4 to 4.25 (Very slight improvement)

3.5. Monitoring efficiency: 'The organization monitors its efficiency by linking outputs and related inputs (input-output ratio's)'

This is about how the SPO knows they are efficient or not in their work.

CARE has improved in monitoring efficiency according to the CFA self-assessment but more needs to be done particularly for some staffs of the implementing partner, SSD, in this regard. However, no information was provided by staffs in this aspect.

Score: From 3.5 to 3.5 (No change)

3.6. Balancing quality-efficiency: 'The organisation aims at balancing efficiency requirements with the quality of its work'

This is about how the SPO ensures quality work with the resources available

Currently staff are more experienced to ensure balancing quality with efficiency. Besides, new staff members were hired for the Program Quality and Learning Unit. The number of learning events like exchange visits, conferences, workshops, exchanges, etc. have also helped to improve capacity in balancing efficiency requirements with the quality of work. The monitoring visits and regular follow up by donors at different times has contributed to quality programming. For example CARE-Ethiopia pays quarterly field visits and CARE-NL has made annual follow-up/monitoring visits and provides feedback on progress, including quality and efficiency. However, some staffs have held the view that the organization has not changed in this regard since the baseline.

Score: From 4 to 4.25 (Very slight improvement)

Summary capability to deliver on development objectives

CARE Ethiopia has good experience in designing projects based on a fully fledged project proposal that contains a clear operational plan. Besides, the organization has shown some progress in designing projects to complement each other to ensure cost effectiveness at times of project design and implementation phase. As a result CARE Ethiopia has made great progress with program implementation, resulting in impressive achievements in delivering planned outputs. This is due to the presence of qualified and committed staff and management, regular monitoring and beneficiary consultations. Also, the organization has been working very closely with the grass root beneficiaries. However, the organization has no mechanisms to monitor efficiency. Nevertheless, staff are more experienced to ensure balancing quality and efficiency in their work. Besides, new staffs was hired for the Program Quality and Learning Unit and a number of learning events like exchange visits, conferences, workshops, exchanges, etc., have also helped to improve capacity in balancing efficiency requirements with the quality of work.

Score: from 4.0 to 4.2 (very slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organisation maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organisation'

This is about whether the SPO engages external groups in developing their policies and strategies, and how.

Most of the policies and strategies are designed at international level and CARE-Ethiopia designed policies and strategies based on that, and adapting these to the local context. Stakeholder involvement is an integral part of CARE's work at all stages during strategy formulation and program design, implementation and evaluation. This was evident in the READ IV Good Practice Report where CARE Ethiopia conducted consultative workshops to document the Borana Indigenous Early Warning Indicators from 26-28 February 2013 at Moyale-Ethiopia. Thereafter, CARE Ethiopia and Kenya jointly carried out a cross border validation and dissemination workshop of the same at Moyale-Ethiopia, 25-26 March 2013. As follow up of the above mentioned events, CARE Ethiopia and Kenya organized a cross border Joint EW forum. Besides, part of the PfR program was about extensive beneficiary consultations and the target group is actively involved in decision-making. However, SSD, as a local implementing partner for the PfR project, has never been invited for such meetings and events according to the partners' assessment.

Score: From 4.5 to 4.5 (No change)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

Through other projects (e.g. PRIME) CARE has engaged with networks and established partnerships with local NGOs, INGOs, universities, private company and research institutes, facilitated by the CARE Ethiopia Program unit (Program Director, the Program Quality and Learning Unit, and the Pastoral Program). Besides, through its local partner SSD, CARE Ethiopia is engaged in other relevant networks locally and nationally. Also because of the PfR Alliance CARE-Ethiopia has enlarged its network globally. Both contribute indirectly to improved advocacy from the local to the international level. However, no information was provided on any of the new networks and partners with which CARE Ethiopia has engaged since the baseline in 2012.

Score: From 4.5 to 4.5 (No Change)

4.3. Engagement with target groups: 'The organisation performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

The CARE PfR program manager visits projects and discusses with beneficiaries more frequently now. There were staff commitment and management measures to address the constraints mentioned during baseline that hold back program managers from visiting projects more often. Hence, frequency of field visits to communicate with target groups by the program managers has improved. Nevertheless, some staffs noted that CARE implements projects with partners, such as the PfR project which is implemented by SSD, and therefore CARE staff has less compulsion to visit the field frequently. However, the CFA assessment revealed that though SSD has responsibility for implementation, CARE has conducted field monitoring visits on a quarterly basis.

Score: From 4 to 4.25 (very slight improvement)

4.4. Relationships within organization: 'Organizational structure and culture facilitates open internal contacts, communication, and decision-making'

How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

Though CARE-Ethiopia has moved its head office to a new building, all facilities demonstrated during the baseline , have continued to exist. Thus, the offices are well furnished and the layout is conducive for work. In addition to the provision of CDMA (a device for internet connection) to key staff, a Wi-Fi connection is established in field offices to improve communication. These facilities became available due to the start of a new big project, the PRIME project (funded by USAID). .

Score: From 4 to 4.25 (Very slight improvement)

Summary capability to relate

Most of the policies and strategies are designed at international level and CARE-Ethiopia designed policies and strategies based on that, and adapting these to the local context. Stakeholder involvement is an integral part of CARE's work at all stages, during strategy formulation and program design, implementation and evaluation. Besides, CARE has engaged with networks and established partnerships with local NGOs, INGOs, universities, private companies and research institutes. However, no information was provided on the new networks and partners with which CARE Ethiopia has engaged. The CARE PfR program manager visits projects and discusses with beneficiaries more frequently now compared to the baseline in 2012. Meanwhile, though CARE-Ethiopia has moved its head office to a new building, all facilities demonstrated during the baseline are still present. Hence, the offices are well furnished and the layout is conducive for work. Besides, communication at field offices has improved through email communication using CDMA (a device for internet connection).

Score: from 4.2 to 4.4 (very slight improvement)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

According to the organization's strategic document, CARE Ethiopia's strategic directions are designed to support the UN Millennium Development Goals for Ethiopia (MDG) and the Government of Ethiopia's Growth and Transformation Plan (GTP). Staffs indicate that no changes occurred since the baseline which was that vision, mission and strategies are regularly discussed, including when formulating new

proposals, but that internalization of the mission and vision by all staff, particularly for staff at front line or field office level could be improved.

Score: From 4 to 4 (no change)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

CARE is a well-established organization and has all the technical guidelines in the different areas of operation. In this regard, small revisions were made to the HR manual and policy. Besides, CARE Ethiopia has improved project documentation and is developing new guidelines and more systematic implementation strategies. The organization has developed implementation manuals and has transparent financial procedures and practices, including transparent financial reporting.

Score: From 4.5 to 4.75 (Slight improvement)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organisation'

This is about whether the operations and strategies are line with the vision/mission of the SPO.

According to the organization's strategic document, CARE Ethiopia's mission is to work with poor women and men, boys and girls, communities and institutions, to have a significant impact on the underlying causes of poverty. Accordingly all programs and projects have been designed in line with the organization's vision, mission and strategies. To verify this CARE Ethiopia has identified three impact groups following CARE's decision to shift from project to program approach (according to the strategic plan 2010-2020). All the three impact groups consider women and girls as central point for impact measurement. Accordingly, program/project initiatives are intentionally designed to meet these requirements. For this to be effective, the organization has given more focus on developing new proposals due to better experience in the region and the thematic areas.

Score: From 4 to 4 (No change)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

This is about whether the efforts in one project complement/support efforts in other projects.

There is an improvement in terms of staff's capacity to ensure the complementarity of the various projects to CARE's program approach for a better impact. Provision of trainings, learning and linking with partners, and learning from experience has helped with this. Similar to the baseline period, CARE has tried to look for mutually supportive efforts especially at a time of writing new proposals. Furthermore, CARE has moved from a project to a program-based approach, strengthening its ability to ensure impact and mutual complementarities among projects. Projects are reviewed to ensure synergy during project design as well as in the implementation phase.

Score: From 4 to 4.5 (Slight improvement)

Summary capability to achieve coherence

CARE Ethiopia's strategic directions are designed to support the UN Millennium Development Goals for Ethiopia (MDG) and the Government of Ethiopia's Growth and Transformation Plan (GTP). CARE is a well-established organization and has all the technical guidelines in the different areas of operation. In this regard, small revisions have been made to the HR manual and policy. Besides, CARE Ethiopia has improved project documentation and is developing new guidelines and more systematic

implementation strategies. The organization has developed implementation manuals and has transparent financial procedures and practice. All programs and projects have been designed in line with the organization's vision, mission and strategies. This was evident in the strategic document where CARE Ethiopia has identified three impact groups following CARE's decision to shift from project to program approach. Accordingly, program/project initiatives are intentionally designed to meet these requirements. Furthermore, there has been an improvement in terms of staff capacity to ensure the complementarity of the various projects to CARE's program approach for a better impact. Provision of trainings, learning and linking with partners, and learning from experience has helped with this. Projects are reviewed to ensure synergy during project design as well as in the implementation phase.

Score: from 4.1 to 4.3 (very slight improvement)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI- 15-057

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

Identification code	Zone	District	PA	HH	Ind.

PART 0 – INTRODUCTION

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about your household food production, utilization and income. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.

(*Enumerator: I have completed the informed consent process on the first page prior to administering the questionnaire. Enumerator's name and ID: ……)*

1	Name of the head of household	
	Gender of the head (0=female, 1=male)	
2	Telephone no. of the household head or other household member	
3	First name of the respondent *(given name)*	
4	Last name of the respondent *(father's name)*	
5	Relationship of respondent to head of household *(codes A)*	
6	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	/ / 2012
7	Time the interview started, 24 hour clock ("**hh: mm**")	_ _ : _ _
8	Time the interview ended, 24 hour clock ("**hh: mm**")	_ _ : _ _

		In words	Code
9	Region		
10	Zone		
11	District		
12	Peasant Association (PA, Kebele)		
13	Gote		
14	Village		
15	Enumerator's name		
16	Supervisor's name		
17	Data entry person's name		

Relationship of the respondent to the household head (codes A)

1. Household head
2. Spouse
3. Son/daughter
4. Parent
5. Son/daughter in-law
6. Grand child
7. Other relative
8. Other, specify

Identification code	Zone	District	PA	HH	Ind.

PART I- Household Composition and housing conditions

1. Household composition and characteristics

Say to the respondent: Please tell me about all the people who normally live in this household, including both family members and non-family members such as residing servants. Start with yourself, then the head of the household (if it is not you), spouse and their children, then other family members and non-family members.

Member code	(1.1) Name of household member (start with respondent and make a complete list before moving to Q 1.2	Sex(Codes A) (1.2)	Age (years) (1.3)	Relation to HH head (Codes B) (1.4)	Marital status (Codes C) (1.5)	Education level (code D) (1.6)	Completed years of formal education (1.7)	(1.8) Ethnicity/ Clan (Code E)	(1.9) How many months did - ---------- live in the past 12 months	(1.10) Occupation **(Codes F)**	
										Main	Secondary
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

Gender (Codes A)
0. Female
1. Male

Relation to head (codes B)
1. Household head
2. Spouse
3. Son/daughter
4. Parent
5. Son/daughter in-law
6. Grand child
7. Other relative
8. Hired worker
9. Other, specify:
.....

Marital status (codes C)
1. Married living with spouse/s
2. Married but spouse away
3. Divorced/separated
4. Widow/widower
5. Never married
6. Other, specify……

Education (codes D)
0. None/Illiterate
1. Adult education or 1 year of education
2. Religious education
3. (some)
4. First cycle (grades 1-4)
5. Second cycle (grades 5-8)
6. Secondary (grades 9-10)
7. Preparatory (grades10-12)
8. Tertiary (finished)
Others (specify……..

Clan/ Ethnic (Cod E)

Occupation (codes F)
1. Work on the family farm
2. Salaried
3. Casual labor
4. Self-employed in business (other than the farm),
5. Student
6. Not employed
7. Housekeeping and child care
8. Livestock herding
9. Other (specify): ……

Identification code	Zone	District	PA	HH	Ind.

2 Housing conditions

2.1. Do you own this house?	0=No 1=Yes		|___|
2.0 Is it a traditional Afar house?	0=No 1=Yes, go to 2.6		|___|
2.2. Major material exterior wall is made of	1=Wood and Mud 2=Wood and Grass 3=Reed and Bamboo 4=Mud and Stones	5=Cement and Stones 6=Hollow Bricks 7=Bricks 8=mud bricks 9=Other (specify)	|___|
2.3. Major material floor is made of	1=Earth/Mud 2=Wood 3=Cement	4=Ceramics/Tiles 5=Other (specify)	|___|
2.4. Major material roof is made of	1=Corrugated Iron Sheet 2=Thatch and Grass 3=Wood and Mud	4=Reed and Bamboo 5=Clay 6=Other (specify)	|___|
2.5. Total number of rooms in the house			|___|
2.6. Does the house have access to electricity?	0=No 1=Yes		|___|
2.7. Does the house have access to piped water?	0=No 1=Yes		|___|
2.8.Total number of outbuildings including kitchens but not including toilets			|___|
2.9. Type of toilet facility the household uses	1=Pit latrine (Private) 2=Pit latrine (Shared) 3=Flash toilet (Private) 4=Flash toilet (Shared)	5=Field/Forest 6=Containers (Household utensils) 7=Other (specify)	|___|

PART II: Household cash expenditures

3 Frequent cash expenditures (weekly)

	Item name	(3.1) In the **last 7 days** did your household spend money on this item? *(0=no, 1=yes,*	(3.2) How much did the household spend on the item in the *last 30 days*? [ETB]
1	Food and drinks (cash only)		
2	Cigarettes/tobacco/suret/gaya		
	Fuel (firewood, charcoal, kerosene, gas, …)		
3	Fire wood		
4	Charcoal		
5	Kerosene		
6	Candles/Gas for lantern		
7	Other fuel (not electricity)		
8	Chat		

Identification code	Zone	District	PA	HH	Ind.

4 Monthly cash expenditures

	Item name	(4.1) In the **last 30 days** did your household spend money on this item? *(0=no, 1=yes*	(4.2) How much did the household spend on the item in the *last 30 days*? [ETB]
1	Grain milling charge		
2	Electricity		
3	Water bill		
4	Soap/washing & cleaning products		
5	Personal care (barber, hair dresser, toothpaste, etc)		
6	Transport expenses		
7	Communication (cell phone, mail, …)		
8	Entertainment (socializing)		
9	House rent/mortgage payment		
10	Other, specify		

5 Less frequent expenditures (in the last 12 months)

	Item name	(5.1) In the past 12 months, did your household spend money on this item? (0=no, 1=yes)	(5.2) How much did the household spend on the item in the *last 12 months*? (ETB)
1	Clothes and shoes (including school uniforms)		
2	Furniture (tables, chairs, beds, etc)		
3	Blankets/bedsheets		
4	School fees and other educational expenses		
5	Social events (wedding, funeral, etc)		
6	Contributions to IDDIR, mosque, church		
7	Housing improvement (latrine, new roof, etc)		
8	Human health expenses (medicine, hospital , …)		
9	Vehicle purchase or repair (car, bicycle, motorcycle)		
10	Contributions & membership fees (associations/church/sports etc)		
11	Taxes		
12	Other, specify		

Identification code	Zone	District	PA	HH	Ind.

PART III –Livestock production

6 Livestock: Please describe your household's livestock assets:

	(6.1) Animal type	(6.2) Do you own it? *(1=Yes 0=No)*	(6.3) Number owned by the household	(6.4) Have you sold ----- in the last 12 months? *(1=Yes 0=No)*	(6.5) If yes, how many	(6.6) Have you lost any animals due to death in the last 12 months *(1=Yes 0=No)*	(6.7) If yes no of livestock died
1	Cattle						
1.1	Cow						
1.2	Heifer						
1.3	Bull						
1.4	Oxen						
2	Goats						
3	Sheep						
4	Camel						
5	Donkey						
6	Horse						
7	Poultry						
8	Bee hives						
9	Calve						

7 Fodder Production

7.1	In the last 12 months have you or your household engaged in forage production? 1. Yes 0. No (go to 8)		
	If yes to Q 7.1, please tell me what you produced and how much you produced		
	(7.2) Type of fodder produced	(7.3) Amount/Quantity	
		a. Unit	b. Quantity
1			
2			
3			
4			

Codes 7.3.a *1= Kg* *2=Quintal* *3=Bundle*	*4=Donkey load* *5= Other specify* *6=*

Identification code	Zone	District	PA	HH	Ind.

PART IV-Crop production

8 Land use

8.1	Do you or your household own land for agricultural activities (crop, forage, livestock production) 1. Yes 0. No		
8.2	If yes to Q8.1, how much land does your household own ? a) Unit, b) quantity		
8.3	Did you or any member of your household engage in crop production during 2012 crop season? 1. Yes 0. No		
8.4	*If yes to Q 8.3, please tell me more about your crop production practices during 2012 production year*		

Item	(8.5) Location of field/plot	(8.6) Size of field/plot		(8.7) Mode of Production	(8.8) crops planted
		a. Unit	b. Size	1. Meher, rainfed 2. Belg rainfed 3. Irrigation	
1					
2					
3					
4					
5					

Codes 8.8	*Code 8.6a*
1= Sorghum *2=Maize* *3=Millet* *4=Sesame* *5=Onion* *6=Tomato* *7=other*	*1=ha* *2=kert* *3=timad* *4=other , specify*

Identification code	Zone	District	PA	HH	Ind.

9 Home consumption

	(9.1) List all crops produced (from 8.8)	(9.2) Total harvested		(9.3) Which part did you use for own consumption (%)?
		a. Unit	b. quantity	
1				
2				
3				
4				
5				
6				

Codes 9.2a	
1= Kg	
2=Quintal	
3=Litre	
4=Other, specify	
5=	

9.4	In the past 7 days, did you consume any animal products produced in the household? 1=yes 0 =0		
	(9.5) Make a list of all products that they consumed. Then ask q (9.6)	(9.6) How much did you consume?	
		a. Unit (Code 9.2a)	b. quantity
1			
2			
3			
4			
5			

Identification code	Zone	District	PA	HH	Ind.

PART VI - FOOD SECURITY

10. Household Food Insecurity

10.1	In the last 12 months, did you at any time not have enough food? 0 = no; 1 =yes											
10.2	In the past 12 months, for how many months did you not have enough food to meet your family needs? *Check below*											
	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
10.3	Did you receive any food aid during the past 12 months? 0 = no; 1 =yes											
10.4	If yes to Q6.12, in which months of the year did you receive food aid? *Check below.*											
	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC

For each of the following questions, consider what has happened in the **past 1 month**. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 1 month? *(Circle the answer)*

Event		Frequency of event			
		Never (0 times)	Rarely (1-2times)	Sometimes (3-10 times)	Often > 10 times
10.5	Did you worry that your household would not have enough food?	**0**	**1**	**2**	**3**
10.6	Were you or any household member not able to eat the kinds of foods you **preferred** because of a lack of resources?	**0**	**1**	**2**	**3**
10.7	Did you or any household member eat a **limited variety** of foods due to a lack of resources?	**0**	**1**	**2**	**3**
10.8	Did you or any household member eat food that you did not want to eat because a lack of resources to obtain other types of food?	**0**	**1**	**2**	**3**
10.9	Did you or any household member eat a smaller meal than you felt	**0**	**1**	**2**	**3**

Identification code	Zone	District	PA	HH	Ind.

	you needed because there was not enough food?				
10.10	Did you or any other household member eat fewer meals in a day because there was not enough food?	**0**	**1**	**2**	**3**
10.11	Was there ever no food at all in your household because there were no resources to get more?	**0**	**1**	**2**	**3**
10.12	Did you or any household member go to sleep at night hungry because there was not enough food?	**0**	**1**	**2**	**3**
10.13	Did you or any household member go a whole day without eating anything because there was not enough food?	**0**	**1**	**2**	**3**

10.14 ON AVERAGE, How many meals were eaten yesterday in this household, by children of **less than 5 years old ?**	|___|
10.15 ON AVERAGE How many meals were eaten yesterday in this household by children of **5-15 years of age?**	|___|
10.16 **ON AVERAGE,** How many meals were eaten yesterday in this household, by one household member with **more than 15 years of age?**	

10.17 Which one of the following categories of food was eaten in this household during the **last 7 days?**
(Mark with x if a food category was present in the diet for that specific day, leave blank otherwise)

Categories of food	Yesterday	2 days ago	3 days ago	4 days ago	5 days ago	6 days ago	7 days ago
01. Cereals and root-crops (rice, bread, millet, cassava, potatoes, etc…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
02. Pulses (peanuts, haricots, sesame, chick peas, lentilles, green peas, other peas…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
03. Fruit	|___|	|___|	|___|	|___|	|___|	|___|	|___|
04. Meat/Fish	|___|	|___|	|___|	|___|	|___|	|___|	|___|
05. Dairy products (milk, butter, cheese, yoghurt, etc…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
06. Eggs							
07. Vegetable oil/fat (ghee, oils…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
08. Sugar, honey, drinks with sugar (coca cola, fanta, etc..)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
09. Any other food item	|___|	|___|	|___|	|___|	|___|	|___|	|___|

PART VII – ACCESS to SERVICES

11. Water collection

	How much do you and your household members travel for water collection?			
	Season	(11.1) Distance travelled	(11.2) Time	
		kilometer	hrs	minute
1	Dry Season			
2	Wet season			

Identification code	Zone	District	PA	HH	Ind.

12. Participation in rural institutions

	Are you currently a member of any of the following group?	0=no 1=yes
12.1	Savings and credit association	
12.2	EKUB (Merry go round)	
12.3	Input supply group, farmer cooperative or union	
12.4	Crop or seed production group	
12.5	Crop marketing group	
12.6	Women's Association	
12.7	Youth Association	
12.8	Church/mosque association/congregation	
12.9	Funeral association	
12.10		
12.11		

13. Access to rural services in the last 12 months

		Yes=1 NO=0
13.1	Do you have a bank account?	
13.2	If yes, how much money do you currently have in the account (ETB)	
13.3	Did you try to obtain a loan last year (0=no; 1=yes)	
13.4	If yes, did you get the loan?	
13.5	If yes, how much credit did you receive? [ETB]	
13.6	Did you have access to agricultural extension last year? (0=no; 1=yes)	
13.7	If yes, how many contacts did you have over the last 12 months (visits, field days, consultations, …)	

14. Access to Training and its implications on Disaster Risk Management

14.1 Do you or any member of your household have ever been trained in any development activities (improved agricultural technologies (crop, forage, livestock production), nutrition, sanitation and health, etc) 0= no; 1=yes

14.2 If *yes to Q 14.1 please tell me more about the trainings you or any household member received*

Identification code	Zone	District	PA	HH	Ind.

Item	(14.2.1) Topic of the training	(14.2.2) Received Training on ---- ---- 1= Yes 0=No	(14.2.3) Household member participated in the training 1=HH Head 2= Spouse 3= Both HH Head& spouse 4=Other HH member	(14.2.4) Year training received (G.C)	14.2.5) Who provided the training 1=local government 2=NGO such as SSD 3=federal government 4= Other, specify
1	Improved livestock management				
2	Improved crop production				
3	Nutrition, Health and sanitation				
4	Growth and Transformation Program (GTP)				
5	Disaster Risk Management				
6	Other specify				

14.3 Is there disaster risk reduction committee in your kebele? 0= no, 1=Yes

14.4 If yes to Q 14.3, are you a member of the committee? 0=no, 1=yes

14.5 *If yes to Q 14.4, what is your role in the committee?*

Please state 1. What it does (function)……..

2. Your role in the DRR committee ----------

Identification code	Zone	District	PA	HH	Ind.

FINAL PART: ENUMERATOR NOTE

Researchers affiliated with IFPRI would like to learn more about you and your background.

X1 What is your gender?	1=Male 0=Female	
X2 What is your age?	[__|__]	
X5 What is the language you grew up speaking?	1=Anharic 2=Oromigna 3=Tigrina 4=Somali 5=Afarigna 6=English 7=Other (SPECIFY:_____)	
X7 What ethnic group do you belong to?	1=Oromo 2=Amhara 3=Somali 4=Tigraway 5=Sidama 6=Afar 7=Other (SPECIFY:_____)	
X8 What is the highest level of schooling that you have completed?	1=First cycle primary school (1-4) 2=Second cycle primary school (5-8) 3=Secondary school (9-10) 4=TVET/Diploma 5=BA or BSc 6=Master's Degree 7=Phd	
X9 Did you have previous interviewing experience?	1=Yes → **X10** 2=No → **X11**	
X10 For which organization did you work as interviewers?	IFPRI……1 National Statistics Office .....2 NGO survey team…....3 None.....4 Other (SPECIFY:_____)……..5	

Identification code	Zone	District	PA	HH	Ind.

Researchers affiliated with IFPRI would like to learn more about this interview and to seek feedback from you.

X11 Which is the result of the interview?	1=Interview completed 2= Interview partly completed 3= Refusal, no interview obtained 4= No respondent at home 5= Other (SPECIFY_____)	
X12 What language the main language you used for the interview?	1=Amharic 2=Oromigna 3=Tigrina 4=Somali 5=Afar 6=English 7=Other (SPECIFY:_____)	
X13 Did you use any other languages?	1=Yes → SPECIFY: _____ 0=No	
X14 Which one (anyone else) beside respondent was present during the interview?	0=No one 1=Husband/wife 2=A child ≥ 5 years 3=A child < 5 years 4=An adult, household member 5=An adult, non-household member	
X15 Did the respondent find some of the questions difficult, embarrassing, or confusing?	1=Yes 0=No	
X16 What questions did the respondent find difficult, embarrassing, or confusing? (write the section/part and question number)	_____ _____ _____ _____	
X17 What is your evaluation of the accuracy of respondent's answers?	1=Excellent 2=Good 3=Fair 4=Not so good 5=Very bad	
X18 Do you believe the work you are doing for this project is difficult?	1=Very difficult 2=Somewhat difficult 3=About ok 4=Very easy	

THE END Thank you very much for your time and all your hard work.

C6 Climate Proof-Disaster Risk Reduction program (CPDRR)

Marrit van den Berg[1], Elisabetta De Cao[2,3], Steffen Eriksen[3], Chilot Y. Tizale[4], Tefera Wondwosen[5]

1 Wageningen University, Netherlands

2 University of Oxford, United Kingdom

3 University of Groningen, Netherlands

4 Ethiopian Institute of Agricultural Research

5 International Food Policy Research Institute - Addis Ababa

1. Introduction

This paper provides an evaluation of the Climate Proof-Disaster Risk Reduction program of CARE financed within the MFSII framework for the Dutch Ministry of Foreign Affairs, which runs from 2011 till 2016. In this evaluation, we try to answer the following questions:

1. What are the changes under MDG1 –to eradicate extreme poverty and hunger, and MFG7 – ensure environmental sustainability, during the 2012 – 2014 period?
2. To what degree are these changes at target group level attributable to the development interventions of CARE (i.e. measuring effectiveness)?
3. What is the relevance of these changes?
4. Were the development interventions of CARE efficient?
5. What factors explain the findings drawn from the questions above?

We find limited evidence of impact. During the research period 2012-2014, the key indicators did not improve more for respondent in the target kebeles than for similar respondents in comparison kebeles. There are two important reasons for this finding. First, the number of beneficiaries from irrigation and savings and credit groups, two important project activities, is too small to be detected by the evaluation. Second, the project runs until 1 Januray 2016 and DRR plans had not yet been implemented in 2014. Moreover, 2014 was a relatively good year, and DRR plans and activities are of limited use in such years. Yet we do find some suggestions of impact. During baseline, more people had received training in the project kebeles than in the comparison kebeles. This could the effect on project activities in the year before the baseline. Moreover, the majority of the respondents in the project kebeles is aware of the existence of the DRR committees, and these committees have developed DRR plans.

The structure of the paper is as follows. We first present the context of pastoralists in Afar, Ethiopia and give a description of the project. Subsequently, we present the methodology and data. This is followed by an analyses of the results, an discussion, and a conclusion.

2. Context

The production system of the Afar region is dominated by pastoralism (90%) from which agro-pastoralism (10%) is now emerging, following some permanent and temporary rivers on which small scale irrigation is developed. Local status and clan relations regulate access to resources, and survival

and risk management rely importantly on sharing of food and other consumable resources between extended households and clan structures (Sabates-Wheeler et al., 2013).

For millennia pastoralism has been an appropriate livelihood for the unpredictable environment of the arid and semi-arid environments of the Afar Region. Common resource management practices include hay making (grass and straw collection), off-season and opportunistic cultivation, slaughtering of calves, looping and feeding animals on acacia leaves, settlement around water points, herd diversification and splitting, area enclosure, and negotiation with other ethnic groups for scares resource utilization. However, since recent decades, pastoralist women and men face a series of climate-change induced challenges that hinder their way of life and stifle their ability to adapt to changes in their external environment. Over the last 20 years, the frequency and severity of man-made and natural disasters have increased substantially, and the livestock-based livelihood of the Afar pastoralists has been severely affected. Moreover, since the 1960s Ethiopian governments have established commercial farms in the Awash valley in Afar, thus removing vital drought and seasonal grazing reserves for mobile pastoralists and increasing the vulnerability of their livelihoods. While these farms generate substantial employment, most jobs are done by migrants from the highlands and not by the traditionally pastoralist population (Sabates-Wheeler et al, 2013). Moreover, irrigation has had serious negative spillover effects for the livestock sector: reduced access to water sources, rapid spread of an invasive plant species, water pollution from agrochemicals, deterioration of grazing lands, soil erosion, and increased in-migration of highlanders (Flintan, 2011).

Climate-change induced recurrent drought is the foremost natural hazard affecting both human and non-human life. Reports from the Afar Region Food Security bureau and from the communities show that in the past drought-related shocks used to occur every ten years and they are now occurring every two years. Due to these droughts, the largely livestock-based means of livelihood have not been able to sustain the lives of the pastoralists. Many households have had no opportunity to recover assets lost, including livestock, and have become trapped in a spiral of chronic food insecurity and poverty. Moreover, coping strategies that rely on short-term considerations can worsen environmental degradation and thereby diminish future adaptive capacity and livelihood options. For example, the traditional strategy of charcoal and firewood selling leads to massive deforestation, making this strategy obsolete in the long run, and leading to intensification of climate change impacts. The traditional resource sharing and asset redistribution mechanisms become infeasible if there are too many losses and too many people in need every year. As communities are less able to provide a reasonable

livelihood using their livestock resources, they have become more and more dependent on food aid programs. Yet food aid is often late and intermittent.

Especially women, children, and the elderly are highly vulnerable for food insecurity and poverty. In the communal and patriarchal society of Afar, the ownership of land and livestock is heavily biased in favor of men. As a result, user rights of women are highly restricted. Research evidence demonstrates that women that own assets and earn income are in a better position to improve their lives and their children eat healthier.

3. Project description

Though it is difficult to totally prevent the occurrence and adverse impacts of natural disasters, integrated Disaster Risk Reduction interventions could contribute towards reducing consequences of disasters through prevention, adaptation and mitigation. As part of the Partners for Resilience program, the CPDRR project focuses on reducing disaster risks through implementation of livelihood protection and diversification activities, enhancing capacities of community, CBOs and government to implement disaster risk reduction programs and sharing of DRR best practices to contribute for policy development. The program is initiated by CARE and implemented by CARE Ethiopia and SSD, an Ethiopian NGO. The total budget of the project is €607,241 for CARE Ethiopia, out of which €345,473 for SSD. This includes money for capacity building and civil society activities. He entire project is funded by MFS II and runs from 1 July 2011 until 1 January 2016.

The project targets four kebeles in Dewe Woreda of Afar Region, zone 5. This supposedly results in 10,400 direct and 20,000 indirect beneficiaries (200-500 households per kebele). The main project objective is to create disaster risk resilient communities through implementation of climate change adaptation, ecosystem management and disaster risk reduction interventions. In particular, it is expected that by the end of the project,

- Communities are increasingly resilient to the impact of identified hazards;
- Communities effectively adapt to climate change and promoted community based sustainable natural resources management;
- Assets and incomes of beneficiaries have increased and diversified;

- Effective disaster risk reduction/contingency plans are in place and operational at community and Woreda levels;
- There is increased community awareness of and capacity to adapt to climate change.

There are three strategic intervention areas: strengthening community resilience, civil society capacity building and policy dialogue at all levels. For this project evaluation, we will focus on those activities that affect the MGDs. Relevant actions can be grouped into three sets: women saving groups; irrigation; and natural resource and community risk management.

Activities in the area of women savings groups are: organization of the groups, promotion and diversification of livelihoods, training on saving management and business plan preparation, follow up and technical support. The philosophy behind this groups is that, in communal and patriarchal societies like Afar where the ownership and control of major assets such as land and livestock tend to be heavily biased in favor of men, women will be better positioned to improve their lives when they own assets such a land, livestock or small business firms. The groups supposedly enhance women's economic and social status and build their entrepreneurial skills. The expectation is that when women own land and manage earnings, their productivity will increases and their will children eat healthier. Eighteen existing SAC groups consisting of a total of 90 women have been transformed into credit cooperatives.

Activities in the area of irrigation are relate to development of and management of infrastructure - Intake structure construction, main canal construction, secondary canal construction, canal structures, intake and division box gate purchase and installation, construction of gabion protection structures, establishment of water-user associations; and stimulation of irrigated agriculture – land distribution, extension and training, provision of crop seeds and hand tools to facilitate farming, provision of training on irrigation agronomy and scheme management, establishment and running of demonstration and nursery site, purchase and provision of oxen, farm inputs and tools. The purpose is to boost local food production. Only one kebele gets irrigation, one already has, two are not suitable. In total, 40 hectares have been brought under irrigation, and the number of directly benefiting households is about 160. The selection of beneficiaries has been made in cooperation with the local government. In the initial stage of the project, some households (around 100) have benefited from cash for work in the construction of the scheme. However, interest in the scheme was more limited than expected because of the pastoralist tradition of the population in the area. After some delays, the irrigation scheme became effective in 2013. It is considered the main project activity by the implementers and has absorbed most of the resources.

Activities for natural resource and community risk management potentially affect the entire community. A DRR committee has been established in each kebele. The committees have representatives from different community groups, such as clan leaders, youth, women, religious leaders, and kebele administration. Each committee has developed a DRR plan. The plan includes the following topics: Different DRR mitigation measures; the implementers of the plans; time frame or schedule of plan; and the required materials and resources for implementation of the plan. Examples of income and drought-related activities are: Awareness raising of pastoralists to carry out dry land farming; rangeland enclosure and pasture development; collecting and communicating of DRR information including drought early warning signs to the community and the district administration and pastoralist offices; and construction of water harvesting trenches at rangeland areas. However, the plans also include activities related to health awareness and malaria prevention; keeping water points clean and protected; and community awareness to send children to school and reduce dropout rates. The project provides the required tools and materials, such as axes, shovels, pick-axes, machetes, health posters, local fencing materials and cement. Cement cost will be covered by district government office. Moreover, SSD has provided training to the target community (intended total: 1,100 people) and DRR committee on climate change rangeland management, DRR and early warning systems and a community action plan.

4. Methodology

The objective of this report is to describe changes in wellbeing that could be attributed to participation in the Sustainable Energy project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants of wellbeing (Armendariz (2010)). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not necessarily provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's

physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized controlled trial (RTC). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RTCs, is not always possible because of the program implementation or ethical reasons.

As we had no influence on the design of the DRR program, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model one needs to have information about relevant indicators of the treatment group and the control group at two points in time, preferably before (baseline) and after (endline) the intervention. One can then measure the difference in the changes in outcome indicators for treatment and control group –or project income between baseline and endline. While the RTC methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RTC method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

The DD method works best if the treatment and comparison group are as comparable as possible. One popular method to achieve this is the propensity score method (PSM) (Rosenbaum(1983)). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by the intervention. These include stable characteristics of the household head and the household. If there is a proper baseline, like for this study, outcome variables during baseline can also be used for matching, because they were not yet affected by the treatment. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. The DD method is then applied to households with

propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded.

After making the two groups comparable using PSM, a balancing test can be conducted. Although debated in the literature, a balancing test is generally used to determine if the observable controls are distributed similarly between the two groups in question.[1] If any significant difference exists between the two groups, a balancing test should pick up this difference and indicate that the current composition of the data could lead to a biased estimate of the treatment effect. The balancing test is conducted as a set of OLS regressions in which each control variable is individually regressed on a constant and the treatment dummy. The standard errors in the regressions are clustered at the kebele level to account for intraclass correlation. The coefficient of the treatment dummy now gives us an unbiased estimator of the difference between the control and treatment group at the time of the baseline survey.

As indicated above, we first applied PSM and then estimated a DD model. Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[2], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y. It is an unbiased estimate of the average impact of being assigned to the treatment group on the dependent variable Y provided there is only selection on the observed variables.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on unobservables. Adding DD to PSM helps picking up the time- invariant heterogeneity, but bias can still remain due to time-variant unobservables. Yet, a positive significant effect in the DD model is a strong

[1] For a summary of the literature and further discussion of balancing tests see Kleyman (2009)

[2] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

indication of an influential intervention. An insignificant effect -or even a significant negative effect, however does not necessarily imply that the intervention does not work -or even does harm, as in our analysis we only measure short-term effects.

Some of the outcome variables considered in the analysis are binary. In these cases, a linear probability model (LPM) is estimated and the marginal effect of D_i^C for the impact of the sustainable energy project on outcome Y is reported.[3] In all models the standard errors are clustered at the kebele level. Clustering at the kebele level provides a relatively low amount of clusters (18), but big enough clusters. It is important to cluster the standard errors, as the data might be subject to intraclass correlation, that is, households in the same kebele are likely to be more similar on a wide variety of measures than households that are not part of the same kebele. The higher intraclass correlation, the less unique information each household provides. This has to be taken into account when running the regressions by inflating the standard errors.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The DD model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As in this case, the number of new entries and drop outs are very low, as will be seen in the following section, all estimations will be done on the unbalanced panel.

5. Data

The project targets four kebeles in Dewe Woreda of Afar Region. Within these kebeles, there are both direct and indirect beneficiaries. Only part of the direct beneficiaries was known at the start of the baseline. Moreover, for many activities, direct beneficiaries self-select, and their numbers are relatively small. We therefore evaluate the impact of the intention to treat and draw a stratified random sample of the population of the four target kebeles and four carefully selected comparison kebeles. Dewe woreda has a total of 10 kebeles: the four intervention and six non-intervention kebeles. In only four

[3] In recent literature, Puhani (2012) shows that in a nonlinear difference-in-difference, such as the one used in this study, the cross difference is not equal to the treatment effect. Instead the treatment effect comes from the cross derivative (or cross difference) of the conditional expectation of the observed outcome minus the cross derivative of the conditional expectation of the potential outcome without treatment. Although this calculation of the treatment effect is appealing, this study will follow common practice in the field and report the estimate of β_3 in the case of a LPM.

non-intervention kebeles, the people have a relatively settled mode of living, comparable to the treatment kebeles and thus selected as comparison kebeles. The population in the remainder two kebeles had a nomadic mode of living. Two of the comparison kebeles are adjacent to the intervention kebeles, while the other two are situated in the Awash Valley settled along the Awash River. These kebeles are closer to the Hariresu Zone capital town Dalifagie than the woreda town.

Within each of the selected kebeles, we selected around 63 households amounting to 251 in the treatment area and 251 in the control area (see table 1)**.** A formal sampling technique was difficult because of the nomadic nature of the area and a dependable sampling frame does not exist. That is, a complete list of households was not available either at kebele or woreda level. Hence, each village of the selected kebeles was considered. The households were then randomly selected by the supervisors who are outsiders to the community.

Table 1 Sampling frame

Treatment kebeles	**Number of households interviewed**
1. Kilinti na Derseda	63
2. Eyeledina na Gendewari	62
3. Wahelo na Gudele	64
4. Adalili na Woderage	64
total treatment	251
Control Kebeles	
1. Kehertu na Tutli	63
2. Dewe Bora na Kubet	64
3. Halibi na Sonkokor	60
4. Yemedu na Kebeakoma	64
total controls	251
Total interviews	**502**

Baseline data were collected in September 2012, a year after the start of the project. Yet, the irrigation scheme had not yet been finished, and the DRR plans had not yet been developed. The endline was collected in September 2014, which is fifteen months before the end of the project. This means that the project had not yet reached its full impact. Moreover, 2014 was not a particularly dry year, which makes it impossible to test for the impact of DRR plans and measures. However, we can test for awareness of the DRR committee and the potential impact of irrigation, training, and women's credit groups.

At endline, all but 89 households (18%) could be traced and re-interviewed. This is a relatively low attrition rates, especially for a pastoralist area. Livestock herders, especially those with slightly larger cattle herds, were most likely to drop out of the sample, as could be expected (See table A5). This means that this group is somewhat under-represented in our analysis. At the same time, these may be the people most difficult to reach by the project. Contrary to expectations, also quite some households who reported irrigation dropped out of the survey.

5.1 Descriptive statistics and balancing tests

The descriptive statistics and balancing tests presented here are based on the common support as a result of the estimated propensity score.[4] The set of covariates chosen for the estimation of the propensity score is the same as the set of controls used in the DD regressions.

Figure 1 below displays the distribution of the propensity score in the treatment and control group. Plotting the distribution of the propensity score is helpful to see if there are any problems in the common support. The distributions seem to have a wide area from which they overlap, thus indicating a reasonably good common support. Specifically, the region of the estimated common support is given by [.003, .819] and 50 observations are outside this range.

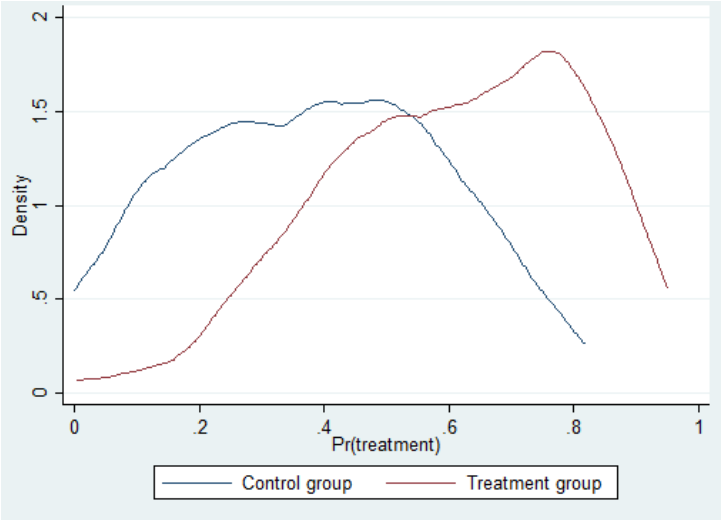


Figure 1: Distribution of the propensity scores in the control and treatment group

[4] The descriptive statistics and balancing test conducted here are based on the following set of covariates: Sex, age, marital status, ethnicity, years of formal education, Job, household size, Land, number of animals.

At baseline, most of the household heads in the sample had livestock herding as primary occupation (Table 2). They family size was 6 and very low formal education. The average respondent owned 53 heads of cattle in the control group and 35 in the treatment group. The balancing tests revealed only a few imbalances across the treatment and control group for the variables in question. Overall the balance between the two groups is reasonably good, though livestock herding appeared to be more dominant in the control group.

Table 2: Summary statistics and balancing tests for controls

	Summary Statistics				Balancing tests
	Control		Treatment		
Dependent variable	N	Mean	N	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Characteristics of the household head					
Sex (male=1)	241	0.86	200	0.81	-0.054
					(0.037)
Age	241	39.54	200	40.00	0.465
					(1.154)
Marital status (1=married)	241	0.90	200	0.81	-0.086**
					(0.034)
Formal education (yes =1)	213	0.50	176	0.56	0.065
					(0.206)
Job (1=livestock herding)	241	0.70	200	0.54	-0.157***
					(0.058)
Characteristics of the household					
Household size	241	6.30	200	6.06	-0.248
					(0.342)
Number of cattle	241	53.51	200	34.53	-18.985***
					(5.221)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score with all the control variables used as covariates. Robust standard errors in parentheses ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

For the outcome variables used in this study, an average household in the control group had total expenditures of about 42,803 birr, while the treatment kebeles had higher average expenditures of 54,696 birr (table 3). For the remaining outcome variables the average levels are higher for the treatment group than for the control group. Some of these differences could be early project impact, as will be discussed below. However, the difference in irrigation is caused by pre-project access to

irrigation in one of the project kebeles and not to the project irrigation scheme, which was not yet operational during baseline. The balancing tests thus indicate that the sample is relatively unbalanced at baseline in terms of the relevant outcome variables.

Table 3: Summary statistics and balancing tests for outcomes

	Summary Statistics				Balancing tests
	Control		Treatment		
Dependent variable	N	Mean	N	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Does the household own land?	241	0.05	200	0.37	0.324***
					(0.055)
Does the household engage in crop production?	241	0.02	200	0.26	0.230***
					(0.051)
Does the household engage in irrigation?	241	0.02	200	0.17	0.353**
					(0.129)
Months without food	241	2.08	200	1.93	-0.149
					(0.380)
Participation in savings and credit association?	241	0.04	200	0.17	0.124**
					(0.055)
Try to obtain loan?	241	0.05	200	0.06	0.010
					(0.033)
Disaster risk reduction committee in kebele?	241	0.34	200	0.61	0.269***
					(0.089)
Trainings:					
Improved livestock management	241	0.01	200	0.08	0.063***
					(0.018)
Improved crop production	241	0.00	200	0.08	0.080***
					(0.030)
Nutrition, Health and sanitation	241	0.03	200	0.14	0.111***
					(0.040)
Growth and Transformation Program (GTP)	241	0.00	200	0.01	0.010
					(0.007)
Disaster Risk Management	241	0.00	200	0.08	0.080***
					(0.029)
Total monthly expenditures per person	240	8,086	196	11,174	3088.746**
					(1453.364)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score with all the control variables used as covariates. Robust standard errors in parentheses ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

6. Results

Table 4 reports all the estimates for the outcomes considered in this project. Each column presents the results for a different approach used. Column 1 displays the results from the DD without any control variables added to the specification. Column 2 shows the results from the DD model including additional control variables. Column 3 shows the PSM+DD model without controls. In the final column the estimates from the PSM+DD model including controls are reported. The sample in these estimations of the final two columns is restricted to only include observations on the common support as given by the propensity score.

Table 4: Impact of program on main outcome variables

	(1)	(2)	(3)	(4)
Variables	DD – no controls	DD	PSM+DD - no controls	PSM+DD
Does the household own land?	NI	NI	NI	NI
Does the household engage in crop production?	NI	NI	NI	NI
Does the household engage in irrigation?	NI	NI	NI	SD
Months without food	NI	NI	NI	NI
Participation in savings and credit association?	NI	NI	NI	NI
Tried to obtain loan?	NI	NI	NI	NI
Disaster risk reduction committee in kebele?	NI	NI	NI	NI
Trainings:				
Improved livestock management	NI	NI	NI	NI
Improved crop production	NI	NI	NI	NI
Nutrition, Health and sanitation	SD	SD	SD	SD
Growth and Transformation Program (GTP)	NI	NI	NI	NI
Disaster Risk Management	NI	NI	NI	NI
Total monthly expenditures per capita	NI	NI	NI	NI

Notes: NI: no impact; NM: Not measured; SD: Significant increase; SI: significantly increase. 1 only significant for the estimates using unbalanced panels. Controls include: Sex, age, marital, #household memebers, education, ethnicity, job and #animals. See detailed estimation results in the appendix. *** p<0.01, ** p<0.05, * p<0.1

Considering column 4, few significant effects are found on the outcome variables. This cannot be easily attributed to the limited sample size, as detectable effect sizes are reasonably small (see table A5). Surprisingly, the number of households that had received training on nutrition, health and sanitation

decreased compared to the control group. However taking a more detailed look at the data, we see that at baseline significantly more households reported having received training on all topics except the GTP in the treatment area than in the comparison area (table 3 and table A4). This could be the result of early project activities, as the baseline data were collected a year after the start of the project. A lack of observed impact then means that not significantly more people have been trained, but the initially trained people may have received additional training. The negative "impact" for nutrition, health and sanitation training could be a catching-up of the comparison areas.

Similarly, the late baseline suggests possible early project impacts for other indicators. Participation in savings and credit associations was higher in the project kebeles during baseline and remained at this level. However, as the number of group members reported by the project partners is very low, this difference may well be caused by other reasons. More obviously, during the baseline survey already 61 percent of respondents In the project kebeles were aware of the existence of a DRR committee, compared to 34 percent of respondent in the comparison kebeles.

The results thus tentatively suggest that the project has reached part of its objectives in terms of output: a significant number of people seem to have received training and participate in the savings and credit groups. Moreover, the majority of the respondents in the project kebeles is aware of the existence of the DRR committees, and these committees have developed DRR plans. However, this evaluation is not suited to assess the impact of the committees and their plans and the risk-related trainings. Our endline survey was done before plans were implemented and 2014 was a relatively good year for the survey population: on average the number of months without sufficient food were lower and total expenditures higher than during baseline. The impact of the DRR plans will only become clear in drought years after implementation. We do not observe increased irrigation, nor increased expenditures due to participation in the savings and credit groups. The number of people affected by these activities is probably too small for possible impact to be taken up by the survey.

We did a rough efficiency analysis for a small number of outputs (see Table 5). This analysis indicates that project costs are on the high side of the benchmarks from the literature or above.

Table 5 Efficiency analysis

Activity	Unit costs	Unit cost benchmark	Source benchmark
Establishing savings/credit groups (per woman)	Int$1,110	Int$ 513.00 (SHG Ethiopia) Int$ 105.00 - Int$ 1,242.00 (SHG India)	Tearfund (2013) Harper (2002)
planting trees/vetiver grass (per ha)	Int$17,116	Int$ 21-Int$ 350.00 per hectare (international data)	Grimshaw (1993)
Provision of oxen and other farm inputs	Int$40,512 (total costs!!)	Int$ 573.00 per oxen, Int$ 9.70 for other inputs (Namibia)	Teweldmehidin et al (2010).

7. Discussion

The 2010-11 drought in the arid and semi-arid lowlands (ASAL) of the Horn of Africa left 13 mililon people in need of food. This has raised concerns that pastoralist livelihoods in the region are no longer viable, thus further justifying strategies that aim at sedentarization and diversification (Headey et al, 2012). Yet poverty is especially prevalent among those African pastoralists who are exiting mobile livestock-keeping, or who have become sedentary (Little, McPeak, Barrett, & Kristjanson, 2008), and opponents of sedentarization advocate protection of pastoralists livelihoods. They argue that pastoralists are innovative and rational managers who maximize the 'human support capacity' of the natural resources at their disposal (Davies and Bennet, 2007).

Based on an extensive review of the literature, Headey et al (2012) take an intermediate position. They conclude that pastoralism will remain the dominant strategy in the foreseeable future and that the growing demand for livestock products makes it potentially quite profitable. Most non-patoralist livelihoods yield lower incomes, with the exception of urban livelihoods and irrigated farming. However, irrigated farming could only provide a livelihood to an estimated 4-6 percent of households in Ethiopia's pastoralist areas. Also urban areas have a limited capacity. Moreover, urban and rural nonfarm employment requires some formal education, which is generally not (yet) available among the pastoralist community. According to Headey et al, the best way forward would therefore be a balanced path involving both movements out of pastoralism and the transformation of pastoralism into a more commercialized and resilient sector. The latter transformation would require the following overlapping investments: 1) commercializing pastoralism; 2) improving natural resource management; 3) economic diversification; 4) improved social infrastructure (health, education, nutrition); improved physical

infrastructure (roads, mobile telephony, irrigation); 6) more effective disaster risk management strategies; and improved governance (Headey *et al*, 2012).

The project activities nicely link to this analysis. The savings and credit groups aim at diversification, just like the irrigation component, which also involves improvement of infrastructure. Trainings focus on natural resource management, health, nutrition, and improved livestock management. Finally, the DRR committees and plan target disaster risk management.

Yet, the project choices seem to contradict the stress of Headey *et al* on transformation and commercialization of the pastoralist sector, as most activities focus on alternative income sources instead. Transformation and commercialization is not only important for poverty reduction and asset accumulation, which indirectly decreases vulnerability to shocks, but could also contribute to resilience when increased market integration allows destocking and restocking of herd around shock periods. Afars are experienced livestock sellers, and market interventions reducing transaction costs and increasing bargaining power of the seller would improve their capability to cope with crisis (Davies and Bennett, 2007). The project does not touch upon this option.

In addition, the balance of the project could be questioned. Most resources are allocated to activities that benefit few people. The irrigation scheme uses up most project resources. The total irrigated area developed is 40 hectares. According to Headey *et al* (2012), this would be sufficient to feed about 40 families. The project has distributed the area among 160 households, with the expectation that they will share the food with others according to Afar traditions. Still, this means that it only provides limited livelihood supplementation to a small part of the target population of about 1,500 households. An additional 90 households are involved in the savings and credit groups. The remainder, relatively small part, of the budget is used for training and DRR, though these potentially have much more widespread benefits. Yet one could also argue that irrigation is inherently expensive but still important, and will therefore logically absorb a large share of the budget. (Headye *et al*, 2012 estimate returns to irrigation in Ethiopia's ASAL to be 10-15%.)

8. Conclusion

While we did not find relevant changes in the target population in the period 2012-2014, some of the differences between treatment and control group could be the result of project activities in the year before the baseline: More people in project kebeles had received training. Moreover, the majority of the respondents in the project kebeles mentioned the existence of the DRR committees, and these committees have developed DRR plans. We do not observe the impact of the constructed irrigation scheme, probably because this affects only a small part of the target population. Relatedly, the relatively large participation in savings and credit groups in the project kebeles can probably not be interpreted as a project result: the project-initiated cooperatives are transformed existing SACs and have only 90 members spread over the four kebeles.

The evaluation is not suited to assess the relevance of the DRR committees, their plans and the risk-related trainings. The project runs until 2016 and DRR plans had not yet been implemented in 2014. Moreover, 2014 was a relatively good year for the survey population: on average the number of months without sufficient food were lower and total expenditures higher than during baseline. DRR plans and activities are of limited use in such years.

Table 6 Evaluation conclusions

Statement	Rating[1]	Comments
The project was well designed	7	Strong focus on alternatives to pastoralism (for small share of the target population), neglect of commercialization of pastoralism.
The project was implemented as designed	9	All planned activities were implemented, though some with delays
The project reached all its objectives	5	The endline data was collected two years before the project end, so the DRR plans were not yet implemented. Moreover, the enline year was not a drought year, which would be needed to test for the effectiveness of DRR measures.
The observed results are attributable to the project interventions	6	The significant results are based on the baseline only and could result from other factors than the project. No significant impact from dif-in-dif. We cannot show whether the savings and credit groups and the trainings benefit the participants. (There are too few participants in the savings and

		credit groups, and the project focusses on disaster coping, while 2014 was a good year.)
The observed results are relevant to the project beneficiaries	8	DRR and income diversification are highly relevant, but limited impact observed.
The project was implemented efficiently	4	Cost on the high side of benchmarks or above.

[1] Our agreement on a scale for 1 (not at all) to 10 (completely)

References

Armendáriz, Beatriz and Jonathan. Morduch, 2010. The Economics of Microfinance. The MIT Press, second edition.

Davies, Jonathan and Richard Bennet, 2007. Livelihood adaptation to risk: Constraints and opportunities for pastoral development in Ethiopia's Afar region. Journal of Development Studies 43(3), pp 490-511.

Flintan, Fiona, 2011. Broken lands: Broken lives? Causes, processes nd impacts of land fragmentation in the rangelands of Ethiopia, Kenya and Uganda. Research report. Nairobi, Kenya: REGLAP.

Grimshaw, R. G. (1993). The role of vetiver grass in sustaining agricultural productivity. *Asia Technical Department. The World Bank, Washington DC USA*.

Harper, M, (2002). Self-help groups and Grameen Bank groups: What are the differences? In *Beyond micro-credit: Putting development back into micro-finance*. T. Fisher, & M. S. Sriram (Eds.). Oxfam.

Headey, Derek, Alemayehu Seyoum Taffesse, and Liangzhi You, 2012, Enhancing resilience in the Horn of Africa. An exploration into alternative investment options. ESSP Working paper 48. EDRI & IFPRI.

Kleyman, Yevgeniya N., 2009, Testing for covariate balance in comparative studies. Ph.D. dissertation, University of Michigan.

Little, McPeak, Barrett, & Kristjanson, 2008

Rosenbaum, P.R. and D.B. Rubin, 1983. The central role of the propensity score in observational studies for causal effects. Biometrika, 70(1): pp 41-55.

Puhani, Patrick A., 2012, The treatment effect, the cross difference, and the interaction term in nonlinear 'difference-in-differences' models. Economics Letters.

Sabates-Wheeler, Rachel, Jeremy Lind, and John Hoddinott., 2013, Implementing Social Protection in Agro-pastoralist and Pastoralist Areas: How Local Distribution Structures Moderate PSNP Outcomes in Ethiopia. *World Development* 50: pp 1-12.

Tearfund (2013). Partnerships for change: A cost-benefit analysis of Self Help Groups in Ethiopia.

Teweldmehidin, M. Y., & Conroy, A. B. (2010). The economic importance of draught oxen on small farms in Namibia's Eastern Caprivi Region. *African Journal of Agricultural Research*, *5*(9), 928-934.

Appendix

Table A1: DD estimates – without controls

VARIABLES	(1) Does the household own land?	(2) Does the household engage in crop production?	(3) Does the household engage in irrigation?	(4) Months without food	(5) Participation in savings and credit association?	(6) Tried to obtain loan?	(7) Disaster risk reduction committee in kebele?	(8) Improved livestock management	(9) Improved crop production	(10) Nutrition, Health and sanitation	(11) Growth and Transformation Program (GTP)	(12) Disaster Risk Management	(15) Total monthly expenditures per person
year	0.156***	0.119***	-0.004	2.252***	0.011	-0.033	0.170	0.010	0.031***	0.009	0.005	0.021*	-200.567
	(0.054)	(0.043)	(0.022)	(0.332)	(0.035)	(0.022)	(0.111)	(0.011)	(0.009)	(0.016)	(0.005)	(0.012)	(1,134.453)
treatment	0.318***	0.223***	0.140***	-0.078	0.116**	0.034	0.306***	0.054***	0.078***	0.112***	0.012*	0.095***	2,321.076
	(0.046)	(0.044)	(0.047)	(0.376)	(0.047)	(0.036)	(0.088)	(0.018)	(0.029)	(0.041)	(0.007)	(0.033)	(1,394.134)
year*treatment	0.061	0.049	-0.087	-0.724	-0.029	-0.005	-0.109	-0.005	-0.025	-0.083*	0.002	0.009	863.324
	(0.082)	(0.079)	(0.054)	(0.496)	(0.067)	(0.043)	(0.144)	(0.027)	(0.032)	(0.046)	(0.014)	(0.052)	(2,531.463)
Constant	0.044**	0.024	0.024	2.020***	0.040**	0.048**	0.335***	0.016**	0.000**	0.032***	0.000	0.000	8,211.980***
	(0.020)	(0.018)	(0.018)	(0.272)	(0.017)	(0.021)	(0.068)	(0.008)	(0.000)	(0.009)	(.)	(0.000)	(787.139)
Observations	888	886	888	888	888	888	721	888	888	888	888	888	879
R-squared	0.191	0.128	0.053	0.124	0.031	0.012	0.091	0.015	0.028	0.031	0.006	0.047	0.012

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A2: DD estimates – with controls

VARIABLES	(1) Does the household own land?	(2) Does the household engage in crop production?	(3) Does the household engage in irrigation?	(4) Months without food	(5) Participation in savings and credit association?	(6) Tried to obtain loan?	(7) Disaster risk reduction committee in kebele?	(8) Improved livestock management	(9) Improved crop production	(10) Nutrition, Health and sanitation	(11) Growth and Transformation Program (GTP)	(12) Disaster Risk Management	(15) Total monthly expenditures per person
year	0.131**	0.103**	-0.009	1.996***	-0.005	-0.043*	0.161	0.006	0.025**	0.017	0.005	0.018	602.992
	(0.053)	(0.042)	(0.022)	(0.333)	(0.036)	(0.024)	(0.119)	(0.012)	(0.011)	(0.015)	(0.004)	(0.011)	(1,087.889)
treatment	0.273***	0.192***	0.134**	-0.408	0.113*	0.011	0.281***	0.051**	0.062**	0.117***	0.009	0.086***	2,631.270**
	(0.053)	(0.048)	(0.052)	(0.327)	(0.059)	(0.038)	(0.094)	(0.020)	(0.029)	(0.042)	(0.006)	(0.029)	(1,268.669)
year*treatment	0.093	0.066	-0.083	-0.550	-0.033	0.001	-0.106	-0.003	-0.013	-0.099**	-0.005	0.005	22.345
	(0.077)	(0.072)	(0.057)	(0.478)	(0.073)	(0.044)	(0.155)	(0.029)	(0.032)	(0.047)	(0.013)	(0.048)	(2,385.609)
Constant	-0.091	-0.108	-0.061	1.411***	-0.067	0.178***	0.513***	-0.002	0.002	-0.048	-0.004	-0.056	17,593.155***
	(0.087)	(0.092)	(0.060)	(0.500)	(0.045)	(0.057)	(0.127)	(0.033)	(0.030)	(0.056)	(0.005)	(0.052)	(2,350.195)
Observations	810	808	810	810	810	810	651	810	810	810	810	810	801
R-squared	0.222	0.168	0.065	0.135	0.045	0.044	0.107	0.032	0.053	0.054	0.015	0.048	0.088

Notes: All the columns present the coefficient estimate of the Double Difference regressions along with the corresponding year effect. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, age, marital status, household size, years of formal education, ethnic, job, land, and number of animals. Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A3: PSM with DD estimates - without controls

VARIABLES	(1) Does the household own land?	(2) Does the household engage in crop production?	(3) Does the household engage in irrigation?	(4) Months without food	(5) Participation in savings and credit association?	(6) Tried to obtain loan?	(7) Disaster risk reduction committee in kebele?	(8) Improved livestock management	(9) Improved crop production	(10) Nutrition, Health and sanitation	(11) Growth and Transformation Program (GTP)	(12) Disaster Risk Management	(15) Total monthly expenditures per person
year	0.154***	0.117***	-0.009	2.184***	0.011	-0.034	0.164	0.014	0.032***	0.008	0.005	0.021*	-403.845
	(0.054)	(0.043)	(0.021)	(0.339)	(0.036)	(0.023)	(0.113)	(0.011)	(0.009)	(0.017)	(0.005)	(0.013)	(1,077.641)
treatment	0.324***	0.230***	0.140**	-0.149	0.124**	0.010	0.269***	0.063***	0.080**	0.111***	0.010	0.080***	3,088.746**
	(0.055)	(0.051)	(0.054)	(0.380)	(0.055)	(0.033)	(0.089)	(0.018)	(0.030)	(0.040)	(0.007)	(0.029)	(1,453.154)
year*treatment	0.061	0.033	-0.095	-0.645	-0.072	0.017	-0.084	-0.034	-0.045	-0.081	0.003	0.027	1,362.569
	(0.089)	(0.084)	(0.059)	(0.490)	(0.075)	(0.039)	(0.151)	(0.028)	(0.039)	(0.051)	(0.015)	(0.056)	(2,845.781)
Constant	0.046**	0.025	0.025	2.079***	0.041**	0.050**	0.336***	0.012*	-0.000	0.029***	0.000	0.000	8,086.058***
	(0.021)	(0.019)	(0.019)	(0.268)	(0.018)	(0.022)	(0.068)	(0.007)	(0.000)	(0.010)	(0.000)	(0.000)	(770.529)
Observations	795	794	795	795	795	795	645	795	795	795	795	795	786
R-squared	0.198	0.126	0.059	0.122	0.031	0.006	0.077	0.016	0.026	0.032	0.006	0.050	0.020

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A4: PSM with DD estimates - with controls

VARIABLES	(1) Does the household own land?	(2) Does the household engage in crop production?	(3) Does the household engage in irrigation?	(4) Months without food	(5) Participation in savings and credit association?	(6) Tried to obtain loan?	(7) Disaster risk reduction committee in kebele?	(8) Improved livestock management	(9) Improved crop production	(10) Nutrition, Health and sanitation	(11) Growth and Transformation Program (GTP)	(12) Disaster Risk Management	(15) Total monthly expenditures per person
year	0.131**	0.100**	-0.015	1.939***	-0.006	-0.044*	0.158	0.011	0.026**	0.018	0.005	0.019*	455.487
	(0.052)	(0.041)	(0.022)	(0.341)	(0.037)	(0.025)	(0.116)	(0.012)	(0.011)	(0.016)	(0.004)	(0.011)	(1,033.083)
treatment	0.295***	0.210***	0.146**	-0.455	0.129**	-0.003	0.263***	0.062***	0.069**	0.124***	0.010	0.080**	3,036.033**
	(0.061)	(0.054)	(0.058)	(0.329)	(0.064)	(0.036)	(0.098)	(0.022)	(0.033)	(0.045)	(0.007)	(0.030)	(1,320.169)
year*treatment	0.089	0.047	-0.104*	-0.442	-0.084	0.018	-0.092	-0.036	-0.034	-0.103*	-0.004	0.018	554.406
	(0.084)	(0.077)	(0.061)	(0.468)	(0.081)	(0.041)	(0.160)	(0.031)	(0.040)	(0.054)	(0.015)	(0.054)	(2,692.046)
Constant	-0.060	-0.074	-0.043	1.650***	-0.081*	0.182***	0.528***	0.012	0.024	-0.023	-0.004	-0.024	18,384.127***
	(0.090)	(0.087)	(0.065)	(0.538)	(0.045)	(0.051)	(0.132)	(0.034)	(0.029)	(0.053)	(0.006)	(0.051)	(2,425.241)
Observations	725	724	725	725	725	725	583	725	725	725	725	725	716
R-squared	0.236	0.172	0.080	0.134	0.052	0.037	0.096	0.034	0.052	0.057	0.017	0.050	0.096

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, age, marital, household size, years of formal education, ethnic, job, land and number of animals. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A5: Attrition

VARIABLES	(1) Attrition
sex	-0.027
	(0.588)
age	-0.008
	(0.012)
Marital status (1=married)	0.433
	(0.574)
Formal education	-0.096
	(0.088)
Job (1=livestock herding)	0.585**
	(0.294)
#household members	-0.040
	(0.056)
#animals	0.003*
	(0.001)
Constant	-2.528***
	(0.680)
Observations	815

Notes: Logistic regression to check for if the attrition observed in the data was random. Some variables were omitted due to no observations.

Table A6: Minimum detectable effect size (based on PSM with controls)

Variable	Detectable effect
Does the household own land	0.12
Does the household engage in crop production	0.07
Months without food: 0.52	0.52
Participation in savings and credit institute	0.05
Tried to obtain loan	0.04
Disaster risk reduction committee in kebele	0.10
Improved livestock management	0.04
Improved crop production	0.04
Nutrition, Health and sanitation	0.04
Growth and Transformation Program (GTP)	0.02
Disaster Risk Reduction	0.04
Distance water source in dry season	2.76
Distance water source in wet season	2.6
Total monthly expenditures:	2405.76 birr

Endline report – Ethiopia, ECFA MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Elias Zerfu [2]
Derbew Kefyalew [2]
Dereje Getu [2]
Nicky Buizer [1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI- 15-054

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, D. Getu, N.N. Buizer, 2014. *Endline report Ethiopia, ECFA. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI- 15-054. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, ECFA. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI- 15-054

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **7**

1.1 Purpose and outline of the report 7
1.2 Brief summary of analysis and findings 8

2 Context and General Information about the SPO – ECFA **11**

2.1 General information about the Southern Partner Organisation (SPO) 11
2.2 The socio-economic, cultural and political context in which the partner operates 11
2.3 Contracting details 13
2.4 Background to the Southern Partner Organisation 13

4 Results **23**

4.1 MFS II supported capacity development interventions 23
4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4 25
4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4 33

5 Discussion and conclusion **48**

5.1 Methodological issues 48
5.2 Changes in organisational capacity development 49
5.3 Attributing changes in organisational capacity development to MFS II 51

References and Resources **65**

List of Respondents **68**

Appendix 1 Methodological approach & reflection **69**

Appendix 2 Background information on the five core capabilities framework **95**

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators **97**

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation Enhanced Child Focused Activities (ECFA) and the Co-Financing Agency Child Helpline International (CHI) for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to ECFA, CHI, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

Causal map	Map with cause-effect relationships. See also 'detailed causal map'.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CBO	Community Based Organisation
CC	Community Conversation
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CFO	Co-Financing Organisation
CHI	Child Helpline International
CCRDA	Consortium of Christian Relief and Development Association
COPION	Korean Development Organization
Detailed causal map	Also 'model of change'. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
ECFA	Enhanced Child Focus Activities
FSCE	Forum on Sustainable Child Empowerment
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
GO	Governmental organisation
GPP	Girl Power Programme
IFPRI	International Food Policy Research Institute
IGA	Income generating activity
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MoFA	Ministry of Foreign Affairs
MFS	Dutch co-financing system
MIS	Management Information System
NGO	Non-Governmental organisation
PANE	Poverty Action Network Ethiopia
PSP	Principles Standards & Practices (taskforce)
OAK	Swiss Development Aid Foundation
OD	Organisational Development
PIE	Plan International Ethiopia
PME	Planning, Monitoring and Evaluation
Process tracing	Theory-based approach to trace causal mechanisms
RCT	Randomized Control Trials
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

- Achievement of Millennium Development Goals (MDGs) & themes;
- Capacity development of Southern partner organisations (SPO) (5 c study);
- Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: ECFA in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in chapter 4.2.2.

For those SPOs involved in process tracing a summary description of the causal maps for the identified organisational capacity changes in the two selected capabilities (capability to act and commit; capability to adapt and self-renew) is provided (evaluation questions 2 and 4). These causal maps describe the identified key organisational capacity changes that are possibly related to MFS II interventions in these two capabilities , and how these changes have come about. More detailed information can be found in chapter 4.3.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, improvements took place in all of the capabilities.

In the capability to act and commit, ECFA improved on many indicators. Most important was a new organisational structure, especially the current division between administrative and program issues. This has resulted in the delegation of tasks from leadership to appropriate staff, so that the Director can focus more on programs and provide organisational directions to his staff. And it led to more clarity for staff on their roles and responsibilities. ECFA has taken measures to retain staff: increased salaries, sustain freedom at work, giving opportunities for staff to let their voices be heard, and hiring new staff. Staff competencies have improved because of hiring qualified new staff and training opportunities on resource mobilisation and M&E. ECFA has slightly better articulated strategies, due to improved M&E on which these strategies are based. Also daily operations have slightly improved and are more in line with strategic plans because of review meetings and improved stakeholder involvement in the annual planning meetings.

In the capability to adapt and self-renew, ECFA also improved in many indicators. M&E has improved because of a dedicated M&E officer and regular review and planning meetings with stakeholders and staff. The M&E officer is skilled and can coach the other staff members. Different tools are used for monitoring and supervision and M&E formats have been developed. ECFA makes more use of the CHI Principles and Standards Assessment to examine the quality of its work, on annual basis, and uses biannual review meetings to plan for the next six (6) months. The frequency of critical reflection meetings went up to weekly thus enhancing the opportunities for staff to share their ideas. There is a more free flow of ideas between different departments. ECFA has become more responsive to stakeholders, especially the Bureau of Women's and Children Affairs Office, one of ECFA's major stakeholders.

In terms of the capability to deliver on development objectives, ECFA shows some improvement in almost all indicators. There are new guidelines in place to minimise operational costs and become more cost-effective. The organisation has been delivering outputs in a more timely fashion because of restructuring of the program department and recruitment of new staff. ECFA has better organised its way of getting feedback from beneficiaries. Through the organisational restructuring, new staff has been hired with better efficiency and quality.

In the capability to relate, ECFA has improved as well. The organisation has improved its network with beneficiaries and stakeholders who continue to be engaged in project planning. ECFA has formed

strong local networks with the community, the Bureau of Women's and Children Affairs, regional finance offices and the social affairs office. The presence of a social worker in all the kebeles that ECFA works, has helped to connect more with the target groups. In terms of relations within the organisation, there are new weekly meetings which have been good for the working relations among staff and with the Director and have stimulated mutual sharing.
Finally, ECFA has improved in one of the indicators under the capability to achieve coherence: a number of operational guidelines and manuals have been developed, e.g. financial guidelines, admin and HR manual.

The evaluators considered it important to also note down the SPO's story in terms of changes in the organisation since the baseline, because this would provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues, there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

During the endline workshop, the following key organisational capacity changes were brought up by ECFA's staff as the most important capacity changes in the organisation since the baseline: improved capacity for partnerships and networking with a large number of stakeholders; improved resource mobilization capacity; improved capacity to reach a larger number of beneficiaries; improved capacity to implement livelihood improvement activities; and improved leadership and management capacity. According to ECFA staffs present at the endline workshop, the improved capacity for partnerships and networking with a large number of stakeholders was due to ECFA's renewed and maintained memberships with different networks and associations; and improved lobbying and communication skills of the organisation, as a result of opportunities created by CHI (MFS-II related) in linking the organisation with its networks and partners and because of ECFA's own experience which created new opportunities.

The resource mobilisation capacity of ECFA improved because of the identification of the need and the recommendations to diversify and increase ECFA's financial resources by a consultant who did a MFS-II funded assessment in 2012; and improved capacity in preparing convincing proposals. ECFA improved this latter capacity because of MFS-II and other donors' training on resource mobilisation, and hiring qualified staff (partially funded by MFS-II), and improved capacity to identify the needs of the community. This capacity change is further detailed in a process tracing causal map.

ECFA improved its capacity to reach a larger number of beneficiaries because of improved capacity in preparing convincing proposals (as explained above) and improved community mobilisation capacity. This last capacity improved because of the enhanced capacity to design people engagement strategies, which in turn was triggered by the recommendations of a multi-sectorial project evaluation conducted in 2010.

The organisation furthermore improved its capacity to implement livelihood improvement activities because of the enhanced attention of ECFA to deploy livelihood interventions geared towards income generating activities (IGAs), because of its demand by communities and government.

Finally, the organisation felt it enhanced its leadership and management capacity because of improved follow up and supervision, past experience of the leadership and donor feedback and financial support. Manuals on organisational and operational management; and donor feedback helped in improved follow up and supervision.

All in all, there is some mention of MFS-II funded capacity development interventions which helped to improve the capacity to write convincing proposals, which is related to the enhanced resource mobilisation capacity and improved capacity to reach a large number of beneficiaries. Other external factors have also played a role in these organisational capacity changes as experienced by ECFA, i.e. trainings funded by other organisations; evaluation recommendations (2010); inputs from government, communities and other funders. To a lesser extent, internal factors played a role, such as organisational and operational manuals. During process tracing these and more MFS-II funded capacity development interventions have clearly come up which will be further explained below.

'Process tracing' was used to get more detailed information about the organisational capacity changes that were possibly related to specific MFS-II capacity development interventions. For ECFA, the organisational capacity changes focused on were: "improved fundraising capacity", "improved capacity to respond to child protection issues", and "improved capacity to implement M&E and provide quality M&E information". These are further explained below.

From the process tracing causal map, it can be said that ECFA's "improved fundraising capacity" can to a large extent be attributed to a range of MFS-II supported capacity development interventions, including: training on counselling, data management and reporting; training on resource mobilisation; Plan International Ethiopia (PIE) partners forum; regional and international consultation meetings; support from CHI in funding proposals; enhanced helpline infrastructure, employment of more counsellors, and general capacity development support of the CFA, like helping with planning and costing of activities and fundraising policies. All of this has helped the organisation to expand to four (4) other towns and thereby becoming more attractive to donors. Other factors to which these changes can be attributed include: experience gained in the past and in other activities; resource mobilisation training by PANE; and coaching and mentoring by senior staff and management. The underlying reasons for change included donor requirements and the precarious situation in the organisation in terms of funding, which triggered the organisation to develop a policy on how to diversify its funds.

On the whole, it can be said that the "improved capacity to respond to child protection issues" of ECFA can to a large extent be attributed to MFS-II supported capacity development interventions: training, and international and regional consultation meetings, the conference on sexual child abuse in Ghana and through learning visits to the Helplines of other African countries. The only other reasons for change included coaching, mentoring and follow-up by senior staff, employing staff with small scale business management skills, and the training on male engagement by Hiwot Ethiopia.

Overall, it can be said that the "improved M&E capacity" at ECFA can to a large extent be attributed to MFS-II supported capacity development interventions, through M&E related training, a (5C) baseline assessment by Plan International, feedback and advice from Plan International and CHI, and the provision of infrastructure and training for a digitalised data management system. The only non-MFS-II related reasons for this improved M&E capacity since the baseline in 2012, were an internally felt need to have a monitoring and evaluation unit, and the provision of three computers by Oak Foundation.

2 Context and General Information about the SPO – ECFA

2.1 General information about the Southern Partner Organisation (SPO)

Ethiopia	
Consortium	Child Rights Alliance
Responsible Dutch NGO	Child Helpline International (CHI)
Project	Nazareth Child Helpline (CHL), Project C2 MFS-II sample
Southern Partner Organisation	Enhanced Child Focused Activities (ECFA)

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

Millions of children worldwide are subject to violence, exploitation and abuse including the worst forms of child labour in families, communities, schools and institutions. They are also exposed to various forms of abuse during armed conflict; and to harmful practices such as female genital mutilation/cutting and child marriage. Millions more, not yet victims, also remain without adequate protection. Protecting children from violence, exploitation and abuse is an integral component of ensuring their survival, growth and development.

The situation of children in Ethiopia is not different than the international scenario. Thousands of children are subjected to different forms of physical and psychological abuses inflicted upon them by adults that are usually very close to them. The magnitude of the problem varies from region to region and from zone to zone and from Woreda to Woreda. However, the demand for community based child protection mechanisms is becoming paramount in many places in the country as the violence against children is gaining momentum in many parts of the country.

One of the big cities where child abuse is being witnessed is Adama city of Oromiya Region. Like in many Ethiopian cities and towns, the majority of girls and young women have a low status in the society. They are denied equal access to education, training and gainful employment opportunities and their involvement in policy formulation and decision making processes has been minimal in government organizations, community based organizations, civil society organizations as well as in schools and other sectors.

Oromiya Region is the operational area of the Enhancing Child Focused Association (ECFA). ECFA was established in 2004 and legally registered by the federal Ministry of Justice in 2006 by the name, Ethio Child Focused Association. Following the new CSOs and NGOs Legislation issued by the Government of the Federal Democratic Republic of Ethiopia, ECFA has been reregistered as an Ethiopian Residents Charity Organisations, with registration number 0308. ECFA is an indigenous, non-governmental organisation, with the aim to effectively respond to the protection, rehabilitation and integration needs of children and contribute to preventing children from any form of violence in all settings through a holistic manner of service delivery and creating an informed and enlightened target community.

ECFA commits itself to providing adequate protection to all children found under difficult situations in Adama City. ECFA promotes and supports the creation of a safe environment for children in partnership with the communities, local structures, government and non-governmental institutions, national and international partners, and other likeminded organizations.

To achieve its mission, the organization developed proposals which aim to protect children, girls and young women from violence. Among those projects, one is a project which intends to work for better protection of girls and young women against violence. This project specifically endeavours to sensitize the target communities and girls and young women on gender based violence; to establish child helpline centres that provide access to reporting cases of violence; to build the capacity of in-school and out-of-school girls and young women to become assertive and active in protecting themselves; to support the target community to create a community environment that protects girls and young women from violence; and to support W/C/A/offices to setup a child protection system and structures and to build the capacity of ECFA, CBOs and CSOs working for children and women in the target area.

The implementation of this Girl Power Programme (GPP) was for the period 2011-2015. The objective of the programme was to improve or strengthen the capacity of the Southern partners. Child Helpline International (CHI) worked closely with ECFA, an Ethiopia based non-governmental organisation to achieve the results of the GPP.

To implement this project, ECFA uses strategies such as selection and deployment of community social workers and CC[1] facilitators, community mobilization and empowerment, and helps government offices, civil society organizations and community-based organizations to mainstream activities related to preventing/curbing violence against girls and young women in their day-to-day development efforts. ECFA will also establish a network and forge partnership with different development actors and organizations.

Throughout and at the end of this project, ECFA expects that gender based violence against girls and young women will be reduced and a better protection mechanism for girls and young women will be in place. Also, awareness and skill of community members on gender based violence will be improved and the beneficiary/target communities will strongly protect girls and young women from violence. Government will act for better protection of girls and young women and finally, participation and representation of girls and young women in targeted civil society organizations will be enhanced. ECFA will exert maximum efforts to enhance community involvement and the empowerment of the targeted girls and young women in exploring and looking for possibilities to address the problems. In doing this, ECFA believes that the project can be sustained by being handled by the community members. Plan International Ethiopia (PIE) is supporting ECFA with MFS-II funding for this project.

Child Helpline International (CHI) has been working with ECFA since 2007. ECFA runs a child helpline service, among other services. The call centre of the child helpline run by ECFA is located in Nazreth city. In all countries of the world, child helplines including the Dutch *Kindertelefoon* in the Netherlands, target children of all ages, boys and girls alike. An organisation operating child helpline services addresses all problems or concerns raised by children and young people. CHI will work with ECFA in

[1] Community Conversation

the period 2011-2015 to improve the existing child helpline service so that the service reaches and benefits all marginalised children and young people in Ethiopia.

2.3 Contracting details

When did cooperation with this partner start:
Since 2008 (CHI)
In 2007 there was a partnership but no contract (members agreement)[2].

What is the MFS-II contracting period:
January 2011 – September 30th 2015[3]

Did cooperation with this partner end?
NO

If yes, when did it finish?
N.A.

What is the reason for ending the cooperation with this partner:
N.A.

If not, is there an expected end date?
December 31st 2015.[4]

2.4 Background to the Southern Partner Organisation

History

Enhancing Child Focused Activities (ECFA) is an indigenous, non-governmental organisation working in Oromiya regional state, to effectively respond to the protection, rehabilitation and integration needs of children and young people; and to contribute to protecting children from any forms of violence in all settings through a holistic manner of service delivery and creating an informed and enlightened target community.[5]

ECFA was established in 2004 in Adama town as a network for the various NGOs working in the area. Its former name was Ethio Child Focused Network.

The reasons for establishing the network were:

1. the need to reduce duplication of efforts among institutions,
2. the presence of poor networking conditions among the NGOs working in the same area,
3. the interest shown by the city administration and child based NGOs (FSCE, Goal Ethiopia, Vision), and
4. the need to address child migration, and HIV epidemics in the area

2 CHI does not work with contracts but instead with members agreements
3 Please note that CHI MFS-II capacity building interventions ends on September 30th 2015
4 Please note that CHI MFS-II capacity building interventions ends on September 30th 2015
5 Country specific information Ethiopia, MFS II call for proposals, 2012.

ECFA was legally registered by the federal Ministry of Justice in 2006[6] by the name Ethio Child Focused Association. Following the new CSOs and NGOs Legislation issued by the Government of the Federal Democratic Republic of Ethiopia, ECFA has been reregistered as an Ethiopian Residents Charity Organisations, with registration number 0308.

Enhancing Child Focused Activities (ECFA) is a coalition of NGOs and GOs (government organisations) working in the field of Child Rights in Adama. Established in 2004, ECFA initially spearheaded bringing child oriented organisations in Adama to pull resources together to celebrate the Day of African Child in the city. After the first celebration of the Day of the African Child together, it was observed and agreed that the coalition could act as a collective voice and an alternative organ for monitoring the implementation of programmes on the rights of the child in Adama.[7]

Among the many underlying factors for the establishment of the coalition are fragmented efforts among child oriented organisations, limited capacity with less impact & uncertainty of sustainability by individual efforts, presence of common vision and related mission among the organisations, healthy work relationship among organisations, positive attitude and acceptance of the government and donors to enhance the role of networking, and realisation of the coalition's better capacity to mobilise private, community, NGO's and GO's resources for better impact. To date, ECFA incorporates a membership of 35 GOs and NGOs among which 10 are full members, the remaining are corporate members.

The organisation put its base foundation aiming to see integrated efforts of GO, NGO's & CBO's that effectively respond to the protection, rehabilitation and integration rights of children through a holistic manner of service delivery.

As ECFA resumed operations to provide networking services, the target groups had been child focused institutions operating in the area. But, with the change of focus in 2009 (a change that was reinforced by new government law) the target groups were changed to schools, vulnerable children, community members, kebele administration, youth clubs, and health extension workers.

At inception, the organization did not have any staff. Rather, all activities were performed through a committee composed of the entities that constituted the coalition. When it established its office in 2005, a coordinator for the coalition was employed. The staff number increased to eight in 2007 and to nine in 2009 when the organization (coalition) started implementing programs. By including community volunteers and area coordinators, the number of workers at present (2012) has reached 15.

In its first year of operation, the organization did not have any budget. But following the opening up of the office in 2005 it started allocating budget that grew from Birr 60,000 (in 2005) to 100,000 (in 2006). When it started to implement projects in 2007, the budget grew to Birr 700,000 but declined to Birr 540,000 in 2009 due to the phasing out of indirect funds. Significant growth was seen in 2012 in which the budget reached Birr 4 million.

The organization has diversified its funding sources. In 2005 the only donors were only Goal Ethiopia and FSCE. But after that period, more funders were added, i.e. OAK foundation, Child Helpline International (CHI), Plan International, Corpion International, and Wereldkinderen.

ECFA has gone through various physical and financial capacity strengthening activities. In the initial years, it was mainly engaged in owning an office compound and furnishing it with various facilities. Once it recruited staff, it started to provide training on community facilitation, resource mobilization, and outreach program.

[6] Other sources mention establishment in 2004
[7] http://www.crin.org/organisations/vieworg.asp?id=4585

The following milestones were critical in the history of the organization:

- 2004: Inception
- 2005: Office establishment
- 2006: Legal registration
- 2007: Start with project implementation
- 2009: New NGO Framework/CSO Law introduced by Ethiopia government, and change of name

The important influencing factor that led to the establishment of the organization as a network was the need to improve the service delivery capacity of various stakeholders that were providing child focused services. Once it started operation, the new 2009/2010 NGO Framework/CSO law that made the organization drop its advocacy related activity was another important influencing factor. Other important factors were: the attachment of the ECFA child helpline service to the government office of the Bureau of Women and Children affairs in 2009, as well as becoming a member of CHI (that helped to diversify its funding), and the increased awareness of the community about the organization's activity.

Vision

The vision of ECFA at inception was to see rights protected children and this was pursued until 2009. The current vision, which was developed in 2009, is "to see the development of Ethiopia children with their basic needs realized and protected from any form of abuse"

Mission

Likewise, the mission in the beginning focused on addressing child rights. But as of 2009 it was changed to "working with children, families, communities, government agencies and national and international partners to prevent child abuse and ensure the protection, social and psychological needs of orphan and vulnerable, marginalized, abused and exploited children".

Strategies

ECFA developed various strategies to accomplish its vision and mission. At inception the strategy was to engage in advocacy, networking, capacity building, and information sharing activities. However, the CSO law introduced in 2008 forced the organization to abandon advocacy work. Following the reestablishment of the organization in 2009 as an independent entity, its strategy includes the following:

- *Networking*: support networks that are intended for the existence of a coordinated response on the issues of children at the grass root level.
- *Protection*: support children to get access to protection, education and health, psychological and rehabilitation services.
- *Capacity building*: build the capacities of child focused organisations to provide quality and child friendly services for their target children.
- *Child participation*: support children initiated collections and forums that are established to facilitate their involvement in the socio economic developmental activities of their community.
- *Access to information*: availability of child focused information and best practices that contribute to improve planning and implementation of child focused programs and projects.

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[8].

[8] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia* (i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop

have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have

come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors, rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled

countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of ECFA that have taken place since the baseline in 2012 are described. The information is based on the information provided by CHI.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Regional consultation (RC) of child helplines in Africa in Nairobi, 2011	Basis for more co-operation between the ECFA and agencies in the region. This may be in the form of the exchange of technical expertise or funding opportunities	**- ICT usage** globally and in Kenya. - Outcomes of **Principles Standards & Practices (**PSP) Task Force meetings as well as the achievements in the Africa region - **Poster session** about the work of the various child helplines - **Open space session** that enabled participants to choose topics/any issues not covered by the programme of the meeting. **- Field visit** to Childline Kenya, the national child helpline in Kenya and also a visit to the Gender Recovery Centre of the Nairobi Women's' Hospital.	Aug 30-Sept 2, 2011	Total cost of the Sixth RC was Euros (€) 70,818.99. CHI's contribution was Euros (€) 34,642.01
Workshop on Outreach and Community-based strategies that took place in Sri Lanka in 2012	- Expansion of the Adama child helpline service to other regions and districts in Ethiopia.	**- Outreach and Community Based Strategies for child helplines:** Ensuring a common understanding of concepts; Discussion about who are "difficult to reach" or "marginalized" children; - Brainstorm of challenges faced by child helplines to reach them. **- Community based strategies in areas affected by conflict:** Afghanistan *(working with community & religious leaders);* Sri Lanka (Don Bosco /NCPA/Save the Children) **Reaching the hard to reach:** Sharing experiences from the field by: Pakistan *(working with burn centers, media tracking);* Nepal *(reaching child labourers)*	June 2012	Euros 25,000 (i.e., from the MFS-II budgets of Ethiopia, Bangladesh, Nepal and Pakistan).
CHI MFS-II Monitoring and Evaluation (M&E) workshop 2012	ECFA to incorporate the M&E knowledge that was acquired from the workshop into the day-to-day operations of the child helpline. Ultimately, this should improve the quality of the service they provide.	- Introduction to M&E concepts - Girl Power; Activities, annual planning & reporting - CHI's Regional and Global Activities under Girl Power - 5 Core Capabilities, the PSA tool and its usage - Outcome measuring in Girl Power, choosing methods and tools - Learning Agenda under the Girl Power programme	December 2012 in Amsterdam	Euros 3,000

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Second International Conference on Child Sexual Abuse in Accra, Ghana in 2012	- To strengthen their capacity in working with community-based approaches and outreach.	- Compare weak and strong CP9 systems - How to strengthen well-developed CP systems - Improve referral mechanisms and case management - Network with partners to strengthen child protection systems - The role of helplines in the prevention of child abuse - Brand management - Reaching out to marginalised children and young people	March 2012	Euros 2000
Annual reflection meetings organized by Plan International Netherlands and Plan International Ethiopia,(CD5)	ECFA uses this knowledge to respond to children who contact the child helpline on matters related to sexual abuse	- Building organizational capacity to manage child sexual abuse in Africa - Role of legislation and policy on child sexual abuse in Africa - Strategies on child sexual abuse prevention - Child sexual abuse in institutions of care and learning in Africa - Good practices in research and practice on child sexual abuse	Annually	Euros 4783.40 (i.e., MFS-II 1% and 4% budget allocation of the period 2011 to 2013
Training in Fundraising conducted by CHI and The Resource Alliance in 2012	Increased protection of girls in Ethiopia as a result of the Girl Power Programme	- Understanding resource mobilisation - Trends and realities on the fundraising scene - Governance, transparency and accountability - Different techniques of resource mobilization -Developing and implementing an effective resource mob. strategy	January 2012	Euros 2000
CHI International Consultation (IC), Durban, South Africa, 2012	ECFA used the knowledge gained to fundraise and generate additional funding for the child helpline.	- CHI marketplace : PSP (Principles, Standards and Practices) taskforce - Open Space for Innovative Ideas - Parallel sessions: The role of child helplines in the prevention of child sexual abuse; Strengthening weak child protection systems; Strengthening well-developed child protection systems; networking with partners to strengthen child; Brand Management; Reaching out to marginalised children & young people; protection systems; - Open space: Awareness raising music video; Human Trafficking: Commercial and Sexual Exploitation of Children; Google - online safety tools and training; Role of Government in (funding) child helplines;; Funding models for new child helplines; Monitoring outcomes of school outreach services and bullying; Influencing Policy: Ground breaking ruling on cyber bullying in Canada; Durban Resolutions - Site visits – Childline KwaZulu-Natal (KZN); the Kwa Muhle Museum; and visit to the Durban Magistrates Court. - Youth Consultation: the voices of Durban's Youth.	October 17-20, 2012	Euros 4783.40

[9] CP = Child Protection

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
CHI seventh (7th) regional consultation of child helplines in Africa and the Pan-African stakeholder dialogue, Addis Ababa Ethiopia, 2013	The knowledge gained, contacts and partnerships made during the IC will enhance the operations of ECFA.	- Regional Update: Youth Advisory Council/Child Impact Assessment Advisory Council; Regional updates by CHI Regional Representative for Africa - Update on the Principles, Standards and Practices - Update on the New Technologies Advisory Council - Envisioning of CHI 2015+ Strategy: African priorities for CHI's next strategic phase; technology as a cross cutting means; Centres of excellence – knowledge building; Advocacy; Research and Data; Quality Assurance; Regional Approach; - The role of Child Helplines in Eliminating Harmful social and Cultural - Strengthening Child Protection Systems: the value of child helpline data - Strengthening Child Protection Systems; the experience of key partners - Harmful Practices affecting Children - Pan-African Stakeholder Dialogue - Project Bright (KPMG) - Child helplines from Namibia, South Africa and Zambia sharing tools and good practices	November 12-14, 2013	Euros 2,000
Learning visit to Childline in Harare, Zimbabwe in 2013	The knowledge gained, contacts and partnerships made during the RC will enhance the operations of ECFA.	- Meetings and sessions with Childline Zimbabwe staff and volunteers - Visits at drop-in centers around Harare - Meetings with different actors and partners of Childline Zimbabwe - Key manuals on Childline Zimbabwe provided. - Manuals from the Police and UNICEF were given centered on child protection and operations standards. Other knowledge gathered: - Fundraising mechanisms including localized fundraising strategies through outsourcing of some expenditure items to other willing organizations - Volunteers management and motivation - Good working relationship with government - Working within the legal framework set by the government and not acting as an advocacy organization	5 days in September 2013	Euros 5,000 (i.e., MFS-II 1% and 4% budget allocation of the period 2011 to 2013)

Source: B_5C endline_support to cap dev_CFA perspective_Ethiopia_ECFA_CHI

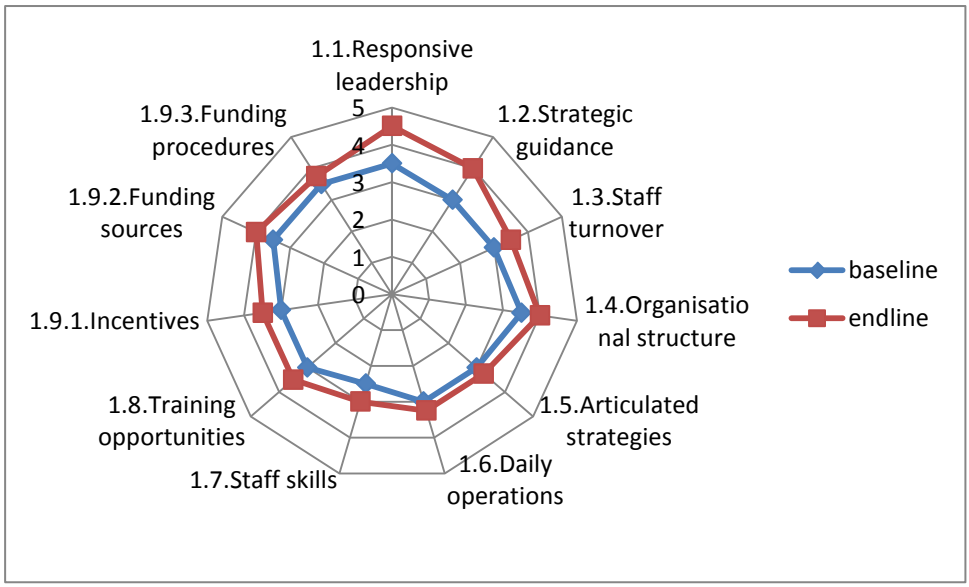
4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed

since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The the detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

Capability to Act and Commit



During the 2012 baseline, ECFA's program leadership, implementation and monitoring was handled by one person. Now different tasks are given to different individuals with clear job descriptions. There are now a Program, and an Administration division in place. This has helped the organisation to perform better because problems are easily and timely addressed, since the director can now focus on programs and providing leadership. The Country Director oversees the overall operations of the organization. Newly added personnel are working closely with the Executive Director and they help in addressing administrative leadership issues timely and flexibly.

Mechanisms to improve incentives have been put in place, such as higher per diems and higher salaries; a good working environment, and a reshuffle of existing staff based on their qualifications and interests. Also, appointing new staff has helped to reduce the workload of some staff.

Daily operations are in line with the strategic plan, but this strategic plan expired. However, resources have been mobilised to update the strategic plan for the period of 2015-2019. In terms of staff skills, ECFA relies heavily on CHI for capacity building of their staff. Whilst some staff have been trained in resource mobilisation and monitoring and evaluation, and qualified and experienced staffs are now being hired for the right positions, further training is required in terms of leadership and management, project planning and management, and report writing[10].

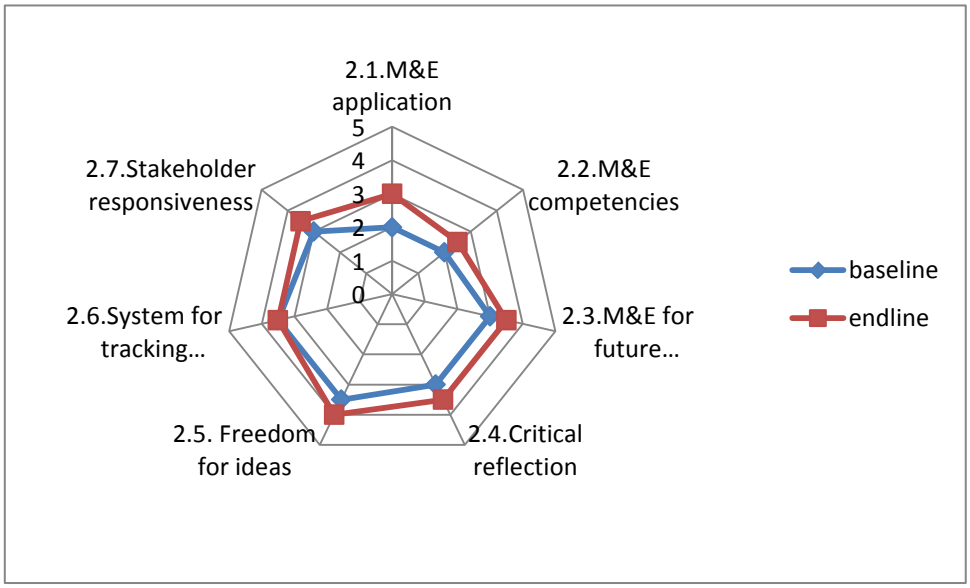
In terms of funding, the organisation has greatly increased the amount of funds since the baseline, which is related to ECFA collaborating with CHI, CCDRA and OSSA. A fundraising strategy still doesn't exist,

[10] The later could be attributed to language barriers, notably, the MFS-II reporting templates are in English and Ethiopia's business/official language is Amharic.

although it is in the process of being developed. Having trained staff in resource mobilisation, and hiring more qualified staff has resulted in raising more funds for ECFA.

Score: from 3.1 to 3.7 (slight improvement)

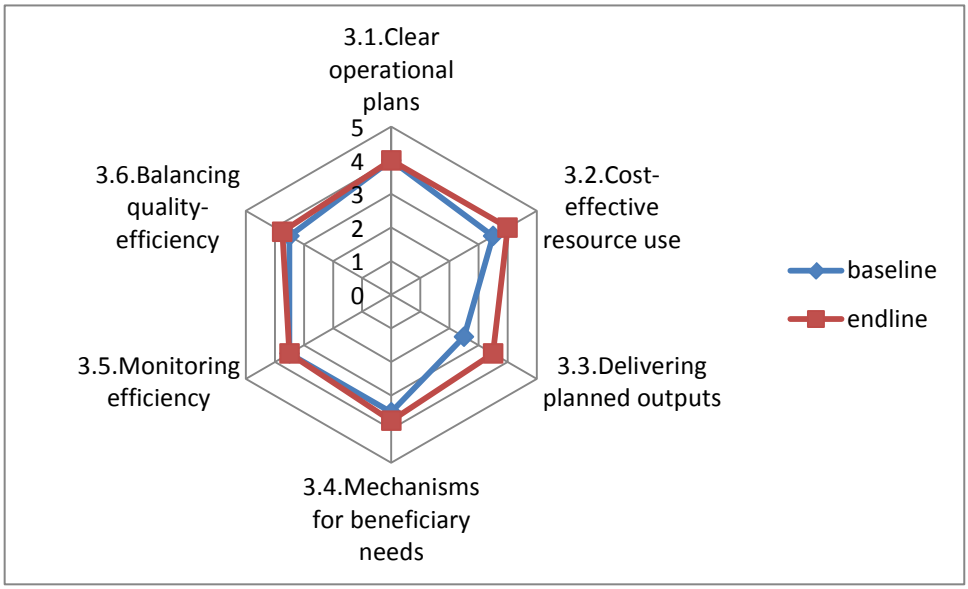
Capability to adapt and self-renew



There have been some slight improvements in terms of monitoring and evaluation, and using this for planning. An M&E policy and guidelines have been developed that are waiting for endorsement by the Board, and M&E formats are developed and are in place for action (notably, mission reporting format, training report format, monthly planning and reporting format, quarterly planning and reporting format). There is an M&E officer in the organisation now, but generally staffs still lack M&E knowledge and skills. The frequency of planning and review meetings has increased: periodic half-year review and planning meetings are of projects and organizational activities; field visits and beneficiary discussions on a quarterly basis; review meetings with community, volunteers, CBOs, CSOs and government offices are facilitated on a monthly basis. For each individual project there are midterm and final evaluations. Due to this increased frequency of meetings it is also easier for staff to critically reflect on issues and share their ideas. Furthermore, ECFA has improved its responsiveness to stakeholders due to increased stakeholder engagement, but the (limited) number and quality of staff is a hindrance to internalizing this principle.

Score: 2.9 to 3.4 (slight improvement)

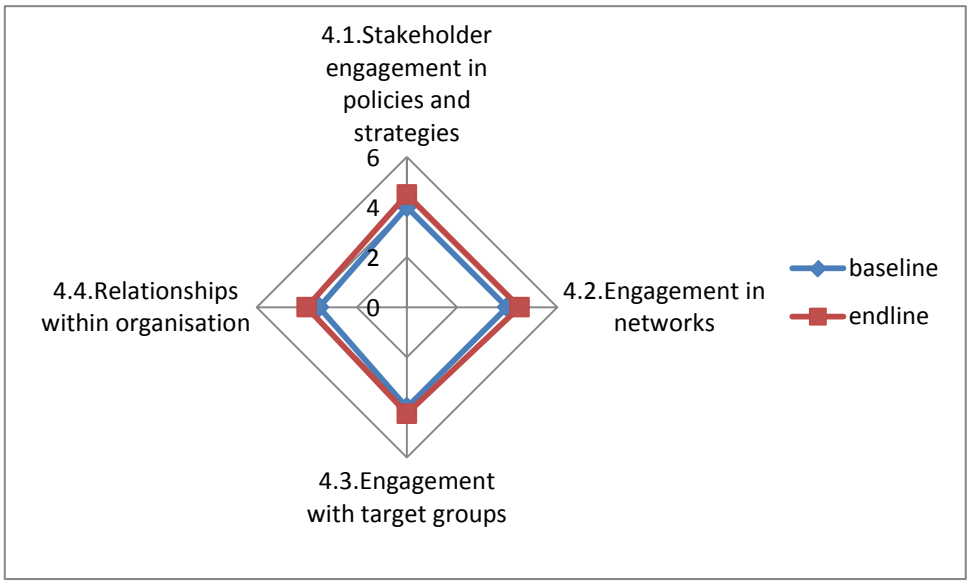
Capability to deliver on development objectives



ECFA still has clear operational plans in place, which guide daily activities and is still using its resources cost effectively making use of volunteers. Presently, ECFA also has guidelines in place to minimise operational costs and has improved upon delivering planned outputs timely due to the restructuring of the program department and having an M&E officer in place, who helps in reviewing progress, timely, and adapting plans accordingly. Also, there are, currently, fewer delays in approving budgets and in making agreements with government. The mechanism to assess whether beneficiary needs are being met is still the same as during the baseline, such as conducting field visits and beneficiary discussions at project levels on a quarterly basis; holding monthly review meetings with community, volunteers, CBOs, CSOs and government offices. The major change is that ECFA has hired a social worker in each target kebele which helps them to fully engage with beneficiaries. There is no formal system in place to monitor efficiency or balance quality with efficiency, but comparing planned with implemented activities helps in assessing executed activities, and having hired more qualified staff has improved the quality of work.

Score: from 3.4 to 3.7 (very slight improvement)

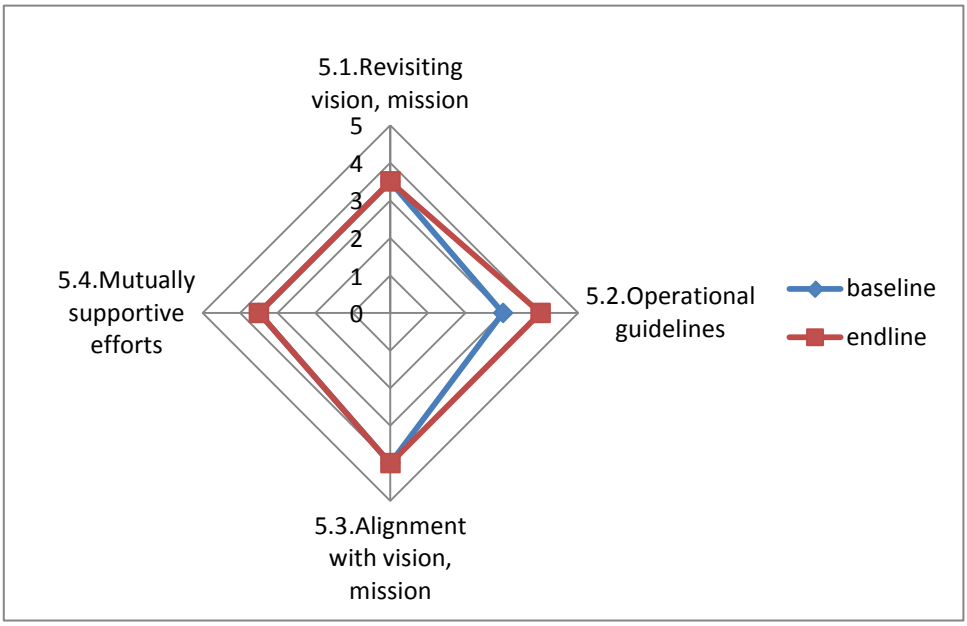
Capability to relate



Relationships have improved slightly, in terms of engaging with stakeholders especially communities, through hiring a social worker in each target kebele, and the government, especially the Bureau of Women and children affairs offices, Regional Finance Offices, Social affairs office. Internally relationships have improved slightly through having more frequent planning and review meetings.

Score: from 3.9 to 4.3 (slight improvement)

Capability to achieve coherence



On the whole, there has been some change in this capability, although most indicators under this capability scored the same compared to the baseline. Vision and mission of the organization are still the same, but the expired strategic plan is under revision. A number of guidelines and manuals are developed or under development compared to the baseline situation, such as financial guideline, per diem and allowance related manual, admin manual, procurement manual and human resource manual (waiting for the final draft) and all staffs are aware of what is included in the manuals and guidelines. Staffs are still acting according to the Vision, mission and goals to be reached by the projects, and projects, like the baseline, are still designed to be complementary to each other.

Score: from 3.5 to 3.7 (very slight improvements)

4.2.2 Key organisational capacity changes - general causal map

Below you can find a description of the key changes in organizational capacity of ECFA since the baseline as expressed by ECFA staff during the endline workshop. First, a description is given of how this the evaluation topic was introduced to ECFA and her staff during the endline workshop by summarising key information on ECFA from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how ECFA has changed since the baseline.

During the endline workshop, which was held on the 10th July 2014 at the ECFA's office in Adama, ECFA staff agreed that the following key changes in terms of organisational capacity took place in the organisation since the baseline:

1. Improved capacity for partnerships and networking with a large number of stakeholders (2)
2. Improved resource mobilization capacity (3)
3. Improved capacity to reach a larger number of beneficiaries (4)
4. Improved capacity to implement livelihood improvement activities (19)
5. Improved leadership and management capacity [5]

According to ECFA staff these five improvements in capacity helped ECFA them to become a more prominent and visible organization in the child protection arena (1).

Each of these five key organisational changes is explained in the diagram below. The numbers in the text correspond to the numbers of the cards in the diagram/visual on page 32.

Improved capacity for partnerships and networking with a large number of stakeholders (2): ECFA started with only one donor (i.e. Oak Foundation). During the baseline in 2012, ECFA had a limited number of donors who financially supported the organization. Currently, ECFA has increased its pool of funds and is working with more donors and implementing five projects. At the time of the baseline study, the organization had only two projects. The main reason for this improvement in networking and partnerships was lobbying and improved communication skills of the organisation (6) and the incessant contacts of the director with peer organisations. In addition, renewing its memberships with different networks and associations such as CCRDA, Child Helpline International (CHI) etc. (9) was also helpful. The lobbying and communication skills of the organization improved as a result of the opportunities created by CHI in linking ECFA with its networks and partners (7). In addition, the previous experience of the organization, the experience of the General Manager in particular (10), was also a major input to improve lobbying and communication. This happened mainly because of the training organized on lobby and advocacy in Ethiopia in 2010 by PANE (22).

Improved resource mobilization capacity (3):
The funding sources of the organization have increased compared to the baseline i.e. the number of donors increased since the baseline in 2012. The main reasons for the improved resource mobilization capacity are the identification of the need and the recommendations to diversify and increase its financial resources including steps to be taken to achieve this (29) received from a consultant who conducted a baseline assessment in 2012 for the MFSII alliance[11] (24) and the improved capacity of the organization to prepare convincing proposals (22).

The improved capacity in preparing convincing proposals (22) happened because of:

- The training on resource mobilization given in December 2012 by CHI for five African (i.e., Malawi, Mozambique, Kenya, Ethiopia and Uganda) child helplines hosted by ECFA in Adama, Ethiopia (11); and
- Training on Project Cycle Management (PCM) given to staff in 2013 by COPION (Korean Organization) (8).
- Hiring qualified and experienced staff (12). ECFA hired a Program Manager after the 2012 baseline. The new staff helped in coaching other staff in proposal development, and in identifying the needs of the community (13). The salary of the new staff, including the Program Manager, is partly covered from MFS-II contribution to the organization's pool of funds.

[11] This assessment (24) was about the situation of Gender Based Violence (GBV) and Girls participation in 5 selected towns of Oromiya Region, conducted for the Girls power project (MFSII funded).

- Improved capacity to identify the needs of the community (13) as a result of hiring experienced qualified staff (12) and engaging consultants (14) to conduct assessments (12 and 14 both MFS-II funded). This enabled the organization to identify the needs of the community and develop proposals that have better chance of being funded.

This capacity change is further detailed in the process tracing map on improved resource mobilisation capacity.

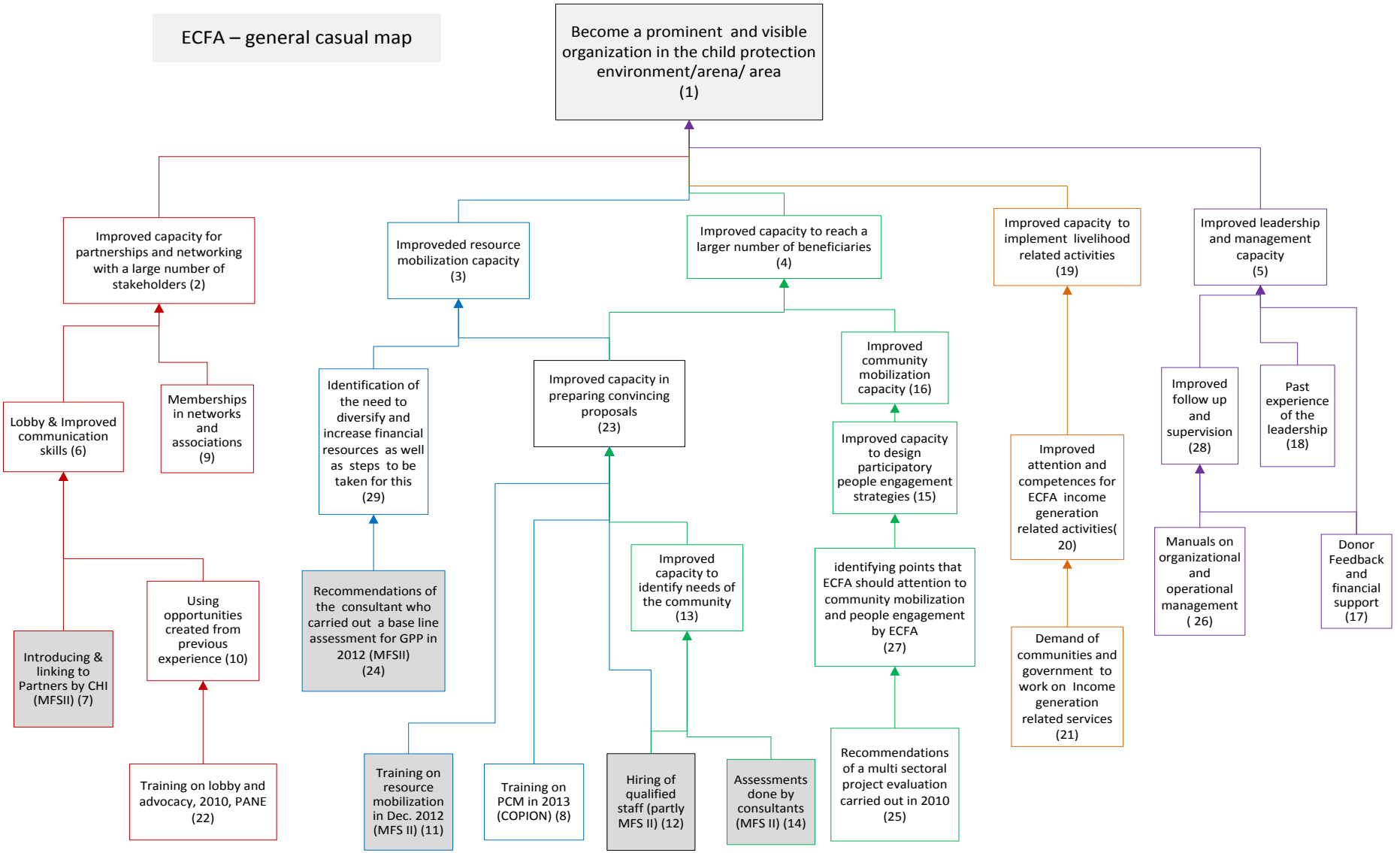
Improved capacity to reach a larger number of beneficiaries (4):
ECFA has increased its geographical area of operations, from Adama (one city) to six cities since the baseline, namely, Adama, Metehara, Bishoftu, Asella, Shashemene and Bekoji. This expansion was possible because ECFA developed the following capacities that supported this expansion. These were:

- Improved capacity in preparing convincing proposals (23) (see above).
- Improved community mobilization capacity (16) which is influenced by the improved capacity to design people engagement strategies (15). This was triggered by the recommendations of a multi-sectorial project evaluation conducted in 2010[12] (25). This study pointed out areas that ECFA should give attention to when mobilizing communities and engaging people (27). The outcomes of the study helped ECFA in improving its capacity to design participatory people engagement strategies (15).

Improved capacity to implement livelihood improvement activities (19):
The continued demand by the community and the government on ECFA to work on poverty reduction interventions (21) forced the organization to deploy livelihood interventions geared towards income generation activities (IGAs) (20).

Improved leadership & management capacity (5):
ECFA has developed different manuals related to organizational and operational management (26). This has helped the leadership to easily follow up and supervise (28), and ultimately smoothen processes and operations. In addition, the past experience of the management (18), more specifically the director, has also influenced leadership and management capacity (5), as well as the feedback from MFS II partners and other implementers and their financial support (17). The financial support has improved mobility for follow up and supervision (28) was also instrumental in this.

[12] End-evaluation of the project" Multi-sectoral responses against child sexual abuse in Adama city", 2007-2009 (funded by OAK foundation).


ECFA – general casual map
Become a prominent and visible organization in the child protection environment/arena/ area (1)
Improved capacity for partnerships and networking with a large number of stakeholders (2)
Improveded resource mobilization capacity (3)
Improved capacity to reach a larger number of beneficiaries (4)
Improved capacity to implement livelihood related activities (19)
Improved leadership and management capacity (5)
Lobby & Improved communication skills (6)
Memberships in networks and associations (9)
Identification of the need to diversify and increase financial resources as well as steps to be taken for this (29)
Improved capacity in preparing convincing proposals (23)
Improved community mobilization capacity (16)
Improved capacity to design participatory people engagement strategies (15)
Improved attention and competences for ECFA income generation related activities(20)
Improved follow up and supervision (28)
Past experience of the leadership (18)
Introducing & linking to Partners by CHI (MFSII) (7)
Using opportunities created from previous experience (10)
Recommendations of the consultant who carried out a base line assessment for GPP in 2012 (MFSII) (24)
Improved capacity to identify needs of the community (13)
identifying points that ECFA should attention to community mobilization and people engagement by ECFA (27)
Demand of communities and government to work on Income generation related services (21)
Manuals on organizational and operational management (26)
Donor Feedback and financial support (17)
Training on lobby and advocacy, 2010, PANE (22)
Training on resource mobilization in Dec. 2012 (MFS II) (11)
Training on PCM in 2013 (COPION) (8)
Hiring of qualified staff (partly MFS II) (12)
Assessments done by consultants (MFS II) (14)
Recommendations of a multi sectoral project evaluation carried out in 2010 (25)

4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4

Note: for each country about 50% of the MFS II funded SPOs has been chosen to be involved in process tracing, which is the main approach chosen to address evaluation question 2. For more information please also see chapter 3 on methodological approach. For each of these SPOs the focus has been on the capability to act and commit and the capability to adapt and self-renew, since these were the most commonly addressed capabilities when planning MFS II supported capacity development interventions for the SPO.

For each of the MFS II supported capacity development interventions -under these two capabilities- an 'outcome area' has been identified, describing a particular change in terms of organisational capacity of the SPO since the baseline. Process tracing has been carried out for each outcome area. The following outcome areas have been identified under the capability to act and commit and the capability to adapt and self-renew. Also the MFS II capacity development interventions that could possibly be linked to these outcome areas are described in the table below.

Table 2

Information on selected capabilities, outcome areas and MFS II supported capacity development interventions since the baseline

Capability	Outcome area	MFS II supported capacity development intervention
To adapt and self-renew	improved capacity to implement M&E and provide quality M&E information	
To act and commit	improved capacity to respond to child protection issues	
	improved fundraising capacity	

The next sections will describe the results of process tracing for each of the outcome areas. This includes describing the identified key organisational capacity changes, what these changes are expected to lead to and what are the underlying reasons for these organisational capacity changes.

4.3.1 Enhanced capacity to attract funds from multiple sources

Below you will find a description of the 'Enhanced capacity to attract funds from multiple sources' and how this has come about. Numbers in the narrative correspond with numbers in the process tracing causal map further below.

Both ECFA endline workshop participants as well as the Dutch CFA (CHI) Programme Officers consider the ECFA staff to have improved their capacity to attract funds from multiple sources since the baseline in 2012 [1]. As a result ECFA has attracted a larger number of donors compared to the baseline in 2012 [35] *(sources: endline workshop; CFA support to capacity sheet B and a larger amount of funding for Child Helplines [36] (sources: endline workshop; CFA support to capacity sheet B)*.

The participants of the endline workshop mentioned that the enhanced capacity to attract funds from multiple sources can be attributed to the following factors:

1. Increased visibility of the organization both nationally and internationally (2)
2. Improved capacity to network with donors & CSOs (3)
3. Improved knowledge and skills in resource mobilization (4)
4. Improved access to information sharing on funding opportunities (5)
5. Strengthened organizational policy systems (6)

These key areas are further explained below.

1. Increased visibility of the organization both nationally and internationally (2)

According to the endline workshop participants and the CFA (i.e. CHI) one of the reasons for the improved capacity to attract funds from multiple sources is that ECFA is now more visible and known inside the country and abroad [2] *(Sources: endline workshop; CFA Assessment sheet A; CHI ic_report_2012 (Durban)_-_final version)*

According to the endline workshop participants, ECFA's increased visibility [2] is caused by:

a. The capacity to scale up child helpline activities in four other towns (9) *(Source: endline workshop)* as a result of the training on online counselling, face-to-face counselling, data management, and report writing in 2012/13 by an external consultant (MFS II financed) (11) *(Source: endline workshop*) and the infrastructure, such as telephones provided thorough MFS II funding related to helpline service provision (10) *(Source: endline workshop*) plus the employment of MFS II funded counsellors (12) that provide the counselling service *(Source: endline workshop*)
b. The improved capacity to communicate ECFA's objectives and interventions verbally (7) *(Source: endline workshop*) as a result of experience gained in the past (13) *(Source: endline workshop*);
c. The enhanced capacity to produce and present promotional materials, such as leaflets, flyers, etc. and the Oromia radio program (8) *(Source: endline workshop*) as a result of the new infrastructure provided (10), and the enhanced financial management capacity (planning and budgeting) of ECFA (14) *(sources: endline workshop; 2013 Ethiopia GP Country Projects Annual report ECFA for CHI_2013).* These improved due to the interaction with MFS-II implementers that were helpful with planning activities and costing them accordingly (37) *(Source: endline workshop*).
d. In addition, the strengthened sub-regional child helpline partnerships e.g. with CHI/Plan International, Wereldkinderen , Oak foundation and COPION Int. (32) also contributed to the increased visibility of the organisation *(sources: endline workshop; CFA assessment sheet A; 2013 Africa PDRC Report (10)-FINAL; 2011_Africa RC Report 2011; 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI; CHI Resource Mobilisation Training Report JANUARY 23RD TO 25TH 2012 ADAMA-ETHIOPIA).*These were due to the MFS II funded opportunities to establish and maintain relationships with other CSO leaders (20) *(source: endline workshop)*, like the Partners forum organized by PIE (21) *(source: endline workshop; CFA assessment sheet B)* and the CHI Regional and International consultation meetings 2011, 2012 and 2013 (24) on the one hand, and to network opportunities given by other Non-MFS II donors (38) *(source: endline workshop).*

2. Improved capacity to network with donors and CSOs (3)

Another reason for the improved capacity to attract funds from multiple sources is the improved capacity to network with donors and CSOs (3) *(sources: endline workshop; CFA assessment sheet A).* The Executive Director persistently uses all available forums including international conferences to promote the organization (15) *(source: endline workshop)* as a result of the experience he acquired when being a member of the leadership committee of the Family Guidance Association of Ethiopia (16) *(source: endline workshop)*. In addition, ECFA's membership in CHI implementers' networks and CCRDA (17) *(sources: endline workshop; 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI)* including the Director's efforts to

sustain the collegial relationship he has with fellow CSO leaders (20) *(source: endline workshop)* was mentioned as important for improved networking capacity (3). ECFA was able to maintain its membership of CCRDA and CHI networks (17) because it had financial support from MFS-II (19) *(source: endline workshop)*, and the recommendation to the CHI network by the OAK foundation including its financial support (18) *(source: endline workshop)*. In addition, ECFA was able to sustain its collegial relationship with leaders of CSOs (20) as a result of the PIE (Plan International Ethiopia) partners' forum created with MFS-II funding (21) *(source: endline workshop; CFA assessment sheet B)*, and the different CHI annual regional and international consultation meetings that were held with support from the MFS-II funds (24) *(sources: endline workshop; 2011_Africa RC Report 2011 Final (20111125); 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI; 2013 Africa PDRC Report – FINAL; 2013 Ethiopia GP Country Projects Annual report_ECFA for CHI_2013).* These gatherings enabled the various SPOs leaders to meet frequently.

3. Improved knowledge and skills in resource mobilization (4)

The third reason for the improved capacity to attract funds from multiple sources is improved knowledge and skills in resource mobilization [4] *(sources: endline workshop; CFA assessment sheet B; CHI Resource Mobilisation Training Report JANUARY 23RD TO 25TH 2012 ADAMA-ETHIOPIA* such as:

a. Improved negotiation skills with possible donors and stakeholders (22) as a result of the training on resource mobilization organized by CHI in Adama with MFS-II financial support (23) *(sources: endline workshop; CFA capacity sheet A; Bi-annual progress report on the Girl Power programme January – June 2012; CHI Resource Mobilisation Training Report JANUARY 23RD TO 25TH 2012 ADAMA-ETHIOPIA)*, and the resource mobilization training organized by PANE (Poverty Action Network Ethiopia) in 2010/11 (27) *(source: endline workshop)*. These trainings complemented each other;
b. Improved knowledge of concept note and proposal writing (26) *(sources: endline workshop; CHI Resource Mobilisation Training Report JANUARY 23RD TO 25TH 2012 ADAMA-ETHIOPIA)*, from the same training organized on resource mobilization (23); and
c. The improved resource mapping capacity (28) *(sources: endline workshop; CHI Resource Mobilisation Training Report JANUARY 23RD TO 25TH 2012 ADAMA-ETHIOPIA)* that helped to know who is who in funding landscape, as a result of the above mentioned training on resource mobilization (23) which was facilitated by fundraising experts and attended by senior management staff. This generated lots of information about donors and mapped the funding landscape. Also the coaching and mentorship by senior management (25) *(source: endline workshop)* contributed. Mostly, within ECFA, the Director is the one who is continuously sharing information with staff. In addition, the CHI communication and information shared regarding calls for proposals, as part of the support from MFS-II (31) *(source: endline workshop);* has contributed to the increased information and resource mapping capacity.
d. Additionally, ECFA developed partnerships [32] during the Resource Mobilisation Training held in 2012 mentioned above (23). Uganda, Mozambique, Kenya and Malawi also participated in the training which enabled ECFA (Ethiopia) to learn the resource mobilization approaches and good practices of its peers. This training was funded through MFS-II funds and benefitted Uganda, Ethiopia, Malawi, Kenya and Mozambique. Ethiopia and Uganda are MFS-II partners so their expenses were covered through MFS-II Girl Power and Conn@ct.Now. The costs incurred by Kenya, Malawi and Mozambique were paid by the OAK Foundation grant.

4. Improved access to information on funding opportunities (5)

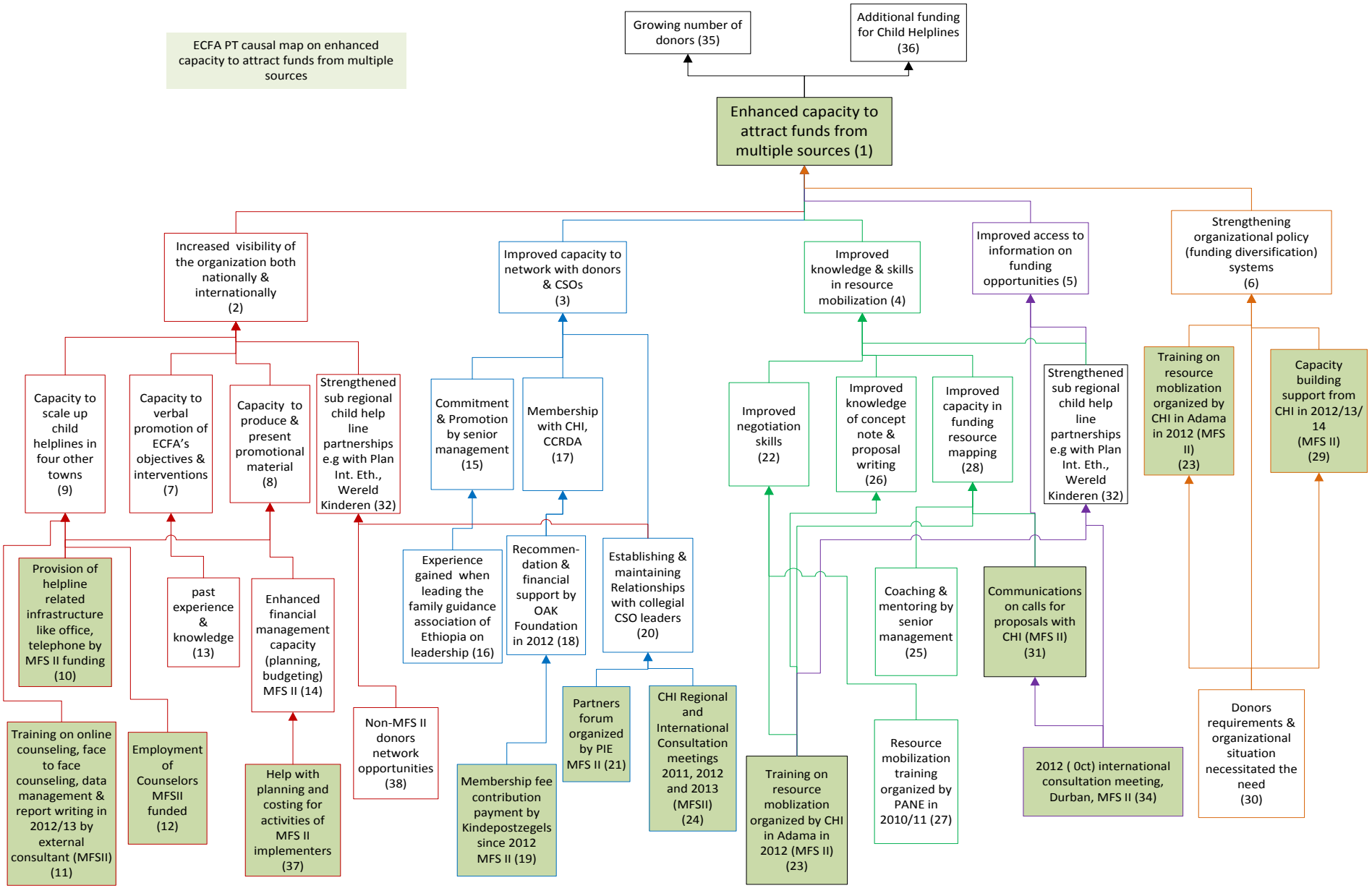
Another reason for the improved capacity to attract funds from multiple sources is improved access to information on funding opportunities [5] (S*ources: endline workshop; 2013 Africa PDRC Report – FINAL).* Mainly this was gained through the strengthening of partnerships (32), also supported by the International Consultative meeting in Durban, October 2012 (34)(S*ource: 2012_Ethiopia CRA Annual report Ethiopia 2012*

CHI) and communications on call for proposals received from CHI with the financial support from MFS-II [31].

5. Strengthened organizational policy systems (6)

The last reason for the improved capacity to attract funds from multiple sources is the strengthened organizational policy systems (6) (*Source: endline workshop),* as a result of the capacity building support received by ECFA from CHI through the MFS-II programme for the period 2012, 2013 and 2014 (29) (S*ource: endline workshop)* ECFA has created a positive attitude towards fundraising and established a policy to diversify funding sources and how to improve organizational branding and good governance. The Resource Mobilisation Training held in 2012 (23) and other capacity building support (29) helped in giving the skills needed to improve the organizational policy. The main pushing factors that necessitated this capacity building support were donor requirements and the organizational situation that necessitated improvement of the funding policy, focusing on diversifying the funding situation (30) *(sources: endline workshop; CHI Resource Mobilisation Training Report JANUARY 23RD TO 25TH 2012 ADAMA-ETHIOPIA)*.

In addition, the different annual consultation meetings (24, CHI) and partner forums (21, PIE), at which ECFA participated with MFS II funding, were helpful for the overall improvement in resource mobilization, but it was difficult to associate directly to which change it is linked. Rather it was related with the overall change.


ECFA PT causal map on enhanced capacity to attract funds from multiple sources
Growing number of donors (35)
Additional funding for Child Helplines (36)
Enhanced capacity to attract funds from multiple sources (1)
Increased visibility of the organization both nationally & internationally (2)
Improved capacity to network with donors & CSOs (3)
Improved knowledge & skills in resource mobilization (4)
Improved access to information on funding opportunities (5)
Strengthening organizational policy (funding diversification) systems (6)
Capacity to scale up child helplines in four other towns (9)
Capacity to verbal promotion of ECFA's objectives & interventions (7)
Capacity to produce & present promotional material (8)
Strengthened sub regional child help line partnerships e.g with Plan Int. Eth., Wereld Kinderen (32)
Commitment & Promotion by senior management (15)
Membership with CHI, CCRDA (17)
Improved negotiation skills (22)
Improved knowledge of concept note & proposal writing (26)
Improved capacity in funding resource mapping (28)
Strengthened sub regional child help line partnerships e.g with Plan Int. Eth., Wereld Kinderen (32)
Training on resource moblization organized by CHI in Adama in 2012 (MFS II) (23)
Capacity building support from CHI in 2012/13/14 (MFS II) (29)
Provision of helpline related infrastructure like office, telephone by MFS II funding (10)
past experience & knowledge (13)
Enhanced financial management capacity (planning, budgeting) MFS II (14)
Experience gained when leading the family guidance association of Ethiopia on leadership (16)
Recommen-dation & financial support by OAK Foundation in 2012 (18)
Establishing & maintaining Relationships with collegial CSO leaders (20)
Coaching & mentoring by senior management (25)
Communications on calls for proposals with CHI (MFS II) (31)
Training on online counseling, face to face counseling, data management & report writing in 2012/13 by external consultant (MFSII) (11)
Employment of Counselors MFSII funded (12)
Help with planning and costing for activities of MFS II implementers (37)
Non-MFS II donors network opportunities (38)
Membership fee contribution payment by Kindepostzegels since 2012 MFS II (19)
Partners forum organized by PIE MFS II (21)
CHI Regional and International Consultation meetings 2011, 2012 and 2013 (MFSII) (24)
Training on resource moblization organized by CHI in Adama in 2012 (MFS II) (23)
Resource mobilization training organized by PANE in 2010/11 (27)
2012 (0ct) international consultation meeting, Durban, MFS II (34)
Donors requirements & organizational situation necessitated the need (30)

4.3.2 Improved capacity to respond to child protection issues

Below you will find a description of the 'improved capacity to respond to child protection issues' and how this has come about. Numbers in the narrative correspond with numbers in the process tracing causal map further below.

ECFA endline workshop participants consider ECFA to have improved their capacity to respond to child protection issues since the baseline in 2012 [1]. Staff mentioned that this is even a major change that is directly associated with the goal of ECFA to which all interventions are geared to *(source: endline workshop).*

The staffs believe that this change happened because of:

1. A more lean, accessible and effective structure (3)
2. Improved program leadership and implementation capacity at all levels (5)

Each of these key change areas are further explained below.

1. A more lean, accessible and effective structure (3)
One of the reasons for the improved capacity to respond to child protection issues is a more lean, accessible and effective structure (3). In other words, ECFA has a good program structure that links to the grassroots level especially when handling the case referrals (i.e. victims referred for help). Clients (i.e., children) can now receive services from the organization easily and reports are easily submitted to ECFA from the city council and the *Kebele* (community) level *(source: endline workshop)*.

This is due to improved physical infrastructure (2) *(source: endline workshop)*, and having more staff (16). Staff mentioned that the physical infrastructure has improved due to having more offices and more office equipment (4), which is due to the progressive increment of the annual budget (6) *(source: endline workshop)*. For example, the annual budget of ECFA before the baseline was 700,000 birr (about 28,000 Euro) but now it is about 4,000,000 (about 160,000 Euro). Since the organization has a better financial capacity this enabled ECFA to improve its infrastructure in terms of office space (i.e., five offices are under construction in five cities) and improvement in office facilities (4) *(source: endline workshop)*. This way, ECFA is in a position to provide better child protection related services (1).

In addition to an improved physical infrastructure, the structure has also become more lean, accessible and effective because of an increase in staff number at all levels (that is, from the head quarter to the city, kebele and community levels) (16) *(source: endline workshop)*. This was the result of having to cover an expanded project area which was supported by the increase in operational budget (6) *(source: endline workshop)*.

2. Improved program leadership and implementation capacity at all levels (5)
Apart from the above-mentioned reasons, improved capacity to respond to child protection issues (1), can also be attributed to improved programme leadership and programme implementation capacity at all levels (5) *(source: endline workshop)*.

The improved leadership and implementation capacity includes the capacity to run the child helplines (*sources: endline workshop; CFA assessment sheet B; 2011_Ethiopia Girl Power Annual Report 2011 CHI FINAL; 2011_Ethiopia Girl Power Annual Report 2011 CHI FINAL)*: ECFA staff believes that their capacity to run the child helpline (CHL) has improved. Staffs have a better capacity now to help child abuse victims and give the required advice and to facilitate permanent rehabilitation of the victims.

Staff present at the endline workshop indicated that the improvements in terms of leadership and implementation capacity (5) can be attributed to a variety of reasons. These are further described below:

- Increase in staff numbers at all levels (i.e., from the head quarter to the city, kebele and community level) (16) *(source: endline workshop)* to cover the expanded project area which was supported by the increase in operational budget (17) *(source: endline workshop)*. This was also explained above. It is evident that having more staff helps in the coordination and implementation of the programs.

- Improved knowledge in leadership and programme management of the director (7): One of the reasons for ECFA's improved leadership and programme implementation capacity (5) is the improved knowledge and experience of the Director (7) *(source: endline workshop)*, which is partly due to experiences he gained by visiting the programs of different countries (15) *(sources: endline workshop; CFA assessment sheet B; 2011_Africa RC Report 2011_Final (20111125); 2013 Ethiopia GP Country Projects Annual report ECFA for CHI).* The improved knowledge in terms of leadership and programme management of the Director(7), apart from his personal experiences, was also due to the Africa child helpline regional consultation meetings (MFS -II funded) in Addis Ababa in 2013, and in Nairobi in 2011 (9) *(sources: endline workshop; CFA assessment sheet B; 2011 Ethiopia Girl Power Annual Report 2011 CHI FINAL; 2011_Africa RC Report 2011 Final (20111125)),* and the conference on child abuse in Ghana, in March 2012 (10) *(sources: endline workshop; CFA assessment sheets A and B; Bi-annual progress report on the Girl Power programme January – June 2012).* The latter Conference was hosted by AMPCAN-Ghana (the CHI partner in Ghana). According to the CFA this conference helped to improve responses to children who contact the child helpline on matters related to sexual abuse *(source: CFA assessment sheet B)*. The Regional Consultation meetings (9) offered the opportunity to learn from other child helplines (15) and also to learn ways in which the Ethiopia child helpline in Adama can be expanded *(source: 2011 Ethiopia Girl Power Annual Report 2011 CHI FINAL)*. The international experiences included the CHI's Regional (9) and International Consultation meetings (27) *(sources: CFA assessment sheets A and B; CHI ic_report_2012 (Durban)*, where the Director could network and learn from the functioning and running of other Child helplines in general and more specifically from the poster session about the work of the various child helplines (28) and visiting the Child helpline in Nairobi (15) during the 2011 Africa Regional Consultation (RC) meeting (9), the 2012 visit to Childline KwaZulu-Natal (15) during the CHI International Consultation (IC) in Durban (27), and also the learning visit to Child line Zimbabwe in Sept 2013, (MFS-II funded) (15). According to the CFA, ECFA benefitted tremendously from their attendance to the Ghana Conference on Sexual abuse in 2012 (10), as well as to CHI's Regional (9) and International Consultations (27) because this provided an opportunity to network with other partners working in the area of child protection *(source: CFA assessment sheet A).* All of these international experiences are MFS-II funded activities by CHI.

- Staff knowledge about child protection related program design, implementation and follow up (8). This is cultivated by the Director and the newly hired experienced project manager through coaching and mentoring in child protection project design, implementation and follow (12) *(source: endline workshop)*.

- Knowledge and practices and challenges in implementation of projects (13): in addition, staff indicated that the knowledge on practices and challenges in implementation of projects (13) also has a role which shouldn't be overlooked *(source: endline workshop).*

- Improved capacity in counselling, referral and case management issues (18) *(source: endline workshop)*: the staff is now in a better position, in terms of knowledge and skills to offer counselling service to the cases that are referred to them by the city councils or other stakeholders. They believe they got this capacity through the training they received on counselling, referral and case management in 2012 and in 2013 by an external consultant financed by MFS-II (CHI) in Adama (19) *(Sources: endline workshop; 2012_Ethiopia Qualitative data report_(July – Dec 2012; 2013 Ethiopia*

GP Country Projects Annual report ECFA for CHI_2013). In this training, five child helpline (CHL) counsellors, three CHL assistants and other eight individuals from the head office participated. The training was offered with the objective of increasing the awareness of the target communities about the importance of ECFA's CHL for reporting and receiving services for child abuse cases.

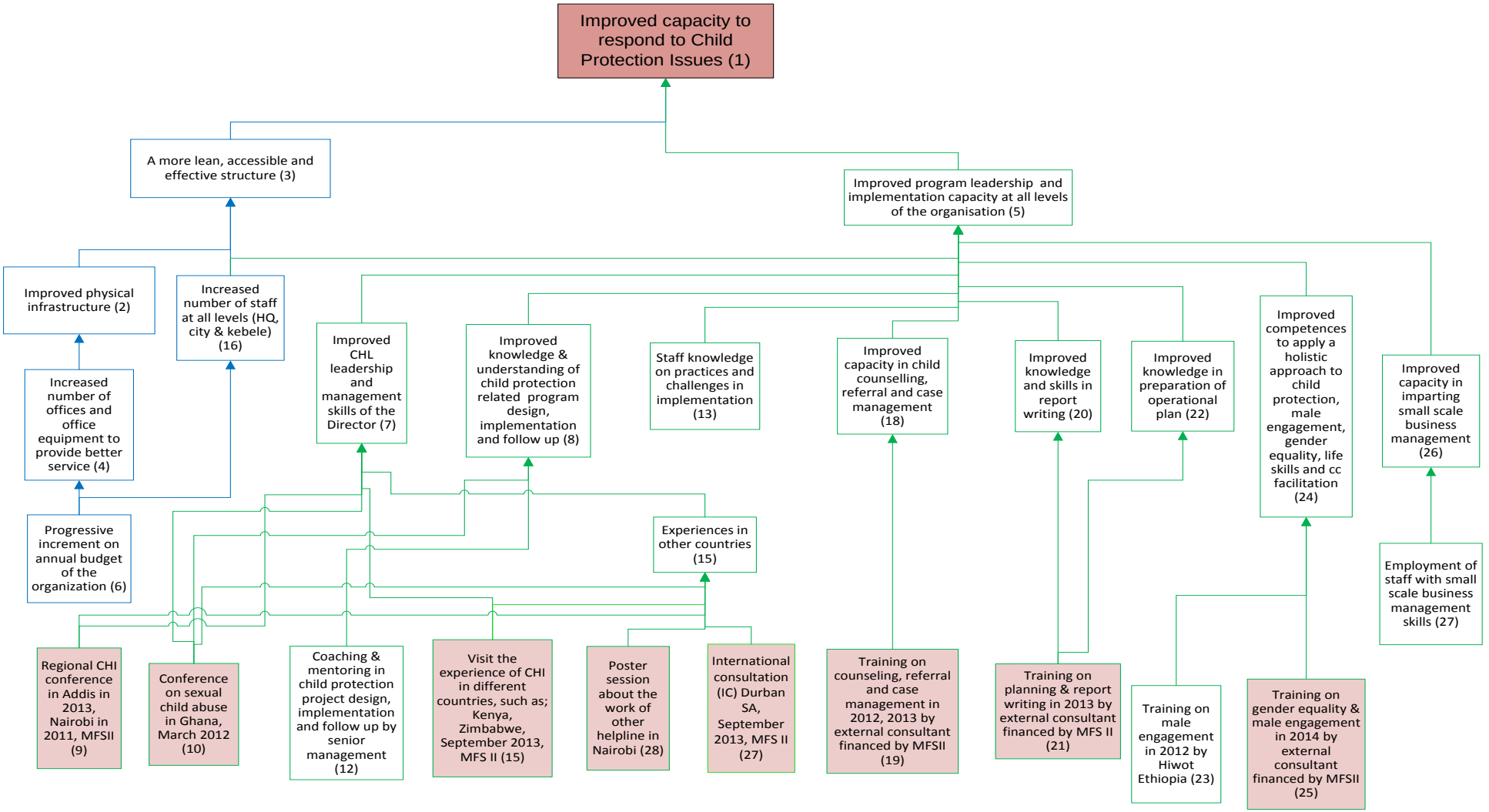
- Improved knowledge and skills in report writing (20) *(sources: endline workshop* Staff at the endline workshop state that they are now capable of preparing reliable plans and reports on time, which are mostly approved by stakeholders with minor comments. Though they had some knowledge on this before the baseline in 2012, they believe that the training that was given on planning and report writing in 2013 by an external consultant with financial support from MFS-II (21) *(sources: endline workshop)* helped in improving the quality of planning and reporting. This included collecting the required data for the reports.

- Improved knowledge in preparation of operational plans (monthly, quarterly, bi-annual and annual) (22) *(source: endline workshop)* This is again relates to the above, mainly, to the planning component and the skill development that is also as a result of the training on report writing given in 2013 by an external CHI consultant with financial support from MFS-II (21).

- Improved staff capacity in knowledge on child protection, male engagement, gender equality, community conversation (CC) facilitation and life skills (24) *(Sources: endline workshop; CFA assessment sheet B; progress report 2013)*. This is holistic knowledge that was acquired by staff of ECFA, although they already had some knowledge on these issues. However, because of the training they received on male engagement in 2012 by Hiwot Ethiopia (Box: 23) *(source: endline workshop* and the training on gender equality and male engagement in 2014 that was delivered by an external consultant with financial support of MFS-II (25) *(Source: endline workshop)*, they stated that their knowledge has improved and that this was reflected on their implementation of CHI activities.

- Improved capacity in imparting small scale business management (26) *(Source: endline workshop)*. This is a capacity, which is not directly related to the implementation of CHLs. However, since it is believed that one cause which is forcing children to be exploited for labour (i.e., child labour) is poverty within the family. Therefore, if the income of the parents raising the child is improved, there is high chance that children will get the opportunity to concentrate on their education with less probability of being exploited for labour. With this understanding, ECFA decided to build its capacity in imparting small scale business management (26) and this was done by employing a staff with knowledge of small scale business management skills (27) *(Source: endline workshop)*. The budget for this activity was from ECFA's pooled funding, to which MFS-II has also contributed.

ECFA- Child Protection issues causal map (final) - draft



4.3.3 Improved capacity to implement M&E & provide quality M&E information

Below you will find a description of the 'improved capacity to implement M&E and provide quality M&E information' and how this has come about. Numbers in the narrative correspond with numbers in the process tracing causal map further below.

Both ECFA endline workshop participants as well as the Dutch CFA (CHI) Programme Officers consider ECFA staff to have improved their capacity to implement M&E & provide quality M&E information (1) *(sources: endline workshop; CFA assessment sheets A and B),* although staff present at the endline workshop do not consider the change as significant as the other two outcome areas (improved fundraising capacity and improved capacity to respond to child protection issues).

In terms of change what they consider as observable are: first, staff who used to work as the program officer is now transferred to the M&E unit to handle only M&E related tasks. Second; before the baseline, survey data used to be collected using case register formats in hard copy but now it is automated using an electronic data base management system. This has made information sharing to all interventions easier.

According to the staff key factors contributing to these changes can be detailed as follows:

1. Creation of an M&E unit and the assignment of a dedicated M&E officer (2)
2. Improved knowledge and skills in identifying and collecting data for all intervention areas (3)
3. The use of a digital system for data management (4)

These key factors are further explained below.

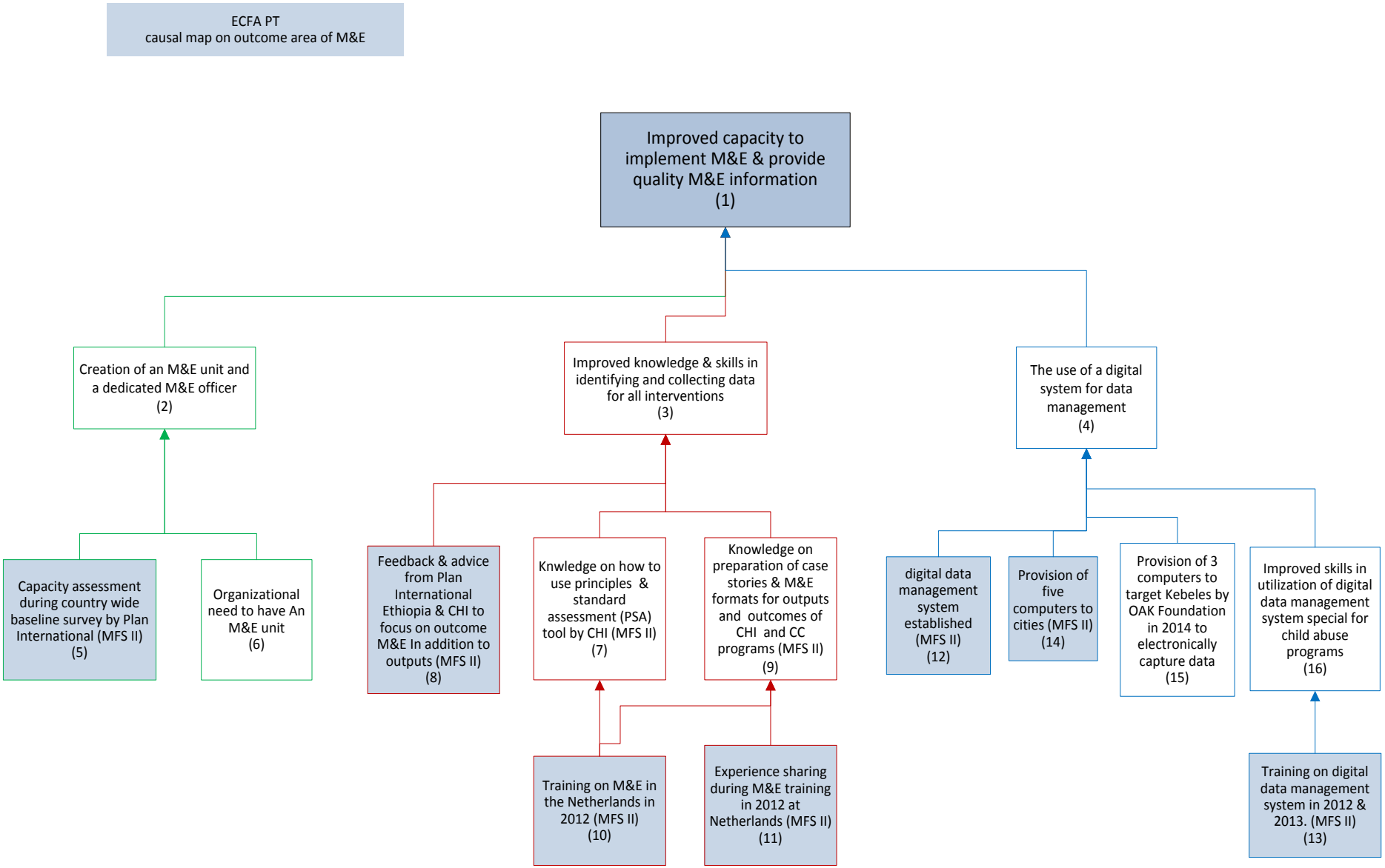
1. Creation of an M&E unit and assignment of a dedicated M&E officer (2)
The first reason for the improved M&E capacity of ECFA is having an M&E unit with a dedicated M&E officer handling M&E issues (2) *(sources: endline workshop; CFA assessment sheets A and B)*. This person was earlier working in ECFA as Program Officer and therefore he is knowledgeable about the organization, and this is considered an advantage. The creation of the unit was the result of a capacity assessment carried out by Plan International (MFS-II funding) during a country wide baseline survey in 2011 (5) *(sources: endline workshop; Annex A GP Monitoring Protocol (revised 2013)*. The assessment identified the lack of a separate M&E unit as a gap and recommended its formation. The recommendation of the survey matched the need of ECFA to have an M&E unit (6) *(source: endline workshop; MFSII 5C baseline report)* and thus this unit was established.

2. Improved knowledge and skills in identifying and collecting data for all interventions (3)
The second reason for the improved M&E capacity of ECFA is the improved knowledge and skills in identifying and collecting data for all interventions (3) *(Source: endline workshop; CFA assessment sheet A and B; REPORT Girl Power ME workshop CHI; 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI)).* Previously data was collected for a limited number of issues or indicators and from limited sources. Now it has become possible to identify and collect data about all aspects of children and interventions to change their conditions. In addition, data on outcomes has started to be collected. Earlier it was mostly output related data that was collected. This happened because Plan international and CHI advised and gave feedback to ECFA to focus on outcomes in addition to outputs (8) *(Source: endline workshop; proposal -PIE 2012; REPORT Girl Power ME workshop CHI; Annex A GP Monitoring Protocol (revised 2013))*. In addition, also the knowledge on preparation of case stories and M&E formats for CHI and CC (Community Conversation) programs (9) *(Sources: endline workshop; CFA assessment sheet A and B)* helped ECFA to improve their knowledge and skills in identifying and collecting data about all interventions (3). This knowledge was built by the M&E training that one staff of ECFA received in 2012 in the Netherlands. The training was organised by CHI as part of the MFS-II Girl Power Programme capacity building interventions (10) *(Source: endline workshop; CFA assessment sheet A and B; REPORT Girl Power ME workshop CHI; 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI).* The experience sharing among the various child helplines during the same training contributed to the increased knowledge by ECFA staff (11) *(Sources:*

endline workshop; CFA assessment sheet A and B). The training focused on organizational and programmatic capacity building (i.e., 5Cs) and the use of the annually collected Principles and Standards Assessment (PSA) tool designed for CHI's members (7) *(Sources: CFA assessment sheet B; 2011_Africa RC Report 2011_Final (20111125); REPORT Girl Power ME workshop CHI; Ethiopia PSA Tool; Ethiopia Membership Agreement)*. The training equipped ECFA with tools on how to measure outputs and outcomes of child helplines in the Girl Power Programme (9); and also on how to operationalize the M&E budget, incorporating clear time planning of the M&E cycles with a definition of roles and responsibilities. The participation of other CHI MFS-II partners also contributed to increased learning for ECFA, as a result of the sharing of knowledge, ideas and best practices (11).

3. The use of a digital system for data management (4)

Another reason for the improved M&E capacity of ECFA is the use of a digital system for data management (4) *(sources: endline workshop; 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI 2013 Africa PDRC Report – FINAL).* Data collection, analysis and sharing of child abuse programs are now automated. Therefore, it is now possible to digitally collect and share data. With financial support from Plan International Ethiopia, ECFA developed a database for the Child Helpline (12) *(sources: endline workshop; 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI 2013 Africa PDRC Report - FINAL),* and installed five new computers in the five call centres in Adama region (14) *(sources: endline workshop; 2012_Ethiopia CRA Annual report Ethiopia 2012 CHI)*. This was complemented by three computers provided by OAK Foundation in 2014 to facilitate the digital data collection (15) *(source: endline workshop)*. These being the physical infrastructure part of the capacity building, the knowledge and skills in the use of the digital data management system specially for child abuse programs were improved (16) *(sources: endline workshop)* with a training on data management in Adama delivered in 2012 and 2013 with the support of MFS-II funding (13) *(sources: endline workshop)*. In this training (13) the way of properly using the electronic data base during data recording, analysis and reporting were clarified by the consultant who developed the data base (*source: 2012_Ethiopia Qualitative data report)*. All these efforts and interventions, improved the capacity to utilize digital data management for child abuse programs. The organization plans to use this capacity to create a resource center which can be used by graduate students while doing their thesis.


ECFA PT
causal map on outcome area of M&E
Improved capacity to implement M&E & provide quality M&E information (1)
Creation of an M&E unit and a dedicated M&E officer (2)
Improved knowledge & skills in identifying and collecting data for all interventions (3)
The use of a digital system for data management (4)
Capacity assessment during country wide baseline survey by Plan International (MFS II) (5)
Organizational need to have An M&E unit (6)
Feedback & advice from Plan International Ethiopia & CHI to focus on outcome M&E In addition to outputs (MFS II) (8)
Knwledge on how to use principles & standard assessment (PSA) tool by CHI (MFS II) (7)
Knowledge on preparation of case stories & M&E formats for outputs and outcomes of CHI and CC programs (MFS II) (9)
digital data management system established (MFS II) (12)
Provision of five computers to cities (MFS II) (14)
Provision of 3 computers to target Kebeles by OAK Foundation in 2014 to electronically capture data (15)
Improved skills in utilization of digital data management system special for child abuse programs (16)
Training on M&E in the Netherlands in 2012 (MFS II) (10)
Experience sharing during M&E training in 2012 at Netherlands (MFS II) (11)
Training on digital data management system in 2012 & 2013. (MFS II) (13)

5 Discussion and conclusion

5.1 Methodological issues

In preparation for this MFS-II endline evaluation, the Ethiopian 5C assessment team contacted, through telephone, ECFA's general manager located in the organizations HQs in Adama city to explain the process and the objective of the 5C endline assessment. In addition, the team also sent through the "support to capacity development sheet" to be filled by ECFA staff.

Thereafter, two field visits were made by the assessment team to the study area. During the first visit, the self-assessment workshop was conducted with a total of 13 participants and ECFA staffs were asked to fill the self-assessment form in their respective five subgroups, namely, management (1), program (1), M&E (1); HRM and administration (2) and field staff (2). Thus, seven ECFA staff members participated in the endline workshop, and five of these staff were also present during the baseline. Since HRM and administration were unable to fill the form on their own, the assessment team combined the self-assessment with a face-to-face interview. This was followed by a brainstorming session to develop a general casual map that explained the key organisational capacity changes that had happened in ECFA since the baseline in 2012. During the same visit, an interview was conducted with one representative from each subgroup to triangulate the information collected through the self-assessment and to better understand the organisational capacity changes in ECFA since the 2012 baseline. This was done after the 5C assessment team reviewed the completed self-assessment forms.

The second visit was carried out in order to conduct the process-tracing workshop. In the process tracing workshop, the result of the self-assessment workshop were presented to the workshop participant, and three organisational capacity change areas were identified based on the review of the various documents received from the SPO and CFA. First, the participants were asked if they were in agreement with the assessment team's findings in relation to the key organisational capacity changes, since those changes would be the focus of the process tracing workshop. These were organisation capacity changes within the capability to act and commit, and the capability to adapt and self-renewal and could possibly be linked to MFS-II capacity development interventions.

The process tracing exercise helped to get the information for the description of changes in organisational capacity, and the attribution of changes in capacity of ECFA to specific factors and (MFS-II and non-MFS-II funded) the capacity development interventions. The pathways for change were developed with workshop participants before showing them the pathways prepared by the Wageningen 5C assessment team.

After reviewing the pathway with the workshop group, the Ethiopian assessment team asked the participants to verify the differences between theirs and what was prepared by the Wageningen assessment team. The final pathway included the information that was verified by the SPO.

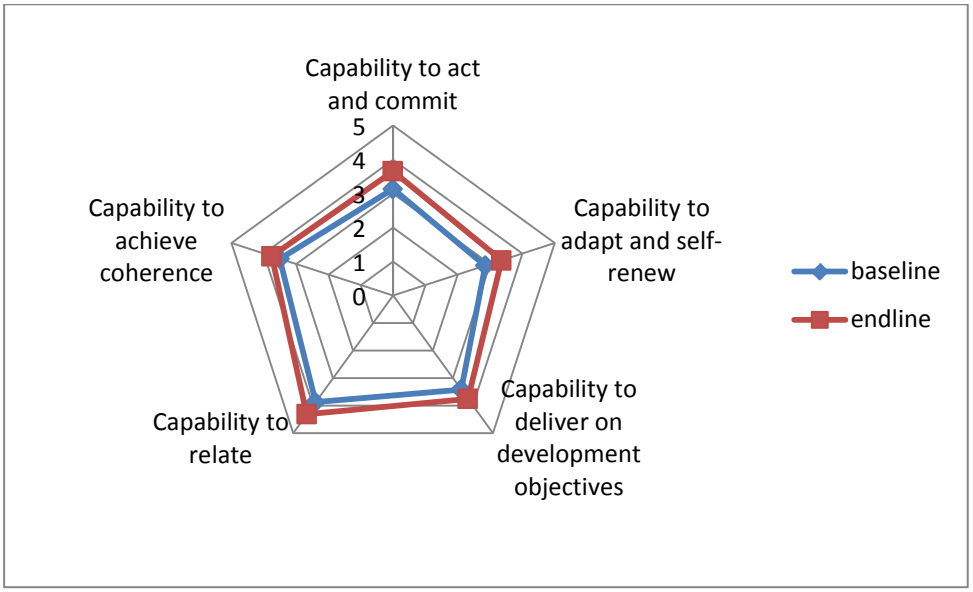
The plan of the evaluation team to conduct two interviews with ECFA partners partially materialized because it was only possible to have one interview. Another interview was not possible because of the availability of the partner due to partner's busy schedule.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity development

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of the above capabilities, there were noticeable improvements.

Over the last two years, many improvements took place in the indicators under the capability to act and commit. Leadership has delegated tasks of monitoring and implementation to appropriate staff so that the Director can focus more on programs and working on assuring proper leadership. Staff can now attend board meetings to let their voice be heard. There is now a division between administrative and program issues in the organisational structure, which allows the Director to focus on providing organisational directions to his staff. The revised organisational structure also provides more clarity for staff on their roles and responsibilities. ECFA has improved its strategies to retain staff and the hiring of new staff has lightened the work burden for existing staff. Salaries have increased and there is still a lot of freedom at work for staff. New staff members are qualified and existing staff has had the opportunity to attend trainings on resource mobilisation and M&E. In the CHI consultative meetings, which are considered as trainings, the Executive Director usually attends. The organisation improved very slightly on articulating its strategies, due to improved M&E on which these strategies are based. Daily operations are now slightly more in line with strategic plans because there are review meetings to adapt plans and stakeholders are invited to the annual planning meetings. ECFA has been receiving funding from five (5) different funders but the amount has drastically increased between 2011 and 2015. Although there are no written funding procedures, the organisation recently allocated budget to support fundraising and showcasing its work.

In the capability to adapt and self-renew, ECFA also improved in many indicators. The organisation improved its M&E application because they now have a dedicated M&E person and are having regular review and planning meetings for projects and organisational activities with stakeholders and staff. Currently, in monitoring and supervision, different tools are used and M&E formats have been developed. There is now an M&E officer, and this person is skilled and can coach the other ECFA staff. ECFA is making more use of the CHI Principles and Standards Assessment to assess the quality of its work and they use biannual review meetings to plan for the next six (6) months. The frequency of critical reflection meetings went up, as the meetings are now held on a weekly basis and are in the hands of the program

department instead of the Director. As there are more meetings, there are more opportunities for staff to share their ideas and there is a more free flow of ideas between different departments. ECFA has become more responsive to especially the Bureau of Women's and Children Affairs Office, which is one of their major stakeholders.

In terms of the capability to deliver on development objectives, ECFA shows some improvement in almost all indicators. There are new guidelines in place to minimise operational costs and in this way become more cost-effective. ECFA has been delivering outputs in a more timely fashion because of restructuring of the program department and recruitment of new staff. The organisation has better organised its way of getting feedback from beneficiaries through having a social worker in each Kebele. These social workers are hired to engage with beneficiaries in ECFA's project areas. Through the organisational restructuring, new qualified staff has been hired that has been better able to balance efficiency and quality.

In the capability to relate, ECFA has improved as well. The organisation has improved its network with beneficiaries and stakeholders and these continue to be engaged in ECFA's project planning. ECFA has formed strong local networks with the community, the Bureau of Women's and Children Affairs, regional finance offices and the social affairs office. Having a social worker in all the kebeles that ECFA works, has helped ECFA to connect more with their target groups. In terms of relations within the organisation, there are new weekly Monday morning meetings which have been good for the working relations among staff and have stimulated mutual sharing.

Finally, ECFA has improved in one of the indicators under the capability to achieve coherence. Since the baseline a number of operational guidelines and manuals have been developed, e.g. financial guidelines, admin and HR manual.

During the endline workshop, some key organisational capacity changes were brought up by ECFA's staff, namely: improved capacity for partnerships and networking with a large number of stakeholders; improved resource mobilization capacity; improved capacity to reach a larger number of beneficiaries; improved capacity to implement livelihood improvement activities; and improved leadership and management capacity. ECFA staff experienced these as the most important capacity changes within the organisation since the 2012 baseline. The assessment team considered it important to also note down the SPO's story as this would also provide more information about reasons for change, which were difficult to examine from the individual indicators. Also for some issues, there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to ECFA staff that were present at the endline workshop, the improvement in the capacity for partnerships and networking with a large number of stakeholders was due: to lobbying and improved communication skills within the organisation, and renewing its memberships with different networks and associations such as CCRDA and CHI. ECFA improved its lobbying and communication skills as a result of opportunities created by CHI in linking the organisation with its networks and partners and because of the previous experience of ECFA that also created opportunities. This latter happened mainly because of the training organised on lobby and advocacy in Ethiopia by PANE in 2010.

The resource mobilisation capacity of ECFA improved because of the identification of the need and the recommendations to diversify and increase ECFA's financial resources; and improved capacity in preparing convincing proposals. The identification of the need was done by a consultant who did an assessment of the situation of Gender Based Violence in 2012 (funded by MFS-II). ECFA improved its proposal writing capacity because of a training on resource mobilisation by CHI in December 2012 (funded by MFS-II); a training on project cycle management by COPION in 2013; hiring qualified staff (partially funded by MFS-II); and improved capacity to identify the needs of the community. This capacity change is further detailed in the detailed causal map, generated through process tracing, on improved resource mobilisation capacity.

ECFA improved its capacity to reach a larger number of beneficiaries because of its enhanced capacity in preparing convincing proposals (as explained above) and its improved community mobilisation capacity. This last capacity improved because of ECFA's intensified capacity to design people engagement

strategies, which in turn was triggered by the recommendations of a multi-sectorial project evaluation conducted in 2010.[13]

The organisation furthermore improved its capacity to implement livelihood improvement activities because of the attention of ECFA to deploy livelihood interventions geared towards income generation activities (IGAs). ECFA focussed on this because of a demand of communities and government to work on IGAs.

Finally, the organisation felt it improved its leadership and management capacity because of its enhanced follow-up and supervision, past experience of the leadership and donor feedback and financial support. Manuals on organisational and operational management, and donor feedback helped in improved follow-up and supervision.

All in all, there is some mention of MFS-II funded capacity development interventions which helped in enhancing the capacity to write convincing proposals, which is related to improved resource mobilisation capacity and improved capacity to reach a large number of beneficiaries. External factors have played a role in these organisational capacity changes as experienced by ECFA, i.e. trainings funded by other organisations; evaluation recommendations (2010); and inputs from government, communities and other funders. To a lesser extent, internal factors played a role, such as organisational and operational manuals. During process tracing, these and more MFS-II funded interventions have clearly come up and we therefore refer to Section 5.3, where the role of MFS-II funded capacity development interventions in organisational capacity changes of ECFA will be further explained.

5.3 Attributing changes in organisational capacity development to MFS II

This section aims to provide an answer to the second and fourth evaluation questions:

1. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS-II consortia (i.e. measuring effectiveness)?*
2. *What factors explain the findings drawn from the questions above?*

To address the question of attribution, it was agreed that for all the countries in the 5C study, the focus would be on the capability to act and commit and the capability to adapt and self-renew, with a focus on MFS-II supported organisational capacity development interventions that were possibly related to these capabilities. 'Process tracing' was used to get more detailed information about the changes in these capabilities that were possibly related to the specific MFS-II capacity development interventions. The organisational capacity changes that the assessment team focused on are:

- improved fundraising capacity
- improved capacity to respond to child protection issues
- improved capacity to implement M&E and provide quality M&E information

The first two organisational capacity changes fall under the capability to act and commit. The last one - M&E falls under the capability to adapt and self-renew. The organisational capacity change areas that were chosen are based on document review as well as discussions with the SPO and CFA.
Each of these organisational capacity changes is further discussed below.

[13] End-evaluation of the project "Multi-sectoral responses against child sexual abuse in Adama city", 2007-2009 (funded by OAK foundation).

The following issues are discussed for the MFS II funded activities that are related to the above mentioned organisational capacity changes:

a. Design: the extent to which the MFS II supported capacity development intervention was well-designed. (Key criteria: relevance to the SPO; SMART objectives)
b. Implementation: the extent to which the MFS II supported capacity development was implemented as designed (key criteria: design, according to plans during the baseline);
c. Reaching objectives: the extent to which the MFS II capacity development intervention reached all its objectives (key criteria: immediate and long-term objectives, as formulated during the baseline);
d. the extent to which the observed results are attributable to the identified MFS II supported capacity development intervention (reference made to detailed causal map, based on 'process tracing').

Please note that whilst (d) addresses the evaluation question related to attribution (evaluation question 2), the other three issues (a, b and c) have been added by the synthesis team[14] as additional reporting requirements. This was done when fieldwork for the endline process had already started, and therefore inadequate information is available on this. But again, it wasn't the purpose of this 5C evaluation.

Improved fundraising capacity

The following MFS II capacity development interventions supported by ECFA were linked to the key organisational capacity change "improved fundraising capacity":

1. Training on online counseling, face to face counseling, data management & report writing in 2012/13 by external consultant (11)
2. Partners forum organized by Plan International Ethiopia (PIE) (21)
3. CHI Regional (RC) and International Consultation (IC) meetings in 2011 (Nairobi), 2012 (Durban) and 2013 (Addis) (24)
4. Training on resource mobilization organized by CHI in Adama in 2012 (23)
5. CHI International Consultation (IC) meeting, Durban, Oct. 2012 (34)
6. Help with planning and costing for activities of MFS II implementers (37)

The above mentioned MFS II funded capacity development interventions are included in the causal maps and narratives, since, during process tracing, a link was established between these MFS II supported capacity development interventions and the organisational capacity change area "improved fundraising capacity", and they came up during document review, endline workshop, interviews and self-assessments.

1. *Training on online counseling, face to face counseling, data management & report writing in 2012/13 by external consultant (11)*

This capacity development intervention was mentioned during the endline workshop in relation to fundraising capacity, because according to participating ECFA staff, this had contributed to scaling up child helplines to four other towns, thus contributing to increased visibility of the organization which helped to increase the capacity for fundraising. Visibility in the region, as well as resource mobilization, was considered very important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, which indicates that this intervention was very relevant. However, no further details are known. These might have been a series of interventions, together contributing to scale up child helplines, e.g. training on "counselling, referral and case management" in 2012 and 2013, and "training on planning and reporting" in 2013, both mentioned and discussed under "improved capacity to respond to child protection issues". The 5 C evaluation team has not been able to clarify this issue. Because no further details are known, this cannot be further analysed here.

[14] The synthesis team is the team that is overseeing the process and "synthesizes" all the MFS II evaluations for the MDG, 5 C as well as the Civil Society evaluations carried out in all countries subject to this MFS II evaluation.

2. *Partners' forum organized by Plan International Ethiopia (PIE) (21)*

Design

This intervention was not mentioned as planned for during the baseline survey, although Plan International support with the Girl Power Programme was mentioned in general during the baseline. Probably the "annual reflection meetings" organized by Plan International Netherlands and Plan International Ethiopia in which ECFA participated are referred to here. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. During the endline the objectives given to organise these meetings were "to review progress and identify gaps in the implementation of the Ethiopia Girl Power Programme, and jointly with all Child Rights Alliance partners - Dutch Country Steering Committee (CSC) and also those in the Ethiopia CSC - to seek ways to address the challenges within the Ethiopia Girl Power Program" (immediate objective), and "as a result of the interventions under the Girl Power Programme (increased knowledge and policy actions), increased protection of girls in Ethiopia" (longer term expectation).

This capacity development intervention was mentioned during the endline workshop in relation to fundraising capacity, because, according to participating ECFA staff, this had contributed to establish and sustain its collegial relationships with leaders of other CSOs, which helped to network with donors. Resource mobilization and membership of networks were mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, so this intervention was relevant to the organisation.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation

These reflection meetings are organised annually. The executive director of ECFA participates. Topics dealt with include: review of progress in the implementation of the Ethiopia Girl Power Programme; identify gaps in implementation; jointly, find solutions to fill in the implementation gaps; agree on the way forward to improve implementation, address the gaps and the challenges. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

The focus of this evaluation has been the role of the MFS II funded capacity development interventions in the key organisational capacity changes that were identified, and are explained in the detailed causal map. Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that participation in these meetings resulted in establishing and sustaining collegial relationships with leaders of other CSOs, which improved the capacity to network with donors. However, this was not an explicit objective of this intervention. To what extent the objectives of the intervention have been reached cannot be assessed not having objectives formulate in a SMART way

4. *Training on resource mobilization organized by CHI in Adama in 2012 (23)*

Design

This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. During the baseline the objective given for this training was to put ECFA in a better position to solicit funds for the expansion and improvement of the ECFA child helpline service. The longer term expectation was to generate additional funding for the child helpline.

To develop a resource mobilization strategy was mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, so this was relevant to the organisation.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected immediate and long term effects of the interventions.

Implementation
The training was conducted in Adama, Ethiopia, in January 2012. The executive director, program manager and a program officer participated. Also staff members from organisations managing child helplines in Uganda, Mozambique, and Malawi participated. Topics dealt with include: Understanding Resource Mobilisation; Current Trends and realities on the fundraising scene; Governance, Transparency and Accountability; Different Techniques of Resource Mobilisation; and Developing and Implementing an Effective RM Strategy. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
The focus of this evaluation has been the role of the MFS II funded capacity development interventions in the key organisational capacity changes that were identified, and are explained in the detailed causal map. Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that the training resulted in improved capacity in negotiation skills, improved knowledge of concept note & proposal writing; improved capacity in funding resource mapping; and strengthened sub regional child help line partnerships. These have led to improved knowledge & skills in resource mobilization, and improved access to information on funding opportunities. Furthermore, ECFA has managed to find additional funding. Therefore, it can be concluded that immediate as well as long term objectives have been achieved, even though these subjects were not formulated in a SMART way.

3. *CHI Regional (RC) and International Consultation (IC) meetings in 2011 (Nairobi), 2012 (Durban) and 2013 (Addis) (24)*
5. *CHI International Consultation (IC) meeting, Durban, Oct. 2012 (34)*
Design
This capacity development intervention was planned for during the baseline according to the CFA, although this was not mentioned in the baseline report. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. During the endline process, it was indicated by the CFA that the immediate objective of these interventions is to keep the network running and vibrant, exchange and increase knowledge on the role of child helplines in child protection, share ideas and best practices, and make contact with other actors working in this field. The long term objective was formulated as "more co-operation between ECFA and agencies in the region, this may be in the form of the exchange of technical expertise or funding opportunities."

These consultation meetings were not mentioned as such in the Theory of Change (ToC) developed during the MFSII 5C baseline survey. However, strong and expanding networks are mentioned as important in the ToC, therefore this intervention can be considered as relevant.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation
Once every two years (uneven years) a CHI Regional Consultation (RC, African CHI countries) meeting is organised (in 2011 in Nairobi and in 2013 in Addis Ababa), and once every other two years (even years) an International Consultation (IC, worldwide CHI countries) meeting is organised. Usually ECFA's director participates at these meetings. In 2013, when the RC was held in Addis Ababa, 3 staff participated, including the director. The reason for mentioning the Durban meeting separately is that discussing funding models and fundraising for new helplines was a special subject at this meeting. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Though not the focus of this evaluation, we can provide an indication of the extent to which the objectives as formulated during the baseline and endline, have been achieved. However, not having SMART objectives makes it difficult to assess this. Based on the "improved fundraising capacity" process tracing causal map it can be said that this meeting has led to establishing & maintaining relationships with colleague CSO leaders, which was important for an improved capacity to network with donors and other CSOs. The CFA confirms that ECFA now collaborates with more partners in Ethiopia and elsewhere.

The Durban workshop resulted also in capacity in funding resource mapping. In relation to the fundraising capacity it can be said that the immediate and long term objectives of establishing and maintaining networks, have been reached.

6. *Help with planning and costing for activities of MFS II implementers (37)*
This capacity development intervention was mentioned during the endline workshop in relation to fundraising capacity, because according to participating ECFA staff, this had enhanced their financial management capacity (planning and budgeting) which enabled them to produce and present promotional materials, such as leaflets, flyers, etc. and the Oromia radio program. This increased their visibility, including to potential donors. Because the only information available comes from the endline workshop and no further details are known, this cannot be further analysed here.

Attribution of observed results to MFS II capacity development interventions
The improved fundraising capacity is due to:

1. Increased visibility of the organization both nationally and internationally (2)
2. Improved capacity to network with donors & CSOs (3)
3. Improved knowledge and skills in resource mobilization (4)
4. Improved access to information sharing on funding opportunities (5)
5. Strengthened organizational (funding diversification) policy systems (6)

(Please see also 4.3.1)

The first two changes can partly, and the last three can to a large extent be attributed to MFS II supported capacity development interventions. This is further explained below.

1. The increased visibility of the organization both nationally and internationally can be attributed to:
    a. the capacity to scale up Child Helpline activities in 4 other towns which can be fully attributed to MFS II supported capacity development interventions, i.e. the training on online counselling, face to face counselling, data management, and report writing in 2012 and 2013, child helpline related infrastructure, such as telephones and the employment of counsellors, all MFSII funded.
    b. the improved capacity to communicate ECFA's objectives and interventions verbally, which can only be attributed to experience gained in the past.
    c. the enhanced capacity to produce and present promotional materials, which can be fully attributed to MFS II supported capacity development interventions, i.e. the new infrastructure provided and the enhanced financial management capacity (planning and budgeting) of ECFA. These improved due to the interaction with MFS II implementers who helped to plan activities and cost them accordingly.
    d. In addition, increased visibility of the organisation can also be attributed to the strengthened sub-regional child helpline partnerships e.g. with CHI/Plan Int., Wereld Kinderen, Oak foundation and COPION Int. (32). This is partly due to MFS II supported capacity development interventions, i.e. all the network opportunities that were provided like the PIE forum and the regional and international consultation meetings.

2. The improved capacity to network with donors & CSOs, can partly be attributed to the network opportunities provided with MFS II funding, such as financial support for membership of networks Partner forum, and the regional and international consultation meetings. On the other hand, this can be attributed to the commitment & promotion by senior management, because of the experience he gained in playing a leadership role in the family guidance Association of Ethiopia.

3. The improved knowledge & skills in resource mobilization can , to a large extent be attributed to MFS II supported capacity development interventions, notably the resource mobilisation training by CHI. This helped to improve competencies in terms of negotiation skills, proposal development and funding resource mapping. The improved negotiation skills can also be attributed to a resource mobilisation training by PANE in 2010/11, whilst the funding resource mapping has been further strengthened through coaching and mentoring by senior management.

4. Improved access to information on funding opportunities can be attributed to the strengthening of the sub regional helpline partnerships, which resulted from the international consultation meeting in Durban (MFS II) in 2012, the resource mobilisation training (MFS II) in Adama in 2012, but also from communications on funding proposals with CHI (MFS II). Therefore this change can be almost entirely attributed to MFS II supported capacity development interventions.

5. The strengthened organizational (funding diversification) policy systems can to a large extent be attributed to MFS II supported capacity development interventions: in the first place the capacity building support received by ECFA from CHI through the MFS-II programme for the period 2012, 2013 and 2014, has created a positive attitude to fundraising and led to establishing a policy to diversify funding sources and improve organizational branding and good governance. Secondly, the Resource Mobilisation Training held in 2012 helped in giving the skills required to improve the organizational policy. The main reasons that necessitated this capacity building support for the improvement of the funding policy were Donor requirements and the organisational need to diversify funding.

On the whole it can be said that ECFA's improved fundraising capacity can to a large extent be attributed to a range of MFS II supported capacity development interventions, including: training on counselling, data management and reporting; training on resource mobilisation; PIE partners forum; regional and international consultation meetings; support from the CHI in funding proposals (through email communication); helpline infrastructure, employment of councillors, and general capacity development support of the CFA like helping with planning and costing of activities and for fundraising policies. All of this has helped the organisation expand to 4 other towns and thereby become more attractive to donors. Other factors to which these changes can be attributed include: experience gained in the past and in other activities; resource mobilisation training by PANE; and coaching and mentoring by senior staff and management. The underlying reasons for change included donor requirements and the need to diversify funding, which triggered the organisation to develop a policy on diversifying its funds.

Improved capacity to respond to child protection issues

The following MFS II capacity development interventions supported by ECFA were linked to the key organisational capacity change "improved capacity to respond to child protection issues":

1. Regional CHI consultation (RC) conferences in Addis in 2013 & Nairobi in 2011 (9)
2. Second International Conference on Child Sexual Abuse in Ghana, March 2012 (10)
3. Visit the experience of CHI in different countries, such as; Kenya, Zimbabwe, September 2013 (15)
4. International consultation (IC) conference Durban SA, September 2013, (27)
5. Training on counselling, referral and case management in 2012, 2013 by external consultant (19)
6. Training on planning & report writing in 2013 by external consultant (21)
7. Training on gender equality & male engagement in 2014 by external consultant (25)

The above mentioned MFS II funded capacity development interventions are included in the causal maps and narratives, since, during process tracing, a link was established between these MFS II supported capacity development interventions and the organisational capacity change area "improved capacity to respond to child protection issues", and they came up during document review, endline workshop, interviews and self-assessments.

1. *Regional CHI consultation (RC) conferences in Addis in 2013 & Nairobi in 2011 (9)*
4. *International consultation (IC) conference Durban SA, September 2013, MFS II (27)*
These interventions are reviewed under "improved fundraising capacity". Based on the "improved capacity to respond to child protection issues" process tracing causal map it can be said that these meetings have resulted in improved knowledge about leadership and management of child helplines (CHL) of the Director because of being able to network and learn from the functioning and running of other Child helplines in general and more specifically from the poster session about the work of the various child helplines in Nairobi, and visiting the Child helpline in Nairobi in 2011, and the Child helpline KwaZulu in 2012.

2. *Second International Conference on Child Sexual Abuse in Ghana, March 2012 (10)*

Design

This intervention was not mentioned as planned for during the baseline survey. Details about the specific design are not known, but that wasn't the focus of this evaluation. Immediate and long term objectives were given during the endline survey: the immediate objective was to enhance ECFA's knowledge on Child Sexual Abuse. Additionally, it was seen as an opportunity for ECFA to learn about issues affecting children and young people not only in Ethiopia but in the entire African continent. The long term objective was improved knowledge to respond to children who contact the child helpline on matters related to sexual abuse.

This intervention was not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but it was mentioned by SPO staff as having been useful during the endline workshop.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation

This workshop took place in March 2012 and was attended by the executive director. Subjects discussed were: building organizational capacity to manage child sexual abuse in Africa; the role of legislation and policy on child sexual abuse in Africa; strategies on child sexual abuse prevention; child sexual abuse in institutions of care and learning in Africa; good practices in research and practice on child sexual abuse. As far as the evaluation team knows, this intervention was implemented as designed, but details about the specific design and not known to the evaluation.

Reaching objectives

Though not the focus of this evaluation, we can provide an indication of the extent to which the objectives as formulated during the baseline and endline, have been achieved. However, not having SMART objectives makes it difficult to assess this. Based on the process tracing causal map it can be said that participation in the workshop resulted in an improved knowledge & understanding of child protection related program design, implementation and follow up and improved child helpline leadership, programme management and implementation skills of the Director.

3. *Visit the experience of CHL in different countries, such as Kenya, SA, and Zimbabwe, September 2013 (15)*

Design

The visits to the Child Helplines (CHL) in Kenya and South Africa took place during the CHI regional and international meetings. The study tour to Harare, Zimbabwe was a separate intervention that was not mentioned during the baseline survey. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The reason for this study tour was that the outreach programme and Free-post service offered by Childline Zimbabwe was seen as very important for ECFA's new strategic direction 2015/2016. The long term objectives were an improved management of the ECFA Child Helplines and a better collaboration with government.

This kind of knowledge or study tours were not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics.

The objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation

The study tour took place in September 2013. The ECFA director participated plus two staff from Plan Int. Ethiopia (PIE). Also people from Liberia and Zambia, other Girl Power countries, participated). CHI paid the costs for all participants. The learning visit to Childline Zimbabwe covered a total of five (5) days during which meetings and sessions were held with Childline Zimbabwe staff and volunteers; visits were

made at drop-in centers around Harare; meetings were held with different actors and partners of Childline Zimbabwe including the Department of Social Services; Telecommunications Authority, the Zimbabwean Police, specifically the Headquarters of the Victims Friendly Police Unit, Childline Zimbabwe Board of Trustees, UNICEF, and PLAN International, among others. Key itinerary manuals on Childline Zimbabwe were provided. Manuals from the Police and UNICEF were also given to ECFA, centered on child protection and operations standards. Other knowledge generated was on fundraising mechanisms including localized fundraising strategies through outsourcing of some expenditure items (e.g. internet subscription) to other willing organizations; volunteers management and motivation; how the Childline Zimbabwe has maintained good working relationship with Zimbabwean government; and working within the legal framework set by the Zimbabwean government and not acting as an advocacy organization. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Though not the focus of this evaluation, we can provide an indication of the extent to which the objectives as formulated during the baseline and endline, have been achieved. However, not having SMART objectives makes it difficult to assess this. Based on the process tracing causal map it can be said that the learning visit resulted in improved knowledge about CHL leadership and management of the Director. According to the CFA the immediate result was increased knowledge on the operation of a child helpline, especially on how to collaborate with government. ECFA sees government now more as a partner then as a threat. In that respect the long term objective seems to some extent achieved. For the rest it is too soon to draw any conclusions.

5. *Training on counselling, referral and case management in 2012 and 2013 by external consultant (19)*

Design

This intervention was not mentioned as planned for during the baseline survey. However, it was mentioned during the endline workshop in relation to having improved competences to provide SRHR services, because according to participating ECFA staff, this had contributed to in a better position, in terms of knowledge and skills to give offer counselling service to the cases that are referred to them by the city councils or other stakeholders. Details about the specific design are not known, but that wasn't the focus of this evaluation. In the 2013 Ethiopia GP Country Projects Annual report of ECFA for CHI, the objective of this training is stated as "to increase knowledge within the target communities about the CHL being a tool for child protection".

This kind of training was not mentioned in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but having been mentioned twice in the endline workshop, in the "improved capacity to respond to child protection issues" as well as in the "improved fundraising capacity" causal map gives an indication of its relevance.

Implementation

A first round 5-days training was in 2012 and the second round, also 5 days, in March 2014. Subjects of the training were on online counselling, case referral, child abuse, gender based violence and life skills related issues with critical case examples given for child help line counsellors and their assistants. This training was also given to increase the awareness of target communities about the importance of ECFA's CHL for reporting and receiving services for child abuse cases. Also ways of properly using the electronic data base during data recording, analysis and reporting were clarified by the consultant who developed the data base. ECFA has hired a consultant and developed a training manual which focused on child counselling and other related issues. In this training, five Child Help Line (CHL) counsellors, three CHL assistants and eight other individuals from the head office participated. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Not having SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that the training participants are now in a better position, in terms of knowledge and skills, to give counselling services to the cases that are referred to them by the city councils or stakeholders. To what extent the objective of "increased knowledge within the target communities about the child helpline being a tool for child protection" has been achieved cannot be assessed.

6. *Training on planning & report writing in 2013 by external consultant (21)*

Design

This training was not mentioned as planned during the baseline. However, it was mentioned during the endline workshop, because according to participating ECFA staff, this training had improved the quality of planning and reporting, included collecting the required data for the reports. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. Also, no specific immediate or long term objectives are known.

This kind of training was not particularly mentioned as relevant in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but it was mentioned during the process tracing session of "improved capacity to respond to child protection issues".

Implementation

The evaluation team has no additional information about this training except that it took place in 2013, but it is unknown who participated at this training. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Not having objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that as a result of the training staff are now capable of preparing reliable plans and reports on time, which are mostly approved by stakeholders with minor comments. In that sense this training was relevant in relation to child protection because being trusted by the community was seen as very important by ECFA during the MFSII 5C baseline survey. This improved image of reliability, basis for trust, contributed to an improved implementation capacity including responding to child protection issues by means of the child helpline.

7. *Training on gender equality & male engagement in 2014 by external consultant (25)*

Design

This training was not mentioned as planned during the baseline. However, it was mentioned during the endline workshop, because according to participating ECFA staff, this training had improved their knowledge on these issues and therefore their implementation capacity on these issues. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. Also, no specific immediate or long term objectives are known to the evaluation team.

This kind of training was not mentioned as relevant in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but it was mentioned during the process tracing session of "improved capacity to respond to child protection issues".

Implementation

The evaluation team has no additional information about this training except that it took place in 2014, but it is unknown who participated at this training. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Not having objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that the training resulted in improved ability to apply a holistic approach on male engagement, gender equality, life skills and community conversation facilitation, which contributed to an improved implementation capacity including responding to child protection issues.

Attribution of observed results to MFS II capacity development interventions

The improved capacity to respond to child protection issues was due to:

1. A more lean, accessible and effective structure (3)
2. Improved program leadership and implementation capacity at all levels (5)

(see 4.3.1)

1. The more lean, accessible and effective structure can entirely be attributed to internal, organizational processes, since these were due to having more offices and office equipment and having more staff, and this was made possible all due to a progressive increment in the annual budget.

2. The improved program leadership and implementation capacity at all levels can to a large extent be attributed to MFS II supported capacity development interventions. It can be attributed to:

- Improved child helpline leadership and management skills of the Director, which to a large extent can be attributed to MFS II supported capacity development interventions, many of them in other countries: i.e., the director participated in the CHI regional and international consultation meetings, the conference on sexual child abuse in Ghana, and the learning visits to other child helpline s in Zimbabwe, SA and Kenya.
- Improved staff knowledge & understanding of child protection related program design, implementation and follow up, which can partly (indirectly) be attributed to the sharing by the Director of what he has learnt from his participation in the MFS II supported conference on sexual child abuse in Ghana (2012), but it can also be attributed to the coaching & mentoring in child protection project design, implementation and follow up by senior management of ECFA.
- Staff knowledge on practices and challenges in implementation, which was mentioned by staff at the endline workshop but not linked to particular capacity development interventions.
- Improved capacity in child counselling, referral and case management, which was entirely attributed to MFS II supported training in the subject.
- Improved knowledge and skills in report writing, and improved knowledge in preparation of operational plans, which were both attributed to MFS II supported training in these subjects.
- Improved competencies to apply a holistic approach to child protection, male engagement, gender equality, life skills and community conversation facilitation, which can be partly attributed to an MFS II supported training in the subject in 2014, and partly to another training on male engagement in 2012 by Hiwot Ethiopia.
- Improved capacity in imparting small scale business management, can be attributed to the employment of staff with small scale business management skills (non-MFS II). The relation with child protection issues is, that ECFA believes that if the income of the parents raising the child is improved, there is high chance that children will get the chance to concentrate on their education with less probability of being abused for labour.

On the whole it can be said that the improved capacity to respond to child protection issues of ECFA can to a large extent be attributed to MFS II supported capacity development interventions: training, and international and regional consultation meetings, the conference on sexual child abuse in Ghana and through learning visits to the Helplines of other African countries. The only other reasons for change included coaching, mentoring and follow up by senior staff, employing staff with small scale business management skills, and the training on male engagement by Hiwot Ethiopia.

Improved capacity to implement M&E and provide quality M&E information

The following MFS II capacity development interventions supported by ECFA were linked to the key organisational capacity change "improved capacity to implement M&E and provide quality M&E information":

1. Capacity assessment during country wide baseline survey by Plan International (5)
2. Feedback & advice from Plan International Ethiopia & CHI to focus on outcome M&E In addition to outputs (8)
3. Training on M&E in the Netherlands in 2012 (10) (+Experience sharing during M&E training in 2012 (11))
4. Training on digital data management system in 2012 & 2013 (13)
5.

The above mentioned MFS II funded capacity development interventions are included in the causal maps and narratives, since, during process tracing, a link was established between these MFS II supported capacity development interventions and the organisational capacity change area 'improved capacity to implement M&E and provide quality M&E information', and they came up during document review, endline workshop, interviews and self-assessments.

1. *Capacity assessment during country wide baseline survey by Plan International in 2011 (5)*
In general terms capacity development support of Plan International to ECFA was mentioned during the baseline survey, without details, so the above mentioned survey was not mentioned, probably also because it was already implemented in 2011. The survey was carried out by Plan International (with MFS II funding) during a country wide baseline survey in 2011. It was mentioned by ECFA staff during the endline survey because it was important for identifying the need for a separate M&E unit, or rather re-enforcing the already felt need for a separate M&E unit. Because no other information is available about this intervention it will not be further discussed in detail. Furthermore, it is not clear whether this capacity assessment was intended as a capacity development intervention since it wasn't mentioned like that during the baseline.

2. *Feedback & advice from Plan International Ethiopia & CHI to focus on outcome M&E In addition to outputs (8)*
In the 2012 MFS II 5C baseline, report regular support (visits) on various capacity issues by the CFA is mentioned, but without specifications. However, it was mentioned by ECFA staff during the endline survey because to them, it was important for being able to identify and collect M&E data at outcome level: now data on outcomes has started to be collected. Earlier it was mostly output related data that were collected. This happened because Plan international and CHI advised and gave feedback to ECFA to focus on outcomes in addition to outputs. This improved the knowledge & skills of staff for identifying and collecting M&E data. Because no other information is available about this intervention it will not be further discussed in detail.

3. *Training on M&E in the Netherlands in 2012 (10), including the experience sharing during the M&E training (11)*
Design
Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. During the baseline it was mentioned that more M&E training might be needed but this particular training was not mentioned. So no objectives were given during the baseline. During the endline, the CFA mentioned that the immediate objective was to improve ECFA's capacity in Monitoring and Evaluation and that the long term expectation was that ECFA would incorporate the M&E knowledge that was acquired from the workshop into the day-to-day operations of the child helpline and ultimately would improve the quality of the services they provide.

Not M&E competencies for or training but the need for a strong M&E system was specifically mentioned as relevant in the Theory of Change (ToC) developed during the MFS II 5C baseline survey. However, the wish for this training was expressed during the CHI International Consultation meeting held in Durban, October 2012. CHI provided this training for child helpline organisations under the (MFS II) Girl Power programme.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation
This CHI MFS-II Monitoring and Evaluation (M&E) workshop was held in December 2012 in Amsterdam. Two programme managers of ECFA participated, along with staff from CHI organisations from Bangladesh Nepal, Ghana, Liberia, Zambia, Bolivia and Nicaragua. The training focused on organizational and programmatic capacity building (5Cs) and on the Principles and Standards Assessment tool designed for CHI's members. The trainer equipped ECFA with tools on how to measure output and outcomes of child helplines in the Girl Power Programme; and also on how to operationalize the M&E budget, incorporating clear time planning of the M&E cycles with a definition of roles. The participation of other CHI MFS-II partners also increased the learning of ECFA, as a result of the sharing of knowledge, ideas and best practices. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Though not the focus of this evaluation, we can provide an indication of the extent to which the objectives as formulated during the baseline and endline, have been achieved. However, not having SMART objectives makes it difficult to assess this. Based on the process tracing causal map and according to ECFA staff it can be said that the M&E training and the sharing of knowledge, ideas and best practices have resulted in knowledge on how to use the principles & standard assessment (PSA) tool of CHI, and on the preparation of case stories and M&E formats for outputs and outcomes of CHI and Community Conversation programs. In that sense the short term objective seems to have been reached but it is difficult to assess to what extent the long term objective has been reached.

4. *Training in digital data management system in 2012 and 2013 (13)*
Design
This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The objective of this training given in the baseline report was to make ECFA better placed to document all calls/contacts received from children and young people and to make ECFA able to follow-up on cases in the best way possible[15].

Training in digital data management was not mentioned as relevant at the capacity building ToC of the baseline workshop, but during the endline workshop it came up as important in combination with the data management infrastructure and thereby makes the topic relevant to the SPO.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but the evaluation team did not ask the CFA for SMART objectives specifically, since this wasn't the purpose of this evaluation.

Implementation
With financial support from Plan International Ethiopia, ECFA developed a database for the Child Helpline, and installed five new computers in the five call centres in Adama region. The knowledge and skills in the use of the digital data management system especially for child abuse programs were improved with training on data management in Adama, delivered in 2012 and 2013 with the support of MFS II funding. In this training the way of properly using the electronic data base, i.e. data recording, analysis and reporting were clarified by the consultant who developed the data base. This training was given during the 5 days training on counselling, referral and case management mentioned earlier. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

[15] CHI did not make a distinction between immediate and long term objectives at the baseline.

Reaching objectives
Though not the focus of this evaluation, we can provide an indication of the extent to which the objectives as formulated during the baseline and endline, have been achieved. However, not having SMART objectives makes it difficult to assess this. According to ECFA staff at the endline workshop, everything together, i.e. infrastructure and training, improved the capacity to utilize digital data management for child abuse programs. Data collection, analysis and sharing of child abuse programs are now automated. Therefore, it is now possible to digitally collect and share data. The organization even plans to use this capacity to create a resource center which can be used by graduate students while doing their thesis. It seems that the objective of placing ECFA in a better position to document all calls/contacts received from children and young people has been reached. It is not possible to assess to what extent it enables ECFA to make better follow-ups on cases.

Attribution of observed results to MFS II capacity development interventions
The "improved capacity to implement M&E and provide quality M&E information" was due to:

1. The creation of an M&E unit and the assignment of a dedicated M&E officer (2)
2. Improved knowledge and skills in identifying and collecting data for all intervention areas (3)
3. The use of a digital system for data management (4)

The first change factor can be partly, the second (almost) entirely and the last to a large extent be contributed to MFS II supported capacity development interventions. This is further explained below.

1. The creation of an M&E unit and the assignment of a dedicated M&E officer can partly be attributed to the outcome and recommendation of an MFS II funded baseline study of Plan International that recommended the creation of a separate M&E unit. For the other part this can be attributed to the already felt need for creating such a unit.

2. The improved knowledge and skills in identifying and collecting data for all intervention areas can to a large extent be attributed to MFS II supported capacity development interventions: the training on M&E in the Netherlands in 2012; the experience sharing with other CHI supported organizations from all over the world during this training; and the feedback & advice from Plan International Ethiopia & CHI to focus on outcome M&E in addition to outputs. Other related factors were not mentioned.

3. The use of a digital system for data management can to a large extent be attributed to MFS II supported capacity development interventions: a digital data management system for the child helpline was developed, computers were provided and training on the use of this data management system were given with MFS II support. OAK Foundation also provided three computers.

On the whole it can be said that the improved M&E capacity at ECFA can to a large extent be attributed to MFS II supported capacity development interventions, through M&E related training, a (5C) baseline assessment by Plan International, feedback and advice from Plan International and CHI, and the provision of infrastructure and training for a digitalised data management system. The only non-MFS II related reasons for this improved M&E capacity since the baseline in 2012, were an internally felt need to have a monitoring and evaluation unit, and the provision of three computers by Oak Foundation.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 270-280**.**

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

Annex B Sampling plan Ethiopia.docx
Annex C Evaluation plan Ethiopia.xlsx
Annex D Tables report Ethiopia.docx
Annex E Manual for MTR.doc
Annex F Data collection tools.doc
Annex G 5C reports - EM.doc
Annex H District panel reports.docx
CD4-Abstract AMPCAN Ghana March 2012.pdf
CD6-CHI Resource Mobilisation Training Report JANUARY 23RD TO 25TH 2012 ADAMA-ETHIOPIA.pdf
Combined Planning and Evaluation Form Capacity Development.docx
Copy of BL-MTR-TARGET-5C-Ethiopia.xlsx
Ethiopia PSA Tool.doc
Ethiopia_Membership Agreement.pdf
Leen Decadt - New Technologies - PPT RC Addis 2013.pdf
Planning Template Organisational Development Activities.doc
REPORT Girl Power ME workshop CHI-CD3.pdf
Report Outreach Workshop Sri Lanka 2012_FINAL-CD2.pdf
Report_Second International Conference on Child Sexual Abuse in Accra, Ghana in March 2012..pdf
Report_Zimbabwe study visit_ECFA and PLAN Ethiopia.pdf
2011_Africa RC Report 2011_Final (20111125)-CD1.pdf
2011_Ethiopia Girl Power Annual Report 2011 CHI FINAL.doc
2012_Ethiopia CRA Annual report Ethiopia 2012 CHI.doc
2012_Ethiopia Qualitative data report_(July – Dec 2012).doc
2013 Africa PDRC Report - FINAL-CD8.pdf
2013 CRA 6M template 21062013 CHI_SRI LANKA learning visit-CD2.docx
2013 Ethiopia GP Country Projects Annual report_ECFA for CHI_2013.doc
2013 Ethiopia Qualitative Data Report_July to December 2013.doc
2013_GP Country Projects Annual report_ECFA for CHI.doc
20111125_Africa RC Report 2011_Final.pdf
20131106_MTR GP Ethiopia DRAFT country report.docx
Annex A GP Monitoring Protocol (revised 2013).pdf

PIE MFS 2013 financial report.xlsx
progress report 2013.docx
proposal -PIE 2012.docx
Total cases registered in 2013 chl Adama.docx
Cases reported in 2012 to chl.doc
ECFA_7-1-7 GP ECFA Project Annual Report (2011) Feb 11 2012.doc
PIE MFS 2012 financial report.xlsx

Fieldwork data:

A_5c endline_assessment sheet_CRA_Ethiopia_ECFA_CHI_completed_with interview.docx
B_5C endline_support to cap dev_CFA perspective_Ethiopia_ECFA_CHI_completed_with interview.docx
G_5c endline self-assessment sheet_programme staff_Ethiopia_ECFA_completed.docx
H_5c endline self-assessment sheet_MandE staff_Ethiopia_ECFA_completed.docx
I_5c endline self-assessment sheet_admin HRM staff_Ethiopia_ECFA_completed.docx
J_5c endline self-assessment sheet_field staff_Ethiopia_ECFA_completed.docx
L_5c interview guide -subgroup_management_selected indicators_EFCA_NVIVO.docx
M_5c endline interview guide_subgroup_program staff_ECFA-completed-NVIVO.docx

N. 5c endline interview guide – subgroup – monitoring and evaluation staff – selected indicators - ECFA-NVIVO.docx
P_5c endline interview guide_subgroup_field staff_selected indicators_ECFA_NVIVO.docx
Q_5c endline observation sheet_Ethiopia_ECFA_completed.docx
R_5c endline_observable indicators at SPO_Ethiopia_ECFA_completed.docx
C. 5C endline - support to capacity development sheet - perspective SPO - ECFA.doc
D_5c endline interview guide_partners_selected indicators_ECFA.doc
D_5c endline interview guide_partners_selected indicators_ECFA_NVIVO.doc
F_5c endline self-assessment sheet_management_Ethiopia_ECFA_completed.docx
S_5c endline_overview_trainings_SPO_staff_Ethiopia_ECFA (PT).docx
T_5c endline_questionnaire_training_management_perspective_Ethiopia_ECFA_namemanager (PT).docx
U_5c endline_questionnaire_training_participant_perspective_Ethiopia_ECFA_nameparticipant (PT).docx
V_5C endline_Ethiopia_capacity development interventions planned by CHI during baseline (ECFA).docx
W_5C endline_Ethiopia_capacity development interventions implemented by CFA since 2011_ECFA (PT).docx
Planning Template Organisational Development Activities.doc

List of Respondents

MFS II Alliance/CFA officers:

No.	Name	Function
1	Alice Kubo	Programme Manager for Africa CHI
2	Helen Mason	Head of Operation CHI
3	Ann-Murray Brown	Monitoring and Evaluation Officer CHI
4	Helen Evertsz	Coordinator CRA Girl Power Programme PLAN

ECFA staff:

No.	Name	Function in the organisation
1	Yisrak Kebede	Executive director
2	Yilfashewa Taddesse	Secretary and cashier
3	Tigist Mesfin	Admin and finance officer
4	Teshome Maru	M&E Officer
5	Tamirat Abebe	Child helpline counsellor, Adama
6	Mekebeb H/Micale	Child helpline counsellor, Metehara
7	Eyob Kasse	Program Manager

Others:

Dita Tuke, Program Manager of FSCE, Partner of ECFA.

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline

has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[16] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

[16] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - -2 = Considerable deterioration
   - -1 = A slight deterioration
   - 0 = No change occurred, the situation is the same as in 2012
   - +1 = Slight improvement
   - +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*

3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;

- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

***Purpose of the fieldwork*:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

***Self-assessments*:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

- Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.
- Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.
- Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for

different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[17]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[17] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and

then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on

climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.

The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

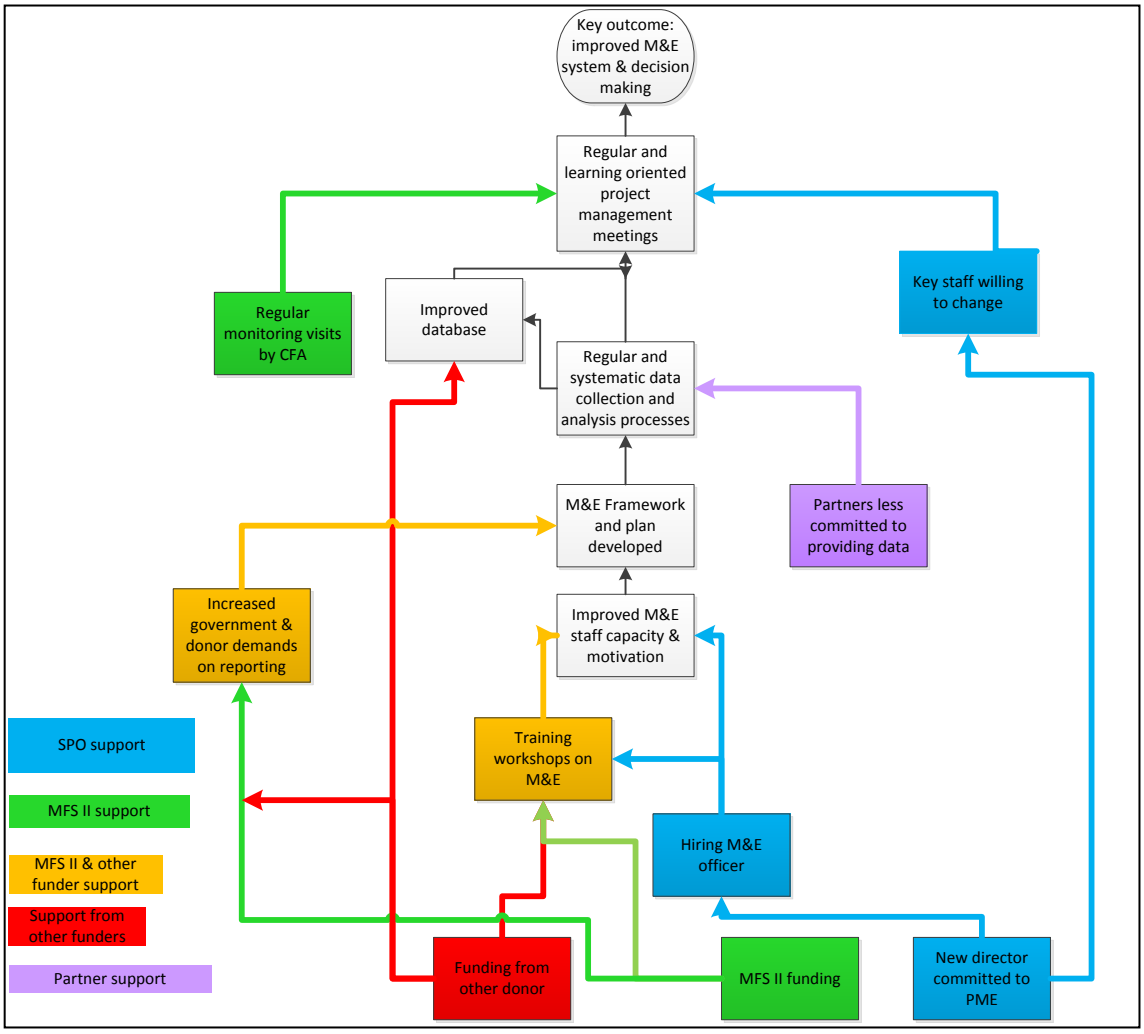


Figure 1 *An imaginary example of a model of change*

Step 5. Identify ***types of evidence*** *needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

*Step 6. **Collect data** to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

*Step 7. **Assess the quality** of data and **analyse data**, and develop the **final detailed causal map** (model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

Confirming/ rejecting a causal relation (yes/no);
Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in

the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a

result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

Capacity is referred to as the overall ability of an organisation or system to create value for others;

Capabilities are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);

Competencies are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1. The capability to act and commit;
2. The capability to deliver on development objectives;
3. The capability to adapt and self-renew;
4. The capability to relate (to external stakeholders);
5. The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1 Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organisation (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organisation.

During the 2012 baseline, program leadership, implementation and monitoring was handled by one person. Now different tasks are given to different individuals with clear job descriptions. ECFA has assigned appropriate staff in the finance section and it has resulted in the organization having a program and finance division. Hence, the organization performs better because problems are easily and timely addressed. In addition, it enables the director to focus on programs and works in assuring proper leadership. He is also engaged in different kinds of partnership and networking and was nominated and served in CHI's Principles, Standards and Practices (PSP) Taskforce for two years (i.e., 2012-2014), and stepped down, voluntarily, in 2014 to offer other CHI members the opportunity to learn.. Unlike the baseline situation, board members and other stakeholders meetings are held together with the staffs, which enables the voices of the staffs to be heard.

Score: from 3.5 to 4.5 (improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

Over the last two years, the organization has changed its organizational and staffing structure, e.g. the Program Officer has been assigned, and M&E officer and a Program Manager have been hired. Subsequently, a Program and a Finance and Administration divisions are now in place. In the latter, all the finance and administrative issues are addressed by the Finance and Admin division and program issues are separately addressed by the Program Manager. The Executive Director oversees the overall operations of the organization. Newly added personnel are closely working with the Executive Director and help in addressing administrative leadership issues timely and flexibly. This enables the Executive Director to focus on organizational directions and arrangements. In addition, the management team shapes the relationships among staffs and avoids misunderstandings in a strategic way. Finally, the additional staff enhanced the team and led to more appropriate follow up on implementations.

Score: from 3 to 4 (improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

During the baseline, staff turnover was low but so were staff[18]. Compared to the baseline situation, ECFA has put different strategies in place to retain staff. New salary scales, which upgraded most salaries considerably, a capacity building strategy, a clear career path, attention to a positive work environment, a reshuffle of existing staffs based on their qualifications and interests and the appointment of new staff are mentioned as staff retention strategies. The appointment of new staff reduced the workload/burden of some staffs. Nevertheless, one finance staff and three program staffs left the organization since the baseline.

From 3 to 3.5 (slight improvement)

1.4. Organisational structure: 'Existence of clear organizational structure reflecting the objectives of the organisation'

Observable indicator: Staff have copy of org structure and understand this

Over the last two years, the organization has changed its organizational structure. Accordingly, a program and an administration division are in place. In the latter, all the finance and administrative issues are addressed by the finance and admin division and program issues are separately addressed by the program manager. This has provided more clarity and better coordination.

Score: from 3.5 to 4 (slight improvement)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

ECFA's strategic plan has expired ECFA recognizes the importance of having an updated strategic plan.Resources have been mobilized and secured to update the strategic plan for the period of 2015-2019. The ToR has been shared among the partners and is in the process of collecting bids. The new strategic plan is considered to be post MDG.

Score from 3 to 3 (no change)

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

ECFA's strategic plan has expired Hence, the day to day operations of the organization has been guided by its strategic directions and from its annual action and budget plan. From the annual plans quarterly, monthly and weekly plans are developed and implemented.
Score: from 3 to 3 (no change)

[18] During the baseline the number of permanent staffs was 10 and accompanied with 5 volunteers. Currently there are 18 permanent staffs and 25 partly paid volunteers.

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might need.

Since 2012, efforts have been made to mobilize more funds (for project implementation) to increase the program budget and accordingly, to have sufficient administration to cover the capacity building costs. It seems that the new Ethiopian NGO framework/CSO law (70/30% rule) has repercussions on the budget allotted to capacity building. However, because of resource mobilization efforts, more than (four) 4 trainings were given on different topics such as resource mobilization and M&E approaches. In addition to this, staffs attended different trainings organized by the Dutch partner CHI. ECFAstaffs are also exposed to different experience sharing platforms. But, there are still capacity gaps in terms of leadership and management, project planning and management, and report writing[19]. Qualified and experienced staffs are now being hired for the right position such as a program manager. Some existing staffs are now upgrading their qualifications. However, others argue that there is no significant change since the baseline, and that ECFA relies largely on CHI for its capacity building/training and that ECFA has no internal staff upgrading training.

Score: from 2.5 to 3 (slight improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO are offered appropriate training opportunities

There is a slight improvement in the training opportunities at ECFA compared to the baseline situation. In most cases, the biennial consultative meetings organized by CHI are a form of trainings. In these consultative meetings, it is ECFA's Executive Director who usually attends. In trainings that are organized somewhere else, abroad, at least one staff attends. The organization has planned to assess training needs of its staffs annually and to organize need-based trainings. In 2012, training on resource mobilization was offered to three (3) ECFA staffs in Adama, and one ECFA staff participated in the monitoring and evaluation training organized by CHI in Amsterdam. ECFA has got an M&E Unit since early 2014 and this unit helps to set criteria for selecting staffs for training, which is good progress. Despite such improvements, there remains a need for conducting internal staff training.

Score: from 3 to 3.5 (slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

After the baseline with the approval of the Executive Board of ECFA, the organization amended its operations manual and increased the amount of per diem. Recently, the staff salary has also increased. A higher degree of freedom of work which creates an open and friendly working environment is also an incentive for staff and has resulted in higher levels of team spirit. ECFA staffs also support each other by having team discussions.

Score from 3 to 3.5 (slight improvement)

[19] The later could be attributed to language barriers, notably, the MFS-II reporting templates are in English and Ethiopia's business/official language is Amharic.

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

At the time of the baseline study, ECFA had different funding sources although the amount mobilized was very limited. Recently, the amount of funding increased a lot which leads to more capacity building of the organization. The number of projects implemented by ECFA in 2014 are six (6) compared to two (2) in 2012. It is expected that the annual budget of the organization will be more than 7 million birr in the next fiscal year (2015) compared to 750,000 birr in 2011 fiscal year. However, the organization has not yet a resource mobilization strategy and not enough staff to work on proposal development.

Score: from 3.5 to 4 (slight improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

Currently, there is no clear written procedure (i.e., a resource mobilization strategy) to explore new funding opportunities but with the help of different networks such as CHI and CRDA and other NGOs like OSSA, ECFA has been able to access other funding. Only very recently, after understanding the importance of clear procedures for exploring funding opportunities, did the organization allocated a budget to support fundraising, and it is also developing a webpage to showcase its organizational successes and share other information. Also, the organization allocated budget for capacity development of staff on resource mobilization. The organization is in the process of developing its own resource mobilization strategy in line with the new strategic plan. Most staff undertook training in project proposal writing and ECFA also built its capacity in fundraising by hiring more qualified staff.

Score: from 3.5 to 3.75 (slight improvement)

Summary capability to act and commit

During the 2012 baseline, ECFA's program leadership, implementation and monitoring was handled by one person. Now different tasks are given to different individuals with clear job descriptions. There are now a Program, and an Administration division in place. This has helped the organisation to perform better because problems are easily and timely addressed, since the director can now focus on programs and providing leadership. The Country Director oversees the overall operations of the organization. Newly added personnel are working closely with the Executive Director and they help in addressing administrative leadership issues timely and flexibly.

Mechanisms to improve incentives have been put in place, such as higher per diems and higher salaries; a good working environment, and a reshuffle of existing staff based on their qualifications and interests. Also, appointing new staff has helped to reduce the workload of some staff.

Daily operations are in line with the strategic plan, but this strategic plan expired. However, resources have been mobilised to update the strategic plan for the period of 2015-2019. In terms of staff skills, ECFA relies heavily on CHI for capacity building of their staff. Whilst some staff have been trained in resource mobilisation and monitoring and evaluation, and qualified and experienced staffs are now being hired for the right positions, further training is required in terms of leadership and management, project planning and management, and report writing[20].

[20] The later could be attributed to language barriers, notably, the MFS-II reporting templates are in English and Ethiopia's business/official language is Amharic.

In terms of funding, the organisation has greatly increased the amount of funds since the baseline, which is related to ECFA collaborating with CHI, CCDRA and OSSA. A fundraising strategy still doesn't exist, although it is in the process of being developed. Having trained staff in resource mobilisation, and hiring more qualified staff has resulted in raising more funds for ECFA.

Score: from 3.1 to 3.6 (slight improvement)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get and at what level (individual, project, organisational).

Recently, the previous program officer has been assigned as M&E expert, and an M&E manual is under development. Compared to the baseline situation, now there is a staff working on M&E. ECFA has begun with periodic half year (six months) review and planning meetings of projects and organizational activities. In the monitoring process of projects, ECFA conducts field visits and beneficiary discussions on a quarterly basis. Review meetings with community, volunteers, CBOs, CSOs and government offices are facilitated on a monthly basis. In the monitoring and supervision process, ECFA employs different monitoring tools such as focus group discussions, in-depth interviews and learning reviews. All the above mentioned activities were only plans during the 2012 baseline time and now much progress has been made. For each individual project there are midterm and final evaluations. An M&E policy and guidelines have been developed that are waiting for endorsement by the Board, and M&E formats are developed and in place for action (e.g., mission reporting format, training report format, monthly planning and reporting format, quarterly planning and reporting format).

Score: from 2 to 3 (improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

During the baseline time there was no M&E staff in ECFA, program staffs were in charge of doing M&E activities. Now ECFA has assigned an M&E officer. However, M&E skills of other staff are still lacking and the newly appointed M&E officer could coach the other staff.

Score: from 2 to 2.5 (slight improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

Compared to the baseline situation, the Executive Director of ECFA reported an increase in the use of the CHI PSA (Principles and Standards Assessment) tools in assessing the quality standards of his organization. ECFA reviews the outputs and outcomes internally and with partners. ECFA has begun with periodic half year review of projects and organizational activities. The six months/half year achievements are used to plan for the other half of the year. Forums have been conducted to review the collected information and discuss the next steps/part of the 'so what'. The organization understands the importance of M&E for assuring sustainability and measuring impact and also how M&E can contribute in raising additional funding. Therefore, the organization assigned an expert to develop the required manual and to help in implementing M&E measures. Similar to the baseline situation, periodic mid-term and final evaluations are conducted by outsourced consultants. The findings of these evaluations are used to improve future planning and to redesign/broaden the

intervention. In addition, there is a clear plan to use data for soliciting finance. Furthermore, ECFA is planning to undertake monitoring and evaluation for each future project.

Score: from 3 to 3.5 (slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff speak formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

Compared to the baseline situation, the type and frequency of meetings have increased. ECFA has been facilitating weekly (i.e., Monday morning) meetings to share updates of the previous week and plans for the following week. ECFA also has a regular biweekly management meeting. Similarly, monthly, quarterly, biannual and annual regular meetings are taking place. Previously, it was the Executive Director who led these meetings. Currently, because of the presence of a capable program manager, the program department conducts its own reflection meetings which begin to contribute to improving implementation of activities both in time and quality. The monthly and quarterly meetings with program and finance staffs and volunteers help to discuss the monthly and quarterly reports and planned activities. In these meetings, everyone is free to express his/her idea and appropriate responses are given immediately. However, there are no critical reflection/review meetings at the project site.

Score: from 3 to 3.5 (slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that the ideas they bring for implementation of the program are welcomed and used.

The frequency of meetings has increased and this creates opportunities to discuss different issues freely. In the monthly and quarterly staff meetings, all staff can express their feelings and appropriate responses are given by the Director. Compared to the baseline situation, ideas flow freely from different departments. It has been observed that some of the issues raised in the meetings are implemented to some extent. However, some staffs are arguing that despite the recent improvement, not all meeting results are shared, in a timely manner, with the staffs, particularly, Board meeting results.

Score: from 3.5 to 4 (slight improvement)

2.6. System for tracking environment: 'The organisation has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether those changes will affect the organization.

Compared to the baseline situation, the number of projects has increased and so has the number of stakeholders that ECFA is collaborating with. As a result, ECFA started to participate in different stakeholders meeting. Furthermore, ECFA is now becoming an active participant in the GO–NGO forum. The meetings help ECFA to track if there are changes both in the policies and directions of ECFA's interest area and working environment. The organization's internal staff are nowadays engaged in conducting working environment assessments based on ECFA's program objectives. Similar to the baseline, before the development of new projects, rapid assessments and surveys are conducted. But

some staffs believe that ECFA do not have a formal means of tracking the environment due to lack of capacity to do so. Most respondents do not consider this indicator to have changed.

Score: from 3.5 to 3.5 (no change)

2.7. Stakeholder responsiveness: 'The organisation is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

ECFA has been collaboratively working with its stakeholders in a better pace than during the baseline. Particularly, ECFA's attachment to its major stakeholder, especially,is the Bureau of Women's and Children Affairs Office has improved. For a better collaboration and partnership with stakeholders, ECFA organizes annual planning sessions to plan and set targets. Stakeholders are also participating in the project planning. ECFA is trying to accommodate stakeholder's comments. However, although ECFA has started reviewing and planning sessions with stakeholders, the principle is not yet internalized because of number and quality of staff.

Score: from 3 to 3.5 (slight improvement)

Summary capability to adapt and self-renew

There have been some slight improvements in terms of monitoring and evaluation, and using this for planning. An M&E policy and guidelines have been developed that are waiting for endorsement by the Board, and M&E formats are developed and are in place for action (notably, mission reporting format, training report format, monthly planning and reporting format, quarterly planning and reporting format). There is an M&E officer in the organisation now, but generally staffs still lack M&E knowledge and skills. The frequency of planning and review meetings has increased: periodic half-year review and planning meetings are of projects and organizational activities; field visits and beneficiary discussions on a quarterly basis; review meetings with community, volunteers, CBOs, CSOs and government offices are facilitated on a monthly basis. For each individual project there are midterm and final evaluations. Due to this increased frequency of meetings it is also easier for staff to critically reflect on issues and share their ideas. Furthermore, ECFA has improved its responsiveness to stakeholders due to increased stakeholder engagement, but the (limited) number and quality of staff is a hindrance to internalizing this principle.

Score: 2.9 to 3.4 (slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organisation has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use the plan in their day-to-day operations.

Like during the baseline situation there are clear operational plans in place for each respective project and staff are familiarised with these plans to implement them in their day to day activities. In addition, each month the organization prepares its monthly, quarterly and annual plan in an understandable way. It is noted that now other stakeholders like the Woman's and children affairs office and finance office, participate in preparing the annual plan.

Score: from 4 to 4 (no change)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

Similar to the baseline situation, ECFA gave due emphasis to work using volunteers to be more cost effective. What is different in the endline is that ECFA has guidelines to minimize its operational costs. Together with this, resources are now used optimally to accomplish planned activities.

Score: from 3.5 to 4 (slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

Compared to its baseline performance, the organization is in a better position to deliver planned outputs, in a timely fashion. ECFA staff mention a number of causes that contributed to this improvement. First and foremost, the restructuring of the program department, then followed by the recruitment of the required staff,including an M&E officer. This is manifested by the project supervisor's commitment to prepare timely action plans and implement the activities on the expected time where the role and responsibility of all program staffs are clearly stated. All are accountable for any failure in not timely implementing planned activities. The second cause is the reduction in delays in budget approval from the donor and in making strategic agreements with the government. ECFA's strong partnership with the Bureau of Women and Children Affairs office on the helpline counselling service, reunification service, referral service and medical support is also contributing to the better performance of the organization. However, some of the outputs are not delivered in a timely manner due to delays in agreement with donors and government offices.

Score: from 2.5 to 3.5 (improvement)

3.4. Mechanisms for beneficiary needs: 'The organisation has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

As determined during the baseline, ECFA conducts field visits and beneficiary discussions at project levels on a quarterly basis; holds monthly review meetings with community, volunteers, CBOs, CSOs and government offices. Social workers working in the kebele level child protection structure, CHL counsellors, youth and girls clubs prepare monthly reports and submit those to the head offices. At the head office, ECFA compiles all the reports and submits to donors and government offices as per reporting timeframes and requirements. Hence, compared to the baseline, ECFA goes one step to fulfil its beneficiaries' demands and start an IGA and vocational skill training in addition to the other services that were undertaken during the baseline period. Compared to the baseline situation, ECFA has hired a social worker in each target kebele that helps them to fully engage with beneficiaries.

Score: from 3.5 to 3.75 (slight improvement)

3.5. Monitoring efficiency: 'The organisation monitors its efficiency by linking outputs and related inputs (input-output ratio's)'

This is about how the SPO knows they are efficient or inefficient in their work.

Similar to the baseline situation, there is no formal way of measuring efficiency, but ECFA staff still compare planned activities with implemented activities which helps them to assess efficiency.

Score: from 3.5 to 3.5 (no change)

3.6. Balancing quality-efficiency: 'The organisation aims at balancing efficiency requirements with the quality of its work' - This is monitored by CHI

This is about how the SPO ensures quality work using available resources

The ECFA is using CHI's 'Principles, Standards & Practices' checklist to self-assess the work done by the child helpline and the areas for improvement. They use it once a year (as one of CHI's membership requirements) which is similar to the baseline. Compared to the baseline situation, the most prominent change is the revision of the organization structure which led to improved organization capacity, through hiring qualified and competent professionals. The new staff enabled to improve efficiency and balancing this with quality of work. However, other staffs argue that the organization is still striving to ensure quality of work in line with the scarce resource it has, even with the additional staffs.

Score: from 3.5 to 3.75 (slight improvement)

Summary capability to deliver on development objectives

ECFA still has clear operational plans in place, which guide daily activities and is still using its resources cost effectively making use of volunteers. Presently, ECFA also has guidelines in place to minimise operational costs and has improved upon delivering planned outputs timely due to the restructuring of the program department and having an M&E officer in place, who helps in reviewing progress, timely, and adapting plans accordingly. Also, there are, currently, fewer delays in approving budgets and in making agreements with government. The mechanism to assess whether beneficiary needs are being met is still the same as during the baseline, such as conducting field visits and beneficiary discussions at project levels on a quarterly basis; holding monthly review meetings with community, volunteers, CBOs, CSOs and government offices. The major change is that ECFA has hired a social worker in each target kebele which helps them to fully engage with beneficiaries. There is no formal system in place to monitor efficiency or balance quality with efficiency, but comparing planned with implemented activities helps in assessing executed activities, and having hired more qualified staff has improved the quality of work.

Score: from 3.4 to 3.7 (slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organisation maintains relations/collaboration/alliances with its stakeholders for the benefit of the organisation'

This is about whether the SPO engages external groups in developing their policies and strategies, and how that is done.

ECFA has maintained its strong relationship with the stakeholders and moved one step ahead during the last two years period by establishing a network of beneficiaries. Similar to the baseline, stakeholders have been participating in all aspects starting from policy formulation to problem identification while planning projects. ECFA has been preparing and holding planning workshops together with different stakeholders so as to work with them and make the bond stronger. ECFA has more experience and expertise now in working with stakeholders and managing relationships.
Score: from 4 to 4.25 (slight improvement)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; whether they are local or international; and what they do together, and how do they do it.

Like in the baseline, ECFA is still engaged in different networks, such as CHI (Child Helpline International), CCRDA (Consortium of Christian Relief and Development Association,the largest local network), and CORHA (consortium of reproductive health associations in Ethiopia). ECFA is also still a partner of Plan International Ethiopia, OAK foundation, Wereld-kinderen and COPION international (a Korean NGO), and works with local offices (e.g. kebele offices) to facilitate their work. Over the last two years, ECFA established strong local networks with the community and also developed good attachments with the Bureau of Women and children affairs offices, Regional Finance Offices, Social affairs office.

Score: from 4 to 4.5 (slight improvement)

4.3. Engagement with target groups: 'The organisation performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

Compared to the baseline situation, ECFA has hired a social worker in each target kebele that helps them to fully engage with beneficiaries. Presently, the social worker manages different activities as required and mobilizes the community together with the head office staff. In addition, the Program manager and M&E officer quarterly conduct field visits and beneficiary discussions, while field workers discuss with beneficiaries on a monthly basis. In the monthly discussions and visits with the beneficiaries, women and children affairs office, Kebele administrations, women league and other committee members also participate.

Score: from 4 to 4.25 (slight improvement)

4.4. Relationships within organisation: 'Organisational structure and culture facilitates open internal contacts, communication, and decision-making'

How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

In addition to the regular meetings and the more frequent meetings such as the newly designed ‘weekly Monday morning meetings’ create good working relationships and bondage between staffs. The meetings offer an opportunity to review and plan activities/tasks. An improvement has been observed compared to the baseline where everyone was working based on their job description and reporting the progress they made to their immediate supervisor.

Score: from 3.5 to 4 (slight improvement)

Summary capability to relate

Relationships have improved slightly, in terms of engaging with stakeholders especially communities, through hiring a social worker in each target kebele, and the government, especially the Bureau of Women and children affairs offices, Regional Finance Offices, Social affairs office. Internally. relationships have improved slightly through having more frequent planning and review meetings.

Score: from 3.9 to 4.2 (slight improvement)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organization'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this process.

There is no change in the vision and mission of the organization, but the expired strategic plan is under revision. Staff mentioned that the Dutch government provides the funds (MFS-II funds?) to hire consultants to facilitate this process.

Score: from 3.5 to 3.5 (no change)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

A number of guidelines and manuals are developed or under development compared to the baseline situation, such as financial guideline, per diem and allowance related manual, admin manual, procurement manual and human resource manual (waiting for the final draft) and all staffs are aware of what is included in the manuals and guidelines.

Score: from 3 to 4 (improvement)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organisation'

As it was during the baseline, the staff are acting according to the vision, mission and goals to be reached by ECFA's projects. The vision, mission and project strategies are presented to new staff in various meeting/sessions and they are encouraged to know the content well.

Score: from 4 to 4 (no change)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

This is about whether the efforts in one project complement/support efforts in other projects.

Since all projects are designed to be complementary to support each other, the same trend has been continuing over the last years.

Score: from 3.5 to 3.5 (no change)

Summary capability to achieve coherence

On the whole, there has been some change in this capability, although most indicators under this capability scored the same compared to the baseline. Vision and mission of the organization are still the same, but the expired strategic plan is under revision. A number of guidelines and manuals are developed or under development compared to the baseline situation, such as financial guideline, per

diem and allowance related manual, admin manual, procurement manual and human resource manual (waiting for the final draft) and all staffs are aware of what is included in the manuals and guidelines. Staffs are still acting according to the Vision, mission and goals to be reached by the projects, and projects, like the baseline, are still designed to be complementary to each other.

Score: from 3.5 to 3.7 (very slight improvements)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-054

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

FOLLOW-UP REPORT ON THE NAZRETH CHILD HELPLINE (CHL)

MDG PROJECT C2[1]

Elisabetta de Cao, Marloes Huis, Samson Jemaneh and Robert Lensink

[1] Part of the report is based on Huis, Suhlmann, Lensink and Hansen (2013).

Basic Information:

Sourthern Partner Organisation (SPO): ECFA (Enhancing Child Focused Activities)

Name of Dutch organisation responsible for project: Child Helpline International

Name of Consortium: Child Rights Alliance

Name lead organization: Plan NL

Start Date project: January 2011

End Date project: January 2015

Selected MDG: MDG 3

1. Introduction

Violence against women and girls is probably the most widespread form of abuse worldwide. According to DFID (2012), about one third of all women and girls in the world have been affected by violence. A reduction in violence against women and young girls is one of the key development goals. This report presents results of an impact evaluation of a project funded by the MFS organization *Child Helpline International* (CHI) and conducted by the Ethiopian non-government and not-for profit making organization "Enhancing Child Focused Activities (ECFA)". The main aim of the "Nazreth Child Helpline (CHL)" project is to offer protection, growth and development for children and young women. ECFA uses a so-called Multi-stakeholder child protection system (MSCPS) approach to establish child protection efforts in its child protection programming. In order to improve girls and young women's protection against gender-based violence, ECFA conducts a series of activities, which are meant to supplement each other. This report focuses on the child helpline and the community conversations (CC). It should be noted that activities related to the community conversations, as well as the Child Helpline, are actually financially supported with MFS-funding by *Plan international.* Although the MFS organization that funds the C2 project -the *Child Helpline International* - only provides capacity building support for ECFA staff, we decided to focus on the major activities of ECFA, the helpline and the CC, which are only *indirectly* supported by CHI.

The project is part of the broader country-wide "Girl Power Programme." Within the "Girl Power Programme" different MFS organisations and Southern Partner Organisations work together. The "Girl Power Programme" is designed by different partners in coordination and alignment. Sometimes activities of different projects within the "Girl Power Programme" are difficult to disentangle. For instance, the project "Girl Power: Protection of Girls and Young Women against Violence in Addis Ababa and Adama towns Child Helpline (C3)" is also part of the nation-wide ''Girl Power Programme." Both projects have similar aims, which the SPOs try to achieve by different types of activities. These activities are meant to complement and strengthen each other. Since the C2 and C3 projects are both part of the same country-wide programme, the impact evaluations for C2 and C3 complement each other. Thus, to get a more complete picture of the impact of the activities conducted within the country-wide "Girl Power Programme" it may be relevant to also consider the evaluation report for project C3.

The report takes a mixed method approach by using both quantitative and qualitative information. Regarding the child helpline, we present figures on the use of the child helpline during the project

period. We also document figures on whether people are aware of the existence of a child helpline, and examine whether awareness improved during the project period. With regard to the community conversations, we present a qualitative analysis, and, by using so-called "List" experiments we try to assess the relevance of the CC in terms of changing social values.

The report is organized as follows. Section 2 presents the context of the evaluated project. This section will also provide some relevant findings from the literature. Section 3 describes the project. It will provide information about the different activities that are organized as part of the project, and will present important project information. Section 4 explains the data collection, and presents some descriptive statistics. Section 5 explains the analysis and presents the main results of the quantitative and qualitative impact analyses. Subsequently, Section 6 provides a discussion of the evaluation results. Section 7 concludes the report.

2. Context[2]

Ethiopia has been one of the fastest growing non-oil economies in the World, with an annual average growth rate of GDP of 5.19 percent from 1982 until 2013 (NBOE, 2014). Yet, Ethiopia is still one of the poorest countries in the world, with a GDP per capita of 513 USD in 2011/2012 (MWCY, 2014). While the percentage of people living below the total poverty line is improving (from 46% in 1995 until 30% in 2010/2011), it is still very high (MWCY, 2014). The same holds for the under- five mortality rates, which declined from about 20% in 1990 to 7% in 2012 (MWCY, 2014).

The federal government of Ethiopia enacted in 2001 a new Family Code based on the principal of gender equality (OECD Development Centre, 2014). This Code e.g. stipulates a minimum age for marriage at 18 years. However, early marriages are still common, especially in rural areas. Moreover, in parts of Southern and Eastern Ethiopia, kidnaping young women for marriage purposes still happens. Domestic violence is a criminal offence. Yet, violence against women remains widespread. Estimates suggest that around 70% of Ethiopian women suffered physical violence form their partner (OECD Development Centre, 2014). Moreover, it appears that many women are prevented from seeking legal compensation if confronted with physical violence. There are no reliable figures available on the **actual** cases of rape

[2] This section is to a large extent similar to Section 2 in the evaluation report for the "Girl Power: Protection of Girls and Young Women against Violence in Addis Abeba and Adama towns"project (C3).

and sexual assault since many women remain silent. However, official figures suggest that many women are suffering from rape - in 2005, there were 938 reported rape incidents in Addis Ababa- while only 103 offenders were punished. Female genital mutilation (FGM) is forbidden according to the new Penal Code. Yet, estimates suggest that still between 70%-80% of women is subject to FGM (OECD Development Centre, 2014). Despite the fact that women and men have equal rights officially, there is still a severe gender disparity in Ethiopia. In 2013, Ethiopia is ranked 118 (out of a total of 136 countries) in the Global Gender Gap index (World Economic Forum, 2014). This index provides country rankings on gender disparity based on economic, political, education and health criteria.

There are several official legal provisions that aim to protect children. Yet the abuse and exploitation of children is common practice in Ethiopia. For instance, Ethiopia belongs to the group of countries with the highest percentages of child labor. A survey in 2001 even suggested that approximately 80 percent of the children, of which a considerable percentage is below 15, are engaged in child labor activities. Most of these children originate from the rural areas. Even more problematic is the growing phenomenon of sexual abuse and exploitation of children in Ethiopia. Child sexual abuse and exploitation mainly takes place in the form of abduction, early marriage, FMG, rape, incest, and child trafficking. Estimates show that each year around 1.2 million children in Ethiopia are victims of trafficking (UNICEF).

Particularly children from economically deprived families and street children are at risk. The term street child refers to a child who works on the streets to earn money for herself or her family, and to a child that lives on the streets and is homeless. Especially in urban areas there is an increasing number of street children. In 2011, in Addis Ababa there were about 12000 street children and in Adama nearly 4000, (UNICEF, 2014).

3. Project description

3.1 Activities

As stated above, the Child Helpline (CHL) project is part of broader country-wide “Girl Power Programme.” In line with the aim of the “Girl Power Programme” the CHL project tries to improve

protection for girls and young women. The Child Helpline project is run by the SPO "Enhancing Child Focused Association (ECFA)". ECFA is a non-governmental organization, working in Oromiya regional state. It aims to contribute to preventing children from any forms of violence in all settings through a holistic manner of service delivery (ECFA, 2013). ECFA was established and legally registered by the federal ministry of justice in 2006 by the name Ethio Child Focused Association. The operational area of ECFA is primarily Adama City in the Oromiya region. ECFA promotes and supports the creation of a safe environment for children in partnership with the community, local structures, government and non-governmental institutions, national and international partners, and other like-minded organizations.

ECFA uses several instruments to improve protection of girls and young women. One of the main instruments relates to the establishment and strengthening of child protection structures both at the city level (in five cities) and kebele level (in 20 kebeles/grassroots administrative structures selected in the five cities). In order to improve protection of girls and young women, ECFA also organizes community conversations (CC) groups and runs a helpline service. Community conversations are organized to prevent violence against girls and young women in the community itself. The overall aim of the community conversations is to create awareness and raise the key child protection indicators in the target kebeles. They also help to induce behavioral changes with respect to violence against girls and young women. The community conversations offer participants the opportunity to increase their knowledge on children's and women's rights as well as child protection. In addition, the participants are trained to identify and refer cases of child abuse. At the first meeting the CC facilitator provides initial topics, but the participants determine the specific topics that will be discussed based on the relevance of the issues in their kebele. A selection of the topics that have been covered, according to ECFA's CC facilitators and participants, are children's and women's rights, health, creating jobs, child abuse, family planning, child labour, child trafficking and sexual abuse.

The main purpose of this project is to improve the helpline service. The child helpline aims to be an instrument to respond to violence against girls and young women. The child helpline may be contacted by children directly in order to receive counselling – help and advice - and other services that the child may require. The child helpline aims to play a strong role in contributing and improving the child protection system in Ethiopia. The Adama toll-free child helpline is intended only for Adama town and it

does not work toll-free outside the Oromiya region. The child helpline started in January 2007 in Adama; the implementation of the CC groups began in 2010 in Adama city. Since August 2012 the CC groups expanded to four (4) new cities, namely, Assela, Bishoftu, Metehara and Shashemene. Currently, there are plans to expand the helpline coverage to these four (4) cities.

The MFS-II funds have been allocated to support the Adama CHL since January 2011. The Nazreth helpline project is a continuation of an earlier project. Child Helpline International (CHI) started working with ECFA in mid-2007 with the intention to develop a fully-fledged national child helpline in Ethiopia. ECFA was permitted to register a new helpline. However, due to the 2010 Ethiopia NGO framework, ECFA is no longer permitted by government to directly run the Adama helpline service. Since 2012, ECFA registered and is a technical partner and offers technical support to the Ethiopian government, especially the Bureau of Women and children affairs in Adama. This government agency has the mandate to run the Adama helpline service. ECFA has integrated the Adama helpline with the office of Women and children affairs of the respective cities for the following reasons: (1) to integrate the child helpline with the national child protection system - which is run by the Bureau of women and children affairs office; and (2) the Adama child helpline to be run and owned by the government for sustainability. This new development was very much welcomed by CHI because it ensures sustainability and it is also what CHI advocates for, that's buy-in from government. But the big question now is; will the government be able to expand the child helpline service to national level instead of the current regional helpline service? Furthermore, does the federal governance system in Ethiopia support a national child helpline service or is it better to have regional child helpline services linked together through a national office? Currently, Plan International Ethiopia is working with ECFA and CHI to oversee the expansion, but priority is given to the programme areas of the Girl Power/MFS-2 programme.

3.2 Theory of change

The different interventions of ECFA are meant to complement each other in terms of reducing violence against girls and young women. While the main purpose of this project is to improve the child helpline service, we focus in this report on two of the main activities of ECFA - the community conversations and the child helpline service - for CHI only provides capacity support funding, which may indirectly also support other activities for ECFA, i.e. also the CC. The child helpline aims to play a strong role in contributing to the improvement of the child protection system in Ethiopia. If girls (or boys) phone the

child helpline, the problems they face are addressed, and advice is given. Hence, if the child helpline service improves, better protection of girls (and boys) will be achieved. The community conversations offer participants the opportunity to increase their knowledge on children's and women's rights as well as child protection, and to identify and refer cases of child abuse to the child helpline. The aim is to enhance awareness raising of community members on violence against girls and young women, to encourage discussion among community members and to address violence against girls. Thus, community conversations are meant to induce behavioral changes with respect to violence against girls and young women. Eventually this will lead to a decline in violence against girls and young women.

A simple diagrammatic presentation of the theory of change is given in Table 1.

Table 1: Theory of change

Intervention	Outputs	Outcomes	Final outcome
Child Helpline	The service of the helpline (as well as the number of helplines running)	The number of girls and women that will be reached by the helpline. The amount of people that are aware of the helpline	Girls and young women are free from all forms of gender-based violence and the threat of such violence
Community Conversations	The amount of community conversations organized The number of girls and young women that are reached through community conversation campaigns.	Values, beliefs and attitudes start to change; Violence against women is beginning to be seen as unacceptable Different forms of abuse/ violence against women start to reduce Women empowerment increases; early marriages decrease; women are less confronted with requests to provide sexual favours	

Obviously there are several risks, which are actually not spelled out explicitly in the documentation of this project. A major assumption is that the helpline is operating and can be reached by phone or in-person (aka, face-to-face). However, this was actually not the case during part of the project period, e.g.

due to the relocation of the helpline service. During the period June-October 2012, the helpline was offline. One of the problems the helpline project is faced with is that, due to Ethiopian regulations, the helpline had to be removed from the police station to the premises of the Bureau of Women's and Children's Affairs office.

4. Data collection

4.1 The data collection

For this project, we collected data in several ways. First, in order to test whether people are aware of the existence of the child helpline, we added several questions in the questionnaire that was used for the C3 project conducted by FSCE. This questionnaire focuses on three of the main interventions by FSCE as part of the nation-wide Girl Power Programme: (1) Iddirs; (2) Girls Clubs and (3) Street girls. This questionnaire had been conducted twice, a baseline and a follow-up survey, and has sampled three groups (1) girls at girls clubs; (2) adults who are members of Iddirs and (3) street girls who followed the "recovery and reintegration programme" of FSCE. During baseline and endline, we sampled 150 persons per group. We also sampled comparison groups. We were faced with several caveats, such as high attrition (especially related to girls clubs) and the impossibility to sample valid comparison groups for street girls. Moreover, the baseline was not a real baseline for it was conducted after the start of the programme. The full questionnaire, details about the dataset, and the caveats, can be obtained on request. However, since we only use the questionnaire and the related dataset to obtain information about peoples' awareness of the Child Helpline, and not for measuring impact of the Child Helpline on end users, we will not present all details here.

Second, we gathered data about the use of Child Helpline services by using archives of the Adama Bureau of Women and Children affairs[3]. The constructed data set provides information about the use of the helpline services during the project period. More information will be given in Section 5 below.

Third, in order to test the relevance of the community conversations, we decided to conduct a new questionnaire in June 2014. We surveyed 200 persons that had recently followed community

[3] The Adama Bureau of Women and Children affairs runs the Adama child helpline service since 2012. ECFA only offers technical support. A representative of ECFA kindly went with us to the Adama Bureau of Women and Children to obtain the relevant data.

conversations organized by ECFA and a comparison group of 200 persons that will follow community conversations of ECFA in the near future. The full CC questionnaire can be found in Appendix A.

4.2 Availability of financial data

Child Helpline International (CHI) provides technical support in the start and/or scale-up of the toll-free child helpline in Ethiopia. The entire budget for the project amounts to € 243,644.01. Part of this budget -approximately €170,000 – is funded by CHI. For the period 2011 to 2015, CHI will use these funds to annually fund trainings, exposure visits and ECFA's participation in regional and international consultative meetings. Thus, CHI only provides capacity building and technical support of ECFA staff with MFS-II funds. Hence this project basically intends to improve the capacity of ECFA, in order to improve the existing helpline service, so that ultimately child protection will be improved.

A breakdown of the CHI funds provided to ECFA is given in Table 2. The table shows that the majority of the funds is spent on "managing relationship" with ECFA and for capacity support to ECFA.

Table 2: Country budget CHI (% of total forecasted)

	Year 1	Year 2	Year 3	Year 4	Year 5
Managing relationship with southern partner	0.40	0.29	0.20	0.30	0.22
Capacity support to southern partners	0.37	0.28	0.44	0.19	0.39
Total in Euros	34167	34166	38267	26285	37950

However, recall that the different organizations within the "Girl Power Programme" work closely together. It is important to note here that as a network body, CHI does not fund its members directly. It is also noteworthy that the activities we consider in this report, the activities related to the community conversations, as well as the Child Helpline itself, are financially supported with MFS-II funding from

Plan international, and thus not by the MFS-II organization, "Child Helpline International" (CHI). Yet, the funds provided by CHI *indirectly* fund these activities as well.

In order to assess the importance of CHI funding as part of the 'Girl Power Programme' it may be relevant to consider financial reports on the "Girl Power Programme" by ECFA. Table 3 provides total budgets for 2012 and 2013. The table also specifies the most important spending items.

Table 3: Most costly activities in 2012 and 2013 for the 'Girl Power Programme' (percentages of total)

	2012	2013
Purchase vehicle	0	0.26
Salaries programme staff	0.09	0.12
PIE-ECFA admin staff salary	0.10	0.04
Recruiting community worker	0.02	0.11
Community conversations (including graduation ceremonies)	0.09	0.09
with W/C/A/Organise forum	0.01	0.07
recruit & train 120 volunteers	0.07	0.04
perdiam,hotel & flights	0.05	0.01
sign post & brochures	0.03	0
purchase office furniture CHL	0.08	0
renovate and equip CHL office	0.03	0.04
Conduct baseline	0.08	0
Conduct 5 sport competitions	0.07	0.0001
set up free CHL & suggestion	0.003	0.0003
Office rent and phone charge ECFA office	0.06	0.004[1]
Total (in USD)	996617 (800000Euro)	1.188.267 (956121Euro)

1 in 2013 no office rent specified.

Table 3 shows that in 2013, the purchase of a vehicle was the largest expense. In both years, salaries for programme staff as well as administrative staff form a large percentage of total expenses. The table also clearly signals the importance of the community conversations: almost 10% of the entire budget for the 'Girl Power Programme' is in both years directly allocated to CC. It is difficult to allocate costs to the child helpline service. Probably the furniture and renovation costs of the CHL office are directly related to the child helpline. The share of CHI funds in total funds provided as part of the 'Girl Power Programme' varies around 4%, and hence is relatively small.

4.3 Descriptive analyses

Due to the important role played by the community conversations (CC) as part of the 'Girl Power Programme', we pay specific attention to this activity. In this sub-section, we present some descriptive statistics on the persons we have interviewed for the community conversations analysis. A survey was conducted in June 2014. In total about 400 individuals were interviewed, of which half had just completed a round of community conversations, and half were on the list of people that were to start their community conversations soon. Table 4 shows the "treatment"[4] group and the "comparison" group. The table also presents balancing tests, i.e. tests to compare whether "treatment" groups are similar to the "comparison" groups in terms of observable characteristics. The table shows that, on average, the persons in the treatment group are a bit older, and somewhat better educated. However, for most variables, there is "balance" implying that the treatment and comparison groups are similar.

Table 4: descriptive statistics Community Conversations

	CONTROL	***TREATMENT***	**Differences**
	Mean	*Mean*	*t-test/Chi2*
	SD	*SD*	*p-value*
Indicators/Variables	***N=198***	**N=206**	
Descriptive Indicators			

[4] We use the term 'treatment' for the group of people who had completed the community conversations, i.e. those who are "treated" by an intervention. The 'çontrol' group is the group that will start community conversations soon.

Gender (Male=0)	0,677	0,699	-0,022
	0,469	0,460	0,046
Age	29,399	32,447	-3.048*
	13,679	15,110	1,436
Religion (Christian=0, Muslim=1)			
Ever married (yes=1)	0,510	0,617	-0.106*
	0,501	0,487	0,049
Parent (yes=1)	0,530	0,597	-0,067
	0,500	0,492	0,049
Religion (Christian=1)	0,864	0,859	0,004
	0,344	0,349	0,034
Post-primary education degree (yes=1)	0,354	0,524	-0.171**
	0,479	0,501	-0,171

5. Analyses and results

5.1 Methodology

We provide evaluations of the child helpline it-self and the community conversations. Below we explain the methodologies used for both interventions after each other.

Community conversations

For the evaluation of the community conversations, we use different types of analyses. We start with a qualitative analysis. The qualitative description and evaluation of the community conversation

programme is based on interviews with two important stakeholders of FSCE[5] and data on community conversations gathered in four Focus Group Discussions (FGD) at ECFA with (1) eight participants of community conversations, (2) eight community conversation facilitators who are in charge of organizing and structuring the conversations in their kebele, (3) four kebele structure workers, and (4) seven staff members who are involved in the child helpline.

With respect to the CC, we also conduct an impact evaluation by comparing 200 individuals who have recently followed CC conversations with a "control" group of 200 individuals who intend to follow a CC conversation shortly. In line with the theory of change, the aim is to test whether CCs contribute to a change in awareness and start to induce behavioral changes. Since we mainly consider sensitive issues, which may be difficult to detect with direct questioning for people may try to give "politically" correct answers, we decided to conduct the so-called list experiments to measure changes in behavior. With a list experiment, a sensitive question is asked indirectly so that the respondent is more likely to reveal a truthful answer. In this way, respondents have a chance to report their sensitive behavior without allowing the interviewers to identify their responses. The list experiment is designed by adding a sensitive item to a list of other non-sensitive items (baseline list), see the questions in red in the questionnaire presented in the appendix. To conduct the list experiment, we randomly assigned half of the respondents to a set of base statements, and randomly the other half of the respondents to the set of base statements plus a statement related to the sensitive issue. Next, individuals' from both groups are asked to state how many statements they agree to. By doing this, one receives the average amount of statements both groups agree with. Due to the random assignment of the "sensitive question" to one of the groups, the difference between the two groups provides estimates of the percentage of people that agree with the sensitive statement. We apply list experiments both to individuals that have followed the community conversations (the treatment group) as well as individuals who have not yet followed the community conversations (the control group). A difference in outcomes for the two groups gives an indication of the impact of the community conversations on the sensitive item.

[5] Both ECFA and FSCE organize community conversations (CC) aiming at awareness creation in the community with regard to children's and women's rights. We pay attention to CCs in the evaluation reports for ECFA FSCE (C2 and C3 projects). Because of the similarity of the activities, we consider it relevant to also present the interviews with stakeholders of FSCE in this report dealing with ECFA.

In addition, we conducted a simple regression analysis with which we try to assess whether community conversations have changed behavior related to abuse, and/or whether community conversations changed the degree to which participants of community conversations were confronted with abuse.

Child helpline

The second activity under study is the child helpline offered by ECFA, the child helpline offers support and counselling for abused or otherwise affected children. With respect to the Child Helpline, we are not able to study behavioural changes that can be attributed to the CHL. Rather, by analysing observational data on telephone calls, we study developments in the use of the Child Helpline during the last few years. Moreover, by conducting surveys in Adama, we examine to what extent the child helpline has become more widely known and has become more visible during the last few years. The qualitative description and evaluation of the child helpline is based on data from the helpline's logbook and information about the child helpline which was gathered in four Focus Group Discussions (FGD) at ECFA with (1) eight participants of community conversations, (2) eight community conversation facilitators who are in charge of organizing and structuring the conversations in their kebele, (3) four kebele structure workers, and mainly (4) seven staff members who are involved in the child helpline. In addition to the FGDs, questionnaires were used to gain some insight in the experiences of children who received support from ECFA. Since children seek ECFA's support for sensitive issues, such as abuse or neglect, it was deemed unethical to ask the children to participate in a focus group discussion or undergo an in-depth-interview. The questionnaire was distributed by a child helpline counsellor and did not request very much detail about the reason why children sought help from ECFA to prevent secondary victimization and for confidentiality reasons.

5.2 Results

Community Conversations (CC)

Qualitative analysis

Both ECFA (this project) and FSCE (the C3 project) organize community conversations (CCs) aiming at awareness raising in the community with regard to children's and women's rights. Community conversations are organized for a group of approximately 60 kebele members in the target kebeles of the organizations. FSCE organizes a session every 15 days for at least eight consecutive months per group of participants. ECFA has organized a total of 35 community conversation programmes between 2010 and 2013. Most of the CCs participants are selected from different groups in the community because of their active role in the community and/or their believed ability to convince others. In addition a number of participants personally decides to participate. The facilitators try to include children in the community conversations to make the group representative of the kebele with an age range of 4 to 80 years old. The organizations are responsible for organizing the programme, training the community conversation facilitators, providing coffee, tea, and bread, dispersing correct and good information, and providing certificates when the participants completed all sessions. Ten sessions are organized per group of participants starting in January until the tenth session is planned. Per target kebele, 120 participants took part in the community conversations by ECFA (see Table 5) each year of whom approximately 80 received their certificates after participating in all ten sessions.

Table 5: Overview of the number of participants in ECFA's community conversations (CCs) 2010-2013.

Year	Place of implementation	Kebele	Total number of participants
2010	Adama	06,07,08	360 participants
2011	Adama	02, 04, 06, 07, 08, 14	720 participants
2012	Adama	02, 04, 06, 07, 08, 14	720 participants
2013	Adama, Assela, Shashemane, Methara, Debreziet	02, 04, 06, 07, 08, 14 and 14 kebeles outside Adama	2400 participants

Note: In 2009 Community Conversations had not yet commenced.

Below, a description of the community conversation organized by ECFA on May 25th 2013 at the Kebele 08 administration office in Adama city is provided. This is the last meeting for this group of participants who will soon graduate during the CCs graduation ceremony.

"A group of people is sitting in a large circle on chairs and bamboo benches in front of the kebele administration office. There is one man who leads the discussion, the community conversation facilitator, one woman takes notes, the kebele structure coordinator, another woman makes coffee and tea, a third woman films and another man observes, both ECFA staff. The other 36 people are participants of the community conversation. Both men, 7 boys, 1 man, and women, 18 girls, 10 women, are present. The age ranges from about 10 until about 75 years old, with an average between 20 and 25 years of age. The community conversation facilitator tells something or asks questions and afterwards gives the participants the opportunity to react. When someone wants to say something he or she will raise his/her hand. When the facilitator gives them a turn to speak the participant thanks the facilitator and, encouraged by the other group members, stands up to make a comment or tell something. It appears as if the participants do not respond to each other but make their own comments. Some of the participants have notepads on their lap but nobody seems to take notes. Most of the participants listen to what is being said. The people who do react are both male and female and from different ages. In the 30 minutes we observed the conversation, 7 persons said something, namely, one (1) man aged around 40, 1 woman aged around 40, 2 boys aged around 16, 2 girls aged around 14, and 1 woman aged around 75. Halfway through the meeting, three girls and the kebele structure coordinator distributed coffee, tea and sweet bread. The total conversation takes one hour."

As was mentioned above, the general goal of community conversations is to educate the community in order to prevent child abuse, improve child protection and empower girls and women. The community conversations aim at creating awareness by distributing the information gained at the conversations to the larger community through the formulation of action-points during the community conversations.

"The community is the cause for the abuse and [the community conversations] give lessons [to the community] and bring solutions from the community." – CC participant ECFA

It is believed that the goal of the community conversations is achieved; women and children are now more aware of their rights and responsibilities, and attitudinal and behavioural changes are observed in the community. Moreover, the community conversations are seen as effective because they contribute to several changes in the community, such as decreased sexual harassment of girls, decreased child labour, increased educational attendance, and an increased awareness in the community to discuss rights and responsibilities and to support child protection.

"We tried to minimize the child labour, abuse and child trafficking through the community conversations by consulting with the community and also with brokers who traffic children." – An example of a case in kebele 01 was about a domestic worker, she made long hours, received no schooling, no time for play and was physically abused. A neighbour identified the problem and notified the police and the kebele administration. The child was transferred to the temporary shelter and the man was taken to the police. […] Community structures are needed to know what is going on. – FSCE stakeholder

In addition, the participants agree that the community conversations have improved their understanding of gender discrimination, gender equality and empowerment for girls.

"Before [the community conversations] I felt that we were not equal to males, but now I don't feel that anymore" – CC participant ECFA

While it is believed that the community conversations benefit the wider community, the facilitators and participants mention that it remains necessary to reach the community at large because abuse is still occurring. In addition it is deemed necessary to work together with legal offices. Other groups, such as the police, child traffickers and government officials, should attend the community conversations and receive training on child abuse. The participants suggest grouping participants of CC into age groups, to change the location to places where more people can participate and to experiences from other cities.

"Some obstacles persists in the community, such as child traffickers who object the work of ECFA because they earn their living by trafficking children." - CC facilitator ECFA

"Child traffickers pay 30 birr to take a child from his or her home and then sell the child at a different place, like Adama, where the child will […][earn] the trafficker 100 birr per month." – CC participant ECFA

In general however the community conversations seem to contribute to an increased awareness with regard to children's and women's rights and therefore seem to work towards the achievement of the goals of the Girl Power Programme.

Did community conversations change social values?

We turn to the question whether community conversations raised awareness of community members on violence against girls and young women. We used the so-called list randomizations to address this question. Recall that list randomization enables to illicit answers on sensitive issues. The list randomization allows the respondent to conceal the answer. The list experiment works as follows. The group of respondents (both for those who followed CCs as for the comparison group) is randomly divided into a group A and a group B. Next, Group A has been confronted with a set of statements, not including a sensitive issue, while Group B has been confronted with the same set of statements, but also with a statement related to a sensitive issue. Both groups have been asked to report how many statements, but not which, are true. An estimate of the proportion of the sample that is engaged with the sensitive issue is given by the difference in the mean true statements of the two groups. Table 6 reports the sensitive questions that we have tested. Table 7 presents the proportions of people in the treatment and the control group that agree with these sensitive issues.

Table 6: Sensitive questions

Question 1	Children should go to school, but only when their family doesn't need them to help at home

	or at work
Question 2	At times it is necessary to physically discipline children (such as: hit, slap, smack)
Question 3	Women and girls who are being sexually abused are at least partially responsible themselves
Question 4	There are times when a wife deserves to be hit or beaten by her husband
Question 5	A man should have the final word about decisions in the home
Question 6	A wife has a right to buy and sell things in the market without asking the permission of her husband
Question 7	If there are no other options prostitution is a reasonable choice.
Question 8	Girls should be circumcised.
Question 9	The practice of early marriage should continue

Table 7: proportions of the sample that agree with the sensitive statement

	Total	Treatment	Control
Question 1	23	23	22
Question 2	87	88	86
Question 3	48	34	63
Question 4	Ns	Ns	Ns
Question 5	31	25	37
Question 6	29	31	27
Question 7	23	21	24
Question 8	Ns	Ns	Ns
Question 9	Ns	Ns	Ns

Note: ns means not significantly different from zero. All other "percentages "are significant at the 0.01 % level.

The results are encouraging. There are big differences between the treatment group and the control group for questions 3 and 5, indicating that CCs help to change values and behavior regarding how people think about the responsibility of being sexually abused ((q3): Women and girls who are being sexually abused are at least partially responsible themselves) and about decision making ((q5): A man should have the final word about decisions in the home). The CCs also seem to affect bargaining power of females ((Q6): A wife has a right to buy and sell things in the market without asking the permission of her husband) and regarding prostitution ((Q7): If there are no other options, prostitution is a reasonable choice.) Thus, our list randomizations provide evidence that community conversations contribute to a change in social values and contribute to an increased awareness with regard to children's and women's rights. This is an encouraging first step in the process of behavioral change, and hopefully will ultimately lead to less harmful traditional practices, i.e. practices and cultures which affect the health and well-being of women.

We also conducted a simple regression analysis with which we tried to study whether community conversations affected actual behavior, and/or the degree of abuse experienced in the community during the last year. More specifically, we asked all individuals in the sample the following four questions:

1) Did you physically discipline (beat) your children last year? (beat_child)
2) Have you heard people beating their wife during the last year? (beat_wife)
3) Have you been physically abused in the last year? (physically_abused)
4) Have you been psychologically/emotionally abused during the last year? (psychologically_abused)

Next, as the dependent variable is binary, we conducted logit analyses, including control variables, to estimate the impact of community conversation on the (probability of) outcome variables. The results are given in Table 8.

Table 8: Impact of community conversations on different forms of abuse

	1	2	3	4
	beat_child	beat_wife	physically_abused	psycologically_abused
Treatment	-0.830**	-0.606**	-2.159***	-0.834***
	[0.317]	[0.215]	[0.466]	[0.238]
Male	2.049***	-0,317	-0,271	0,0154
	[0.565]	[0.234]	[0.375]	[0.261]
Age	-0.0444**	-0.0237*	-0.0686**	-0,00531
	[0.0151]	[0.0109]	[0.0239]	[0.0117]
ever married	0,966	0,133	1.085*	0,243
	[0.726]	[0.310]	[0.530]	[0.341]
Christian	0,0212	0.831**	1,07	0,384
	[0.456]	[0.315]	[0.636]	[0.354]

post-primary educ	0,291	0.476*	0,219	0,0422
	[0.349]	[0.221]	[0.354]	[0.244]
_cons	-1,196	0,104	-0,911	-0.932*
	[1.039]	[0.423]	[0.804]	[0.472]
N	228	404	403	403

The coefficient of interest is "Treatment", which is a zero-one dummy with a one if somebody has followed a community conversation group, and a zero if not. The results are striking: in all cases "Treat" is significant with a negative sign, indicating that community conversations lead to beating children less, and less abuses experienced. However, it should be noted that the regressions may be biased due to self-selection effects since they do not control for possible fixed effects, or other forms of unobserved heterogeneity. Hence, it is not clear to what extent the impacts can indeed be attributed to the community conversations.

ECFA's Child Helpline

We start by considering whether people are aware of the existence of the child helpline. We asked this question to 591 people during the baseline and 377 people during the endline. The results are presented in Table 9.

Table 9: Do people know the child helpline?

	Baseline	Endline
Percentage of people that are aware of existence of child helpline	44	37
Percentage of people that have phoned the helpline	5	4

Percentage of people, of those who have phoned, that was satisfied with the advice	59	71
Total	591	377

It appeared that less than 50% of the interviewed people have ever heard of the child helpline. It even seems as if this percentage is decreasing over time: during the baseline 44% knew of the existence of the helpline, at the endline this was only 37%. The percentage of people that actually phoned the helpline within our sample also declined during the project period, from 5 to 4 percent. Fortunately, the percentage of people of those who phoned that was satisfied with the advice increased from 59 to 71 percent. However, it should be noted that these figures are based on very small numbers. Yet, it is somehow disappointing to see that many people even don't know of the existence of the helpline, and that a substantial percentage of people who phoned the helpline was not satisfied with the advice.

The above figures are based on our sample. It seems relevant to have a closer look at the archives of the child help line, and study the entire population of children that has phoned the child helpline during the project period. Children or people contacting ECFA on a child's behalf contact ECFA for a variety of problems. The number of children helped by ECFA was rather high in 2008 and the beginning of 2009, this however drastically decreased as a result of the CSO legislation in 2009/government NGO framework (see Table 10 for the total number of beneficiaries per year). Since 2010 the number of calls seems to be slowly increasing again. Over the past years the number of girls and boys receiving support through ECFA seems to be rather equally divided and also the age seems to be randomly distributed between zero and eighteen (M= 8.6). ECFA is contacted for a large variety of cases, however alimony has been the most or among the most reported cases each year.[6] Since in most alimony cases the father is identified as the perpetrator this could partly explain why the children's fathers are most often identified as the perpetrators. Child trafficking has become increasingly reported since 2009-2010 while the number of reports of abandonment and neglect seem to be decreasing, forced marriage and several types of sexual abuse remain among the most reported cases. Over the years most cases were reported

[6] Alimony means that the perpetrator (mostly the father) does not pay alimentation (alimony). Divorce and sexual abuse cases are not necessarily linked to alimony cases.

by family members and concerned relatives at home (see Tables B1, B2 and B3 in Appendix B for a detailed overview of the reported cases).

Table 10: Number of children contacting the ECFA helpline per year.

Year	2008 - 2009	2009 – 2010	2010 - 2011	2011 – 2012	2012 - 2013
Number of cases	234	75	111	177	59 +

Note: The periods in the table run from September until August each consecutive year (e.g. 09/2008-08/2009).

The helpline is a free-of-cost service and can be reached through landline phones in Adama seven days a week during working hours. This can be an obstacle because children may be afraid to call from their homes. Unfortunately it is not yet possible to reach the helpline through mobile phone. Three formal workers and one volunteer work at the child helpline and answer the phone in shifts. A good education and skills related to counselling and interacting with children are required, as are skills to give psychological support. There are approximately four trainings each year focussing on (online) counselling, case management, interacting skills and child abuse. These trainings are mostly offered by other organizations and allow for a selected number of the staff members to participate.

In previous years the child helpline was located in an office near to the police stations and the number of calls steadily increased up to 20 calls a day. However due to problems with the telephone and because the location of the helpline was changed the number of phone calls has decreased. Due to the Proclamation to Provide for the Registration and Regulation of Charities and Societies (CSP) legislation the helpline was no longer allowed to work with the legal process and had to change its location (ICNL, 2012). The new location is at the Women's and Child Affair office and it appears that people are rather reluctant to come to the new office because it is somewhat far from the city centre. As a significant

percentage of the reported cases is reported by physically visiting the ECFA office this can be a limitation. In addition, ECFA can no longer refer the victims to the different organizations themselves but refers all callers to the Women's and Child Affair office who then proceed to the actual referral or offering support.

> *"In previous times we followed the care to the end. Nowadays we are not able to know what happens at the end. We just give financial support. We don´t know the end result because we are just allowed to report the cases but not to follow up. Maybe the network [police, Women's and Child Affair office, ECFA] will help us to know the end result."*
>
> – Child helpline staff member

The staff members clarify that victims or callers can approach the helpline in three ways, firstly by calling 919, secondly by going to the helpline office in person (aka, in-person or face-to-face counselling) , and thirdly by using the suggestion boxes at school. However, these suggestion boxes are not functional at the moment. In addition, the telephone was not functional when this study was done due to a problem with the electricity.

It was stressed by the staff members that the advertisement should be increased in order to reach more children and discuss that it would be valuable to receive final reports about the support offered to the children who approached the helpline. In addition they state that it is necessary to increase the network with the stakeholders. The staff members regret that they can't receive immediate support from the police as in previous times because currently, the process goes through the Bureau of Women's and Children Affairs office. In addition, they mention that there is limited capacity at some occasions as only 10 children can receive medical support and only 15 children can stay at the safe shelter for trafficked children at a time/the same time.

There are some important recent developments for the child helpline as ECFA's activities, such as sport plays and community conversations, are being expanded to four additional cities: Asela, Debre Zeite, Shashemene and Methara. In addition, the request to provide access to the helpline through mobile phones is currently being processed. However, the telecom-company currently investigates the possibility to demarcate the calls to ECFA's interest area.

The most important achievement for the helpline in the last years was the fact that children nowadays claim their rights more often due to an increased awareness in the community. In addition, there has been increased networking with other organizations and stakeholders.

The child helpline members as well as the CC facilitators and kebele structure workers agree that the child helpline is valuable because it gives children the opportunity to report abuses and ask for their rights. In addition, it is seen valuable that 919 is an easy and free-of-cost/free-of-charge number which offers support to children who are abused, encounter cultural problems or are trafficked and need to be reunited with their family. Another important value of the child helpline is that it offers an opportunity to support those children who do not want to report their cases in-person/face-to-face. Contrary to the staff members and volunteers, only some of the community conversation participants agree that the helpline is valuable. They agree that the helpline is valuable for reporting sensitive topics such as sexual abuse but in general they do not find the helpline very valuable. It is mentioned that support is offered faster when one goes directly to the nearby-located police station. At the four different focus groups, all participants agreed that it would be good to increase access through mobile phones.

Beneficiaries of child helpline.

A questionnaire was distributed by a member of the child helpline staff to ten children who have received support from the helpline office. None of the children used the telephone to approach the office but nine out of ten did know about its existence. The children were between 7 and 15 years old, 4 were boys and 6 were girls. The children learned about the child helpline through different sources, such as friends, parents, teachers, posters or kebele structure workers. They contacted the helpline for a variety of problems, such as sexual abuse, problems at home or school, violence or emotional problems.

> *‘"My mother was not able to give food supply for all of us because we were three. The Bureau of Women and Child affairs office referred me to the hospital to get medical treatment [for malnutrition] and to another organisation [which] offers food support."*
>
> – ECFA beneficiary

"When I went to shop at night the light was gone and somebody caught me and abused me sexually"- ECFA beneficiary

In general, the children rated the support offered by ECFA as both helpful and satisfactory. On a 10-point scale ranging from 1 (not at all helpful/satisfactory) to 10 (very helpful/satisfactory) the scores ranged from 5 to 10 with an average of 8 and 7.8 respectively. Overall, the child helpline office seems to offer a valuable opportunity for children to report several types of abuse or neglect.

6. Discussion

We initially intended to focus exclusively on the impact of the helpline as such as the main contribution of CHI was (indirectly) related to the helpline. The evaluation of the helpline appeared to be problematic, partly because the helpline could not be reached for some time, but also because clear "treatment" groups and "control" groups could not be identified for the helpline is in principle open for everybody. Therefore, we mainly referred to qualitative analyses, and some simple quantitative analyses using information on amount and background of children that phoned to the helpline. Obviously, this type of analyses is less rigorous in terms of attribution issues. Notwithstanding the methodological caveats, the analyses do not give a very positive picture about the helpline. The percentage of people that is aware of the existence of the child helpline is below 50% and even declined during the project period. Moreover, while programme staff was positive, most of the community participants that we interviewed did not see the helpline as valuable. According to them, support is often faster if one goes directly to the nearby-located police office. Moreover, the amount of children that phoned the helpline was rather low, far less than 1 per day on average. The amount of calls even decreased after 2008, partly due to a change in the law (i.e., the NGO framework introduced by the government in 2010). The helpline was also closed for some time during the project period, and possibilities to reach the helpline were not there. Thus, we don't think that the helpline has contributed a lot to the protection of children. It is also difficult to understand why the helpline can only be reached by landlines, and still not by mobile telephones.[7] The simple fact that landlines are needed makes it difficult, or even dangerous,

[7] This can partly be explained by the difficulty in getting Ethiopia telecom's permission for 919 to run free-of-charge on mobile phones.

for children to phone the helpline. It is therefore encouraging to see that the possibility to reach the child helpline via mobile phones is currently being pursued.

The above remarks do not imply that help offered by the helpline **office** has not been valuable. We spoke with some children who received help from the office, and they were rather positive. However, it is notable that almost none of these girls actually used the telephone but rather went to the Women's and children affairs office in-person (the so-called in-person/face-to-face service).

During the evaluation period we decided to also conduct an impact evaluation of the community conversation programme of ECFA. CHI does not directly fund these activities, and the project's main aim is to improve the service of the helpline. Yet, an evaluation of the CC seems important as ECFA pays much attention to community conversations as instruments to reduce harmful traditional practices and cultures that affect health and well-being of women and girls. Our findings are encouraging for they suggest that community conversations are important instruments to reverse the social convention. We even provide some evidence that community conversations improved actual behavior in line with the Girl Power Programme. Therefore, in our view it was a good decision of ECFA to start organizing community conversations, and to make community conversations such an important part of ECFAs interventions as part of the Girl Power Programme.

In our view, the interventions by ECFA are important, and contribute to increased protection of children. However, once again, this is not brought about by the child helpline, but merely due to community conversations and help at the office. We would advise funding a similar project in the future as protection of children is enormously important, and some of the activities, notably the community conversations, do contribute significantly. However, the helpline in itself needs a rethinking and some serious adjustments before it can become effective in our view.

The main aim of the child helpline protection project was to improve better protection for girls and young women. CHI aimed to contribute to this goal by helping to improve the existing child helpline

services so that the helpline could benefit all marginalized children and young people in Ethiopia. There are so many changes, namely, the 2010 government NGO framework that legally brought the changes of moving the helpline from the premises of ECFA to the premises of the Bureau of Women and Children's Affairs. The delays in the operations of the child helpline service after its relocation also contributed to its inadequate functioning. It is therefore hard to argue that the helpline service has been effective.

6.2 Financial efficiency

A financial efficiency analysis of the entire project is problematic, if not impossible, since it is extremely difficult to associate the funds provided by Child Helpline International (CHI) directly with one of the activities. CHI only funds capacity building, and hence only indirectly the main activities of ECFA. As a percentage of the entire budget for the 'Girl Power Programme' CHI does not contribute more than 3-4 percent. However, a simple comparison of CHI contributions per year and the amount of children that phoned the child helpline per year immediately shows that money would have been wasted if the helpline would have been the only activity of ECFA. During the entire project period less than 700 children phoned the helpline; hence per year on average 700/5 = 140. The contribution of CHI per year equals on average 34167 Euros. This implies that for CHI, the costs per telephone call would be 34167/140 = 244 Euros. The per telephone call costs for CHI become even much higher if it is taken into account that CHI contributes less than 5% of the entire budget.

However, it would not be fair to evaluate the financial efficiency of this project by only considering the amount of children that have phoned the ECFA helpline. It may be more important to have a closer look at the financial efficiency of the main activity of ECFA that we consider in this report, the community conversations. Table 5 has shown that in 2013, 2400 community members participated in community conversations.[8] The total direct costs related to community conversations in 2013 amounted USD 106855 (calculated from Table 4). Per person, the costs of CC then ranges between 106855/2400 = 44 USD and 106855/2160 = 50 USD. According to Alem et al. (2013) the cost of community conversations in Ethiopia varied between USD 8.25 and USD 19.24 in 2011 (taken from , AIID, 2014, p.18). Obviously

[8] Our 'updated' information on the amount of community members that followed CCs slightly differs from the 2013 progress report (ECFA, 2013). According t ECFA (2013) 2160 community members participated in community conversations.

costs will vary a lot depending on the contents and quality of the community conversations. Yet, the per capita costs of community conversations conducted by ECFA seem rather high.[9] Thus, while community conversations seem to be quite effective in terms of changing social values, they also seem to be very expensive.

7. Conclusion

This report documents an impact assessment of a project implemented by ECFA and funded by Child Helpline International (CHI). The project is part of a nationwide programme in which also *FSCE* (project C3) participates. The main aim of the project is to reduce violence against girls and women. In order to contribute to this aim, ECFA conducts several activities, such as running a child helpline service and conducting community conversations.

The main findings are as follows: 1) the child helpline was not very effective during the project period. Due to several reasons, such as a change in government law governing NGOs in Ethiopia, that were not under control of ECFA, the child helpline could not be reached. It was also difficult to reach the helpline since only landlines could be used. Consequently, the number of children that phoned the helpline was on average, 140 per year, over the project period (i.e., 2011-2015). Moreover, only a low, and even over the last years a decreasing percentage of the people are aware of the existence of the helpline. In our view, an in depth further assessment of how the quality of the child helpline can be improved, combined with a cost-benefit analysis is recommendable; 2) the community conversations contribute to a change in social values and also contribute to an increased awareness with regard to children's and women's rights and therefore seem to work towards the achievement of the goals of the Girl Power Programme; 3) The support offered at the child helpline service is positively valued and also seems to contribute to the goals of the Girl Power Programme; 4) In terms of efficiency, this project seems to be rather costly. The unit cost of community conversations seem rather high when compared with a benchmark in Ethiopia. However, it should be realised that this type of comparisons are problematic e.g. since costs may vary considerably among cities, and further research is needed to find out whether the community

[9] It would have been worthwhile to also compare the per capita community conversations costs for ECFA and FSCE. However, as we lack the information for FSCE, we are not (yet) able to make this comparison. Moreover, it should be taken into account that costs may vary considerably across cities and regions. For instance, goods are more expensive in Adama compared to Addis Ababa.

conversations conducted by ECFA are really high compared to the standard, and if so, why this is the case. If we would link the entire contribution of CHI –on average 34167 Euros per year - to the child helpline as such, the project seems very expensive for, on average per year, only 140 children phoned the helpline. Yet, it should be noticed that ECFA conducted several other activities in addition to running the helpline.

Overall, while we acknowledge the impact evaluation caveats we faced, and the difficulties in rigorously evaluating this programme, we are positive about the contents and quality of some of the interventions that are conducted by ECFA as part of the Girl Power Programme. The impression we got from the interviews with beneficiaries of the programme, and the results from the quantitative and qualitative analyses, suggests that the interventions via community conversations contribute to a change in values and attitudes, and help to reduce violence against children and women. Yet, during the project period the helpline in itself was not very effective.

We end this report by valuing the programme in terms of the main evaluation questions.

Table 10: Valuing the programme

Statement (How much do you agree with the following statements?)	Score 1 = not at all 10 = completely
The project was well designed	7
The project was implemented as intended	5
The project reached all its objectives	5
The observed results are attributable to the project interventions	7
The observed results are relevant to the project beneficiaries	9
The project was implemented efficiently	6

References

AIID (2014), **MFS II Joint Evaluations Literature Survey Efficiency: Unit cost benchmarks.**

Alem, Ellen, et al. (2013). Evaluation of progress using community conversation as a strategy to encourage district level abandonment of female genital mutilation and/or cutting in 10 districts in Ethiopia. **African Evaluation Journal**, 1.1: 10-pages.

DFID, 2012, Violens against Women and Girls, CHASE Guidance Note Series, Guidance Note 2, May 12 2012.

ECFA, 2013. **Annual report for the year 2013, Work for better protection and participation of girls and young women.**

Huis, Marloes, Suhlmann, Michèle, Lensink, Robert and Nina Hansen, October 2013, Qualitative social impact assessment of two developmental aid projects in Ethiopia. Research report written for WOTRO NWO and the Dutch government as part of the MFI II evaluation.

International Center for Not-for-Profit Law (ICNL). (2012). NGO law monitor: Ethiopia. Retrieved July 3rd from http://www.icnl.org/research/monitor/ethiopia.pdf.

Ministry of Women, Children and Youth Affairs (MWCY), March 2014, *Facts on Children&Women in Ethiopia,* downloadable from http://www.unicef.org/ethiopia/Facts_on_children_and_women_in_Ethiopia.pdf

National Bank of Ethiopia (NBOE), downloadable from (http://www.tradingeconomics.com/ethiopia/gdp-growth-annual), website consulted on September 30, 2014.

OECD Development Centre, 2014, Social Institutions and Gender Index, downloadable from: http://genderindex.org/country/Ethiopia (website approached at 30 September 2014).

Unicef, 2014, *Child Protection*, Downloadable from: http://www.unicef.org/ethiopia/Chapter_4_(72dpi).pdf, downloaded at September 30, 2014.

World Economic Forum, 2014, *The Global Gender Gap Report 2013*, downloadable from: http://reports.weforum.org/global-gender-gap-report-2013

Appendix A: Questionnaire for community conversations

Identification: Information to be completed by interviewer:

1.1 Date interview: _____/_____/_____
1.2 Name of the enumerator ----------
1.3 Location of interview: ----------

1.4 Kebele of interview: ----------

1.5.The respondent is: ----------

- ☐ *Community conversation participant (has completed community conversations previously; group 1)*
- ☐ *Community conversation participant (has completed community conversations previously; group 2)*
- ☐ *Control group (will start community conversations soon; group 3)*

1.6. Name of the respondent ----------

A: Respondent's socio-demographic information

A1. Gender of the respondent: ☐ Female ☐ Male

A2. Age of the respondent: _____ years

A3. Marital status at this moment?

- ☐ Never married
- ☐ Currently married
- ☐ Widow/widower

☐ Divorced/separated

☐ Refused to answer

A4. Do you have children? ☐ Yes ☐ No

A5. If yes to A4: How many boys ----------

A6. If yes to A4: How many girls----------

A7. What is your religion?

☐ Christian

☐ Muslim

☐ Atheist

☐ Other, namely: ….

☐ Refused to answer

A8. What is the highest level of schooling that you have completed?

☐ Illiterate

☐ First cycle primary school (1-4)

☐ Second cycle primary school (5-8)

☐ Secondary school

☐ TVET

☐ Bachelor

☐ Post-Bachelor

☐ Refused to answer

B. Participation in Community Conversation

B1. In which Kebele do you live? _____

B2. Have you ever taken part in a community conversation group?

☐ Yes

☐ No

B3. If yes to B2: When did you participate in a community conversation group for the first time?

Month---------- year---------- (EC)

B4. If yes to B2: When did you participate in a community conversation group for the second time?

Month---------- year---------- (EC)

B5. If yes to B2: Have you completed all sessions of the community conversations?

☐ Yes

☐ No

B6. If yes to B2: How many of the 10 sessions of the community conversations have you completed?

Number----------

B7. If yes to B2: When have you finished the community conversations?

Month---------- year---------- (EC)

B8. Will you take part in a community conversation group within the next two months?

☐ Yes
☐ No

C: List experiment

I want you to give me a secretive answer for the following questions. I will give you 3(4) stones and you hold in your right hand and keep your hands (both) on your back side. If you agree on the statement I will soon be reading to you, you transfer one stone to your left hand behind you (I will not see it, you shouldn't also tell me), but if you don't agree, do not transfer any stone. At the end, I would like to know the number of statements you agreed. I don't want to know which ones, just how many.

Version A:

C1. Now, I am starting reading the statements

a. Religion is a guiding principle in everything I do
b. Most times, I have enough money to buy what I want to buy
c. Children should go to school, but only when their family doesn't need them to help at home or at work
d. I only have one brother

Number of statements = ☐

C2. You do the same thing for different types of questions. Now, I am starting reading the statements

a. Sometimes I think about moving to Addis
b. At some point in my life I would like to engage in community-based voluntary work
c. I have travelled outside of Ethiopia

Number of statements = ☐

C3. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I spend most of my free time with friends and family
b. There has been an occasion when I forgot to return a borrowed item
c. I have electricity in my home
d. Women and girls who are being sexually abused are at least partially responsible themselves

Number of statements = ☐

C4. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I like to drink Ambo water
b. Smoking cigarettes should be banned
c. There is at least one mobile phone in the house where I currently live.

Number of statements =

C5. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I always wait for my turn
b. I know many persons with the same first name as me
c. I often cut in line for the minibuses
d. A man should have the final word about decisions in the home

Number of statements =

C6. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I like to keep active and busy in my spare time
b. Football is a much nicer sport than long-distance running
c. Normally I don't eat breakfast

Number of statements =

C7. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I have always lived at my current address
b. Speaking English is important
c. Everybody should go to church every Sunday
d. If there are no other options prostitution is a reasonable choice.

Number of statements =

C8. You do the same thing for different types of questions. Now, I am starting reading the statements

a. Waiting in line for the minibus is nice because you meet new people
b. I have never attended a wedding cerimony
c. Everybody should fast.

Number of statements =

C9. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I support the English soccer teams
b. I can cook the traditional Ethiopian food
c. Drinking milk is good for your health
d. The practice of early marriage should continue

Number of statements =

VERSION B

C1. Now, I am starting reading the statements

a. A Religion is a guiding principle in everything I do
b. Most times, I have enough money to buy what I want to buy
c. I only have one brother

Number of statements =

C2. You do the same thing for different types of questions. Now, I am starting reading the statements

a. Sometimes I think about moving to Addis
b. At times it is necessary to physically discipline children (such as: hit, slap, smack)
c. At some point in my life I would like to engage in community-based voluntary work
d. I have travelled outside of Ethiopia

Number of statements =

C3. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I spend most of my free time with friends and family
b. There has been an occasion when I forgot to return a borrowed item
c. I have electricity in my home

Number of statements =

C4. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I like to drink Ambo water
b. Smoking cigarettes should be banned
c. There is at least one mobile phone in the house where I currently live.
d. There are times when a wife deserves to be hit or beaten by her husband

Number of statements =

C5. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I always wait for my turn
b. I know many persons with the same first name as me
c. I often cut in line for the minibuses

Number of statements =

C6. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I like to keep active and busy in my spare time
b. A wife has a right to buy and sell things in the market without asking the permission of her husband
c. Football is a much nicer sport than long-distance running
d. Normally I don't eat breakfast

Number of statements =

C7. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I have always lived at my current address
b. Speaking English is important
c. Everybody should go to church every Sunday

Number of statements =

C8. You do the same thing for different types of questions. Now, I am starting reading the statements

a. Waiting in line for the minibus is nice because you meet new people
b. I have never attended a wedding cerimony
c. A girls should be circumcised.
d. Everybody should fast.

Number of statements =

C9. You do the same thing for different types of questions. Now, I am starting reading the statements

a. I support the English soccer teams
b. I can cook the traditional Ethiopian food
c. Drinking milk is good for your health

Number of statements =

D: Perception on children and women rights:

	Do you agree on the following statements	1=Yes, 2=No 0=refused to answer
D1	Children should go to school, but only when their family doesn't need them to help at home or at work	
D2	Children have the individual right to go to school	
D3	Sons in a family should be encouraged more strongly to go to school than daughters	
D4	At times it is necessary to physically discipline children (such as: hit, slap, smack).	
D5	Women and girls who are being sexually abused are at least partially responsible themselves	
D6	Possible cases of sexual, emotional, or physical abuse should be reported	
D7	Child trafficking should be stopped	
D8	Girls/young women living on the street and involved in commercial sex work are unruly and difficult	
D9	There are times when a wife deserves to be hit or beaten by her husband	
D10	Women have the same right as men to work outside of the house	
D11	If a man sees another man abusing a woman, he should stop it	
D12	A man should have the final word about decisions in the home	
D13	A wife has a right to buy and sell things in the market without asking the permission of her husband	
D14	If there are no other options prostitution is a reasonable choice	
D15	Do you think that the practice of female circumcision should continue?	
D16	The practice of early marriage should continue	

D17. Among men and women, which one should have more status/power?

- ☐ *Definitely women*
- ☐ *Somewhat women*
- ☐ *Equal status*
- ☐ *Somewhat men*
- ☐ *Definitely men*

E: Respondents experience on children and women abuse

E1. Did you physically discipline (beat) your children last year?

- ☐ Yes
- ☐ No

☐ Refused to answer

E2. If yes to E1, how often during the last year?

☐ Every day

☐ Less than every day, but more than once a week

☐ Less than every week, but more than once a month

☐ Less than every month, but more than once

☐ Not at any time

E3. Have you heard or listen people beating their children in the 12 months

☐ Yes

☐ No

☐ Refused to answer

E4. If yes to E3, how often during the last year?

☐ Every day

☐ Less than every day, but more than once a week

☐ Less than every week, but more than once a month

☐ Less than every month, but more than once

☐ Not at any time

E5. Have you heard people beating their wife during the last year?

☐ Yes

☐ No

☐ Refused to answer

E6. If yes to E5, how often during the last year?

☐ Every day

☐ Less than every day, but more than once a week

☐ Less than every week, but more than once a month

☐ Less than every month, but more than once

☐ Not at any time

E7. Have you been physically abused in the last year?

☐ Yes

☐ No

☐ Refused to answer

E8. If yes to E7, how often during the last year?

☐ Every day
☐ Less than every day, but more than once a week
☐ Less than every week, but more than once a month
☐ Less than every month, but more than once
☐ Not at any time

I am going to read to you some examples of psychological/emotional abuses:

1) Somebody has done something to humiliate you in front of others

2) Somebody has threatened to hurt or harm you or someone close to you

3) Somebody has made you feel bad about yourself

4) Somebody ignored you/been indifferent to you

E9. Have you been psychologically/emotionally abused (in whatever way) during the last year?

☐ Yes
☐ No
☐ Refused to answer

E10. If yes to E9, how often during the last year?

☐ Every day
☐ Less than every day, but more than once a week
☐ Less than every week, but more than once a month
☐ Less than every month, but more than once
☐ Not at any time

THIS IS THE END OF THE SURVEY.
THANK YOU VERY MUCH FOR PARTICIPATING!

Appendix B: Overview of reported cases at Child Helpline

Table B1: Overview beneficiairies ECFA Child Helpline 2009-2013

	Number of cases	Percentage
Total	656	100 %
Gender of the victim	N: 633	
- girl	346	54.7 %
- boy	287	45.3 %
Age of the victim in years	N: 612	
- 0	64	10.5 %
- 1	31	5.1 %
- 2	38	6.2 %
- 3	29	4.7 %
- 4	19	3.1 %
- 5	19	3.1 %
- 6	21	3.4 %
- 7	24	3.9 %
- 8	25	4.1 %
- 9	26	4.2 %
- 10	52	8.5 %
- 11	42	6.9 %
- 12	49	8.0 %
- 13	45	7.4 %
- 14	45	7.4 %
- 15	25	4.1 %
- 16	17	2.8 %
- 17	9	1.5 %
- 18	32	5.2%
Parents of victim alive	N: 537	
- Both mother and father alive	394	73.4 %
- Mother alive	81	15.1 %
- Father alive	62	11.5 %
Type of abuse	N: 610	
- Alimony	195	29.7 %
- Child trafficking	92	14.0 %
- Forced marriage with physical abuse	59	9.0 %
- Child labour	59	9.0 %
- Neglect	48	7.3 %
- Abondonded on street / lost family	45	6.9 %
- Physical abuse	29	4.4 %

- Sexual abuse – Forced intercourse	24	3.9 %
- Underage marriage	24	3.9 %
- Psychological abuse	14	2.1 %
- Sexual abuse – Seduction to intercourse (e.g. gifts)	9	1.4 %
- Sexual abuse – Attempted forced intercourse	8	1.2 %
- Murder	3	0.5 %
- Clothing denial	1	0.2 %
Location of the abuse	N: 563	
- Home	451	80.1 %
- Street	94	16.7 %
- School	13	2.3 %
- Both home & street	3	0.5 %
- Both home & other location	1	0.2 %
- Other location, not specified	1	0.2 %
Relationship between the victim and the abuser	N: 429	
- Father	226	52.7 %
- No family member	50	11.7 %
- Others, not specified	48	11.2 %
- Neighbour	35	8.2 %
- Family	34	7.9 %
- Friend	18	4.2 %
- Brother	9	2.1 %
- Teacher	5	1.2 %
- Both father and family	2	0.5 %
- Both father and non-family member	1	0.2 %
- Both father and other	1	0.2 %
Means of reporting	N: 628	
- Both by calling 919 & physically visiting the ECFA office	284	45.2 %
- Only by physically visiting ECFA office	247	39.3 %
- Only by calling 919	97	15.5 %
- Only by use of the suggestionbox	-	-
Who reported the case	N: 611	
- A family member of the victim	358	58.6 %
- Victim	101	16.5 %
- Mother	59	9.7 %
- Victim and another	43	7.0 %
- Police	16	2.6 %
- An organization	10	1.6 %
- Grandmother	6	1.0 %
- Father	5	0.8 %
- Neighbour	4	0.7 %

- Uncle	3	0.5 %
- Brother	2	0.3 %
- Sister	1	0.2 %
- Grandfather	1	0.2 %
- Child keeper	1	0.2 %
- Other, not specified	1	0.2 %
Gender of the reporter	N: 562	
- Female	372	66.2 %
- Male	190	33.8 %
Age of the reporter	N: 493	
- < 15	39	7.9 %
- 15-18	41	8.3 %
- 19-24	114	23.1 %
- >25	264	53.5 %
- Combination	35	7.1 %
Relationship between the victim and the reporter	N: 459	
- Father or Mother	211	46.0 %
- Not a family member	89	19.4 %
- Other, not specified	55	12.0 %
- Family member	31	6.8 %
- Multiple or a combination	25	5.4 %
- Brother or Sister	18	3.9 %
- Neighbour	17	3.7 %
- Teacher	7	1.5 %
- Friend	6	1.3 %
Type of help offered by ECFA	N: 623	
- Legal support	300	48.2 %
- Legal support & counseling	240	38.5 %
- Counseling	24	3.9 %
- Legal support & shelter	17	2.7 %
- Legal support, counseling & shelter	7	1.1 %
- Shelter	6	1.0 %
- Legal & medical support	5	0.8 %
- Legal support & other help	4	0.6 %
- Counseling & shelter	4	0.6 %
- Counseling & medical support	3	0.5 %
- Legal support, counseling & medical support	2	0.3 %
- Legal support, counseling & food	2	0.3 %
- Legal support, counseling & other help	2	0.3 %
- Other, not specified	2	0.3 %
- Medical support	1	0.2 %
- Legal support, counseling, shelter & food	1	0.2 %
- Legal & medical support, food & other help	1	0.2 %
- Legal support, shelter & other help	1	0.2 %

- Medical support & shelter	1	0.2 %
Organization to which the victim was referred		
- Central police unit 1	N: 596	
- Women and Child's affair office	191	32.0 %
- Lawyers Association for Human Rights (LAHR)	137	23.0 %
- Central police unit 2	102	17.1 %
- Police	70	11.7 %
- Temporary shelter	39	6.5 %
- CANU	34	5.7 %
- Helpline office	10	1.7 %
- Returned to family	10	1.7 %
	3	0.5 %

This table provides an overview of an informed selection of the logbook in which ECFA reports data of children who approach ECFA and receive support.

Table B2: Overview of the help offered by ECFA per year.

09/2008 – 08/2009	Number of cases	Percentage
Total	234	100%
Gender of the victim	N: 231	
- girl	131	56.7 %
- boy	100	43.3 %
Type of abuse	N: 213	
- Alimony	36	16.9 %
- Neglect	34	16.0 %
- Abondonded on street / lost family	32	15.0 %
- Physical abuse	25	11.7 %
- Child trafficking	25	11.7 %
- Psychological abuse	14	6.6 %
- Forced mariage with physical abuse	11	5.2 %
- Child labour	10	4.7 %
- Underage marriage	8	3.8 %
- Sexual abuse – Seduction to intercourse (e.g. gifts)	8	3.8 %
- Sexual abuse – Forced intercourse	6	2.8 %
- Murder	3	1.4 %
- Sexual abuse – Attempted forced intercourse	1	0.5 %
Means of reporting	N: 227	
- Both by calling 919 & physically visiting the ECFA office	110	48.5 %

- Only by physically visiting ECFA office	109	48.0 %
- Only by calling 919	8	3.5 %
- Only by use of the suggestionbox	-	-
Type of help offered by ECFA	N: 224	
- Legal support	97	43.3 %
- Legal support & counseling	80	35.7 %
- Counseling	20	8.9 %
- Legal support & other help	4	1.8 %
- Shelter	3	1.3 %
- Legal support & shelter	3	1.3 %
- Counseling & shelter	3	1.3 %
- Legal support, counseling & shelter	3	1.3 %
- Legal support, counseling & food	2	0.9 %
- Legal support, counseling & other help	2	0.9 %
- Counseling & other support	2	0.9 %
- Other, not specified	2	0.9 %
- Legal support, counseling & medical support	1	0.4 %
- Legal support, counseling, shelter & food	1	0.4 %
- Legal & medical support, food & other help	1	0.4 %
Organization to which the victim was referred	N: 266	
- Central police unit 1	97	42.9 %
- Central police unit 2	58	25.7 %
- LAHR	52	23.0 %
- Temporary shelter	11	4.9 %
- CANU	5	2.2 %
- Returned to family	2	0.9 %
- Police	1	0.4 %

09/2009 – 08/2010	Number of cases	Percentage
Total	75	100%
Gender of the victim	N: 71	
- girl	36	50.7 %
- boy	34	49.3 %
Type of abuse	N: 71	
- Alimony	40	56.3 %
- Child trafficking	10	14.1 %
- Abondonded on street / lost family	9	12.7 %
- Neglect	7	9.9 %
- Physical abuse	2	2.8 %
- Sexual abuse – Attempted forced intercourse	2	2.8 %
- Sexual abuse – Seduction to intercourse (e.g. gifts)	1	1.4 %

Means of reporting	N: 73	
- Both by calling 919 & physically visiting the ECFA office	41	56.2 %
- Only by physically visiting ECFA office	30	41.1 %
- Only by calling 919	2	2.7 %
- Only by use of the suggestionbox	-	-
Type of help offered by ECFA	N: 73	
- Legal support	43	58.9 %
- Legal support & counseling	21	28.8 %
- Legal support & shelter	4	5.5 %
- Counseling	2	2.7 %
- Counseling & shelter	2	2.7 %
- Legal support, counseling & shelter	1	1.4 %
Organization to which the victim was referred	N: 75	
- LAHR	50	66.7 %
- Central police unit 1	15	20.0 %
- Temporary shelter	8	10.7 %
- Central police unit 2	1	1.3 %
- Police	1	1.3 %

09/2010 – 08/2011	Number of cases	Percentage
Total	111	100%
Gender of the victim	N: 106	
- girl	60	56.6 %
- boy	46	43.4 %
Type of abuse	N: 101	
- Child trafficking	23	22.8 %
- Child labour	22	21.8 %
- Alimony	21	20.8 %
- Sexual abuse – Forced intercourse	11	10.9 %
- Forced marriage with physical abuse	11	10.9 %
- Underage marriage	6	5.9 %
- Sexual abuse – Attempted forced intercourse	2	2.0 %
- Neglect	2	2.0 %
- Abondoned on street / lost from family	2	2.0 %
- Physical abuse	1	1.0 %
Means of reporting	N: 102	
- Both by calling 919 & physically visiting the ECFA office	47	46.1 %
- Only by calling 919	32	31.4 %
- Only by physically visiting ECFA office	23	22.5 %
- Only by use of the suggestionbox	-	-

Type of help offered by ECFA	N: 104	
- Legal support	62	55.9 %
- Legal support & counseling	19	18.3 %
- Legal support & shelter	10	9.6 %
- Legal & medical support	5	4.8 %
- Legal support, counseling & shelter	2	1.9 %
- Counseling	1	1.0 %
- Medical support	1	1.0 %
- Legal support, counseling & medical support	1	1.0 %
- Legal support, shelter & food	1	1.0 %
- Counseling & medical support	1	1.0 %
- Counseling & shelter	1	1.0 %
Organization to which the victim was referred	N: 96	
- Central police unit 1	54	56.3 %
- Temporary shelter	12	12.5 %
- Women and Child's affair office	10	10.4 %
- Helpline office	10	10.4 %
- CANU	5	5.2 %
- Police	4	4.2 %
- Central police unit 2	1	1.0 %

09/2011 – 08/2012	Number of cases	Percentage
Total	177	100%
Gender of the victim	N: 166	
- girl	91	54.8 %
- boy	75	45.2 %
Type of abuse	N: 169	
- Alimony	66	39.1 %
- Forced marriage with physical abuse	29	17.2 %
- Child trafficking	28	16.6 %
- Child labour	24	14.2 %
- Underage marriage	9	5.3 %
- Neglect	5	3.0 %
- Sexual abuse – Forced intercourse	4	2.4 %
- Sexual abuse – Attempted forced intercourse	2	1.2 %
- Abandoned on street / lost from family	2	1.2 %
Means of reporting	N: 167	
- Both by calling 919 & physically visiting the ECFA office	67	40.1 %
- Only by calling 919	54	32.3 %
- Only by physically visiting ECFA office	46	27.5 %
- Only by use of the suggestionbox	-	-

Type of help offered by ECFA	N: 163	
- Legal support	98	60.1 %
- Legal support & counseling	62	38.0 %
- Counseling	1	8.9 %
- Shelter	1	1.8 %
- Legal support, counseling & shelter	1	1.3 %
Organization to which the victim was referred	N: 140	
- Women and Child's affair office	76	54.3 %
- Central police unit 1	25	17.9 %
- Police	25	17.9 %
- Central police unit 2	10	7.1 %
- Temporary shelter	3	2.1 %
- Returned to family	1	0.7 %

09/2012 – 06/2013	Number of cases	Percentage
Total	59	100%
Gender of the victim	N: 59	
- girl	28	47.5 %
- boy	31	52.5 %
Type of abuse	N: 56	
- Alimony	32	57.1 %
- Forced marriage with physical abuse	8	14.3 %
- Child trafficking	6	10.7 %
- Sexual abuse – Forced intercourse	3	5.4 %
- Child labour	3	5.4 %
- Sexual abuse – Attempted forced intercourse	1	1.8 %
- Underage marriage	1	1.8 %
- Physical abuse	1	1.8 %
- Clothing denial	1	1.8 %

Means of reporting	N: 59	
- Only by physically visiting ECFA office	39	66.1 %
- Both by calling 919 & physically visiting the ECFA office	19	32.2 %
- Only by calling 919	1	1.7 %
- Only by use of the suggestionbox	-	-
Type of help offered by ECFA	N: 59	
- Legal support & counseling	58	98.3 %
- Medical support & shelter	1	1.7 %
Organization to which the victim was referred	N: 59	
- Women and Child's affair office	51	86.4 %
- Police	8	13.6 %

Table B3: Update: Amount of children that visited CHL for help between June 2013 and October 2013

Type of abuse	Female	Male	Total
Sexual abuse	4	-	4
Physical abuse	1	2	3
Labour exploitation	2	3	5
Early marriage	6	2	8
Trafficking	19	25	44
Food denial	19		1
Ignorance	1		1
Total	34	32	66

A QUESTIONNAIRE FOR THE IMPACT EVALUATION OF FARMERS MARKET ORGANIZATIONS IN ETHIOPIA

Project Location: **Oromia Region**

Type of survey: **END line**

Respondents: **Farmer households**

The survey is conducted by:

International Food policy research Institute, Eastern and Southern Regional Office, Addis Ababa, Ethiopia

A10	Enumerator's name	
A11	Supervisor's name	
A12	Data entry person's name	

Part A – **Identifications**

To be filed by the enumerator

A04	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	
A05	Time the interview started, 24 hour clock ("hh: mm")	
A06	Time the interview ended, 24 hour clock ("hh: mm")	
A07	Zone	
A08	District/woreda:	
A09	Peasant Association (PA, Kebele) (Code D)	
A09a	Is the respondent from a Kebele where there is an FMO? 1=Yes, 2=No	
A09b	If yes, which FMO (Code D)	

zone (Code B)	**woreda (Code C)**	**Kebele /FMO (Code D)**		
1. Western Arsi	1. Sinana	1=Kituma	9=Alebaba	17=Ali Wayo
2. Bale	2. Jeldu	2=Bikilitu	10=Feyne	18=Kersa ilala
3. West shoa	3. Seddan Sodo	3=Sambitu	11=Rimmessa	19=Dolu kersa
4. South west shoa	4. Dewo	4=Suqui waqeyo	12=Keceicho gerbi	20=Jalela
	5. Arsi Negele	5=Godaracha	13=Abdi Rabii	21=Meda-gudina
	6. Shashemene	6=Kilbe Abo	14=Hawi Gudina	22=Awara Badesse
		7=Siba robe	15=Borata Gaalo	23=Bute Filicha
		8=Wuli Gotera	16=Gadisa dahmota	24=Alelu illu

Ask respondants

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about reproductive health and water supply. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.

A01	Name of the household head	
A01a	Household (questionnaire) ID(see the code from code book)	
A01b	Name of the Respondent	
A02	Relationship of the respondent with the household head (Code A)	
A03	Telephone no. of the household head or other household member	

Relation to the HH head (code A)

1=Household head, 2= Spouse 3= Son/daughter, 4= Parent 5=Son/daughter in-law 6=Grand child
7=Other relative, 8= Hired worker 9=Other, specify

PART B- Household Composition

	B01	B02	B03	B04	B05	B06	B07	B08	B09	B10
Member code	Name of household member (start with respondent and make a complete list before moving to B02	Sex **Code D**	Age (years)	Relation to HH **(Code A**)	Marital status **(Codes E)**	Education level **(code F)**	Completed years of formal education	Religion **(Code G)**	Main Occupation **(Code H**)	Secondary Occupation (Code H)
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

Sex ***(Code D)***	**Marital status (Codes E)**	***Education (codes F)***	**Religion** **Code G**	**Occupation** **Code H**
0. Female	*1. Married living with spouse/s*	*0. None/Illiterate*	0=none	1= farming
1. Male	*2. Married but spouse away*	*1. Adult education or 1 year of education*	1= orthodox	2=salaried
	3. Divorced/separated	*2. Religious education*	2=other christian	3=casual labour
	4. Widow/widower	*3. Elementary (1-5)*	3=Muslim	4=housekeeping
	5. Never married	*4. Elementary (6 completed)*	4=wakefeta	5=student
	6. Other, specify……	*5. Secondary (7-11)*		6= Business
		6. Secondary (12 completed)		7= None
		7. Tertiary (some)		8= other, specify ----------
		8. Tertiary (finished)		
		Others (specify…….		

Part C. Household Asset

HOUSING		Code	Answers
C01	Do you own this house?	1=Yes 2=No	|
C02	Major material wall is made of	1=Wood and Mud 2=Wood and Grass 3=Reed and Bamboo 4=Mud and Stones 5=Cement and Stones 6=Hollow Bricks 7=Bricks 8=mud bricks 9=Other (specify)	
C03	Major material floor is made of	1=Earth/Mud 2=Wood 3=Cement 4=Ceramics/Tiles 5=Other (specify) ----------	
C04	Major material roof is made of	1=Corrugated Iron Sheet 2=Thatch and Grass 3=Wood and Mud 4=Reed and Bamboo 5=Clay 6=Other (specify) ----------	
C05	Total number of rooms in the house		
C06	Does the house have access to electricity?	1=Yes 2=No	
C07	Does the house have access to piped water?	1=Yes 2=No	
C08	Total number of outbuildings including kitchens but not including toilets		
C09	Type of toilet	1=Pit latrine (Private) 2=Pit latrine (Shared) 3=Flash toilet (Private) 4=Flash toilet (Shared) 5=Field/Forest 6=Containers (Household utensils) 7=None	
C10	How much does it cost if you want to sell		

Household furnitures				
Item	Furniture	C11. Do you own? √ = yes, × =no	C11. What type?	C13. Estimated value
1	Bed		1= made from wooden 2=made from rubber 3= made from animal skin 4=made from iron	
2	Mattress		1= spongy 2=cotton 3=grass/crop residue 4=spring	
3	TV		Screen size ----------inch	
4	Sofa set		1= leather 2= cloth 3= wood	
5	Refrigerator			
6	Dining tables		Number =----------	
7	Chairs		Number ---------	

Machinery owned by the household			
	Type	C14. Number	C15. Estimated value in ETB
1	Vehicle		
2	Tractor		
3	Motor cycle		
4	Bicycle		
5	Radio /CD player		
6	Mobile		
7	Hand watch		
8	Grinding mill		
9	Water pump		
7	Other……..		

PART D- Land and Crop Production

Land holding by the household (it is the total for the household)				
	Land type	D01 How many hectares	D02 Fertility status (1=fertile 2= medium 3=degraded)	D03 Annual rental value in ETB
1	Rain fed crop land-owned			
2	Rain fed crop land –rented in			
3	Irrigated crop land-owned			
4	Irrigated crop land-rented in			
5	Rain fed grazing land			
6	Wood lot /forest			

Meher Crop production: list all the crops planted in 2005/06 (E.C) meher. //2005 planted & 2006 harvested)//			
	D04a Type of Crop Planted in 2005 (see codes below)	D04b Land size in hectare	D09 Total Harvested in quintal in 2006
1			
2			
3			
4			
5			
6			

Crops code: 1=Teff 2=wheat, 3=Maize 4= Barley 5=Chickpea 6=Lentil 7=fababean 8=field pea 9= Haricot Bean 9.1=grass pea 10=Oil seeds (10.1 sesame, 10.2= Linseed 10.3=Grape seed 10.4=Niger seed) 11=fruits 12=vegetables (12.1=irish potato 12.2= Sweet potato 12.3=Onion 12.4 =Garlic 12.5 =Tomato 12.6 =Gesho 12.7= enset 13=others, ----------

Meher Crop production: list all the crops planted in 2006/07(E.C) meher. //2006 planted and 2007 harvested//						
	D05 Type of Crop Planted in 2006 (see codes above)	D05a Land size in hectare	D07 Fertilizer used in kg	D08 Did you use improved seeds √ = yes, x=no	D09a Total expected Harvest in quintal in 2007	D09b. The quality of grain you usually produce (use the code below)
1						
2						
3						
4						
5						
6						

Quality codes	**Teff** 1=magna 2=white 2=mixed 3=red	**Wheat** 1=bread 2=durum	**Maize** 1=yellow 2=white	**Barley** 1=malt 2=food	**Haricot bean** 1=large &flat seed 2=small and circular seed	**Chickpea** 1= Kabuli (large seed) 2=Desi (small seed)

D09c. Did you plant any crop in belg season last year (2006)?

D09d. If yes, what is (are) the crops

D11 Type of Crop Planted (see codes above)	D11a Land size in hectare	D13 Fertilizer used in kg	D14 Did you use improved seeds √ = yes, × =no	D15 Total Harvested per plot in quintal

PART E- Livestock Production

Livestock: Please describe your household's livestock assets:				
	Animal type	E01 Number owned now	E04 How many did you sell for the last 12 months	E05 Total value received from the sale of all this animals in ETB
1	Cow			
2	Oxen			
3	Heifer			
4	Bull			
6	Goats			
7	Sheep			
8	Camel			
9	Donkey			
10	Horse			
11	Poultry			
12	Bee hives			

Part F- Access to Markets and Marketing

Distance from markets/roads

	Markets/Roads	**F01. How far is your home from the following markets and roads in KM**	**F01_1. How far is your home from the following markets and roads in hrs**
1	Dry season gravel road		
2	All weathered-gravel road		
3	Asphalt road		
4	Cooperative		
5	Village market		
6	Woreda market		
7	Zonal/regional market		
8	Central market		

Is there any person or company which buys the following commodities or services in your Kebele? (ask for each commodity or service)

	Commodities or services	*F05a. Yes/no*	*F05b. Type of buyer/seller*	*F05c. How many?*	*F05d. Certainty of the market 1=good 2=bad*	*F05e. If no, what about in your Woreda*	*F05f. Type of buyer /seller*	*F05g. How many?*	*F05h. Certainty of the market 1=good 2=bad*
1	*Teff*								
2	*Bread wheat*								
3	*Durum wheat*								
4	*Food barley*								
5	*Malt barley*								
6	*Maize*								
7	*Chickpea*								
8	*Haricot bean*								
9	*Oil crops*								
10	*Vegetables*								
11	*Fruits*								
12	*Milk*								
13	*Butter*								

Type of buyer/seller: 1=consumer 2=wholesaler 3=retailer 4=cooperative 5=NGO 6=Government office
How many: 1=1-2 2=3-5 3=6-10 4= >10

Is there any person or company which sells the following commodities or services in your Kebele? (ask for each commodity or service)

	Commodities or services	*F05i. Yes/no*	*F05j. Type of buyer/seller*	*F05k. How many?*	*F0l. Certainty of the market 1=good 2=bad*	*F05m. If no, what about in your Woreda*	*F05n. Type of buyer /seller*	*F05o. How many?*	*F05p. Certainty of the market 1=good 2=bad*
1	*Fertilizer*								
2	*Improved seeds*								
3	*Herbicides/pesticides*								
4	*Machinery rental*								
5	*Grain bank*								
6	*Transportation service*								

Type of buyer/seller: 1=consumer 2=wholesaler 3=retailer 4=cooperative 5=NGO 6=Government office
How many: 1=1-2 2=3-5 3=6-10 4= >10

Market information:				**Answer**
I	Do you ask (search) price information prior to selling your output?	1=Yes 2=No		
J	If you want to know the market price Tef/wheat/maize today, can you get it?	1=Yes 2=No		
K	If yes, whom you ask	1=check from Radio or TV 2= other farmers 3=DAs/agricultural office 4= Traders in the village 5= traders in distant markets	6=relatives/friends 7= FMO 8= ECX 9=others	
L	If the answer for F12 is 2 and above How do you ask them?	1=face to face contact 2 =through third person 3== through phone		
M	If the answer F13 is phone, how did you receive?	1= Calling 2=SMS 3=through special application software		
N	How reliable/relevant is the information you obtain through mobile phones?	1=perfect, 2= very good, 3= good, 4= somewhat reliable, 5= not reliable		
O	If you do not use mobile phones to ask for price information, why?	1=I do not have mobile phone 2=I do not have any reliable source to ask 3=The information through mobile phone is not reliable and relevant 4= others		

Output marketing : Describe the crops and animal products sold last year (2006 EC)								
	Commodity	F09 Have you sold the following agricultural products in 2006? √ = yes, × =no	F10 **How frequent** you sell	F11 **Total quantity** sold in 2006 in quintal	F12 **Total Birr** received	F13 **Place of sale**	F14 **Buyer**	F15 **If not to the FMO, why?**
1	Teff (qt)							
2	Wheat (qt)							
3	Maize (qt)							
4	Barley (qt)							
5	Chickpea (qt)							
6	Lentil (qt)							
7	Faba bean (qt)							
8	Field pea (qt)							
9	Haricot bean(qt)							
9.1	Grass pea (qt)							
10.1	Sesame (qt)							
10.2	Linseed (qt)							
10.3	Grape seed (qt)							
10.4	Niger seed (qt)							
11	Fruits (qt)							
12.1	Irish potato (qt)							
12.2	Sweet potato (qt)							
12.3	Potato (qt)							
12.41	Chat(qt)							
12.4	Onion (qt)							
12.5	Garlic (qt)							
12.6	Tomato (qt)							
12.7	Gesho (qt)							
12.8	Enset (kg)							
13	Milk (Litter)							
14	Butter (kg)							
15	Cheese (kg)							
16	Honey (kg)							
17	Eggs (No)							
18	Trees (No)							

F10	Frequency:	1=daily 2=weekly 3=monthly 4= quarterly 5=bi-annual 6=once in a year
F13	Place of sale	1=village market 2=Woreda market 3=zonal/regional market 4=central market
F14	Buyer	1=FMO, 2=trader 3= consumer 4= multi-purpose cooperative
F15	Reason	1= the FMO is not buying 2= the price is not attractive 3= they rejected the quality 4= there is no FMO in my place 5= other, specify ----------

Input marketing:							
	Inputs	F16 Have you purchased the following inputs last year √ = yes, × =no	F17 Total quantity Purchased	F19 Total Birr paid	F20 Place(s) of purchase	F21 Seller(s)	F22 Reason for not buying form FMO?)
1	Fertilizer in quintal						
2	Seeds in kg						
3	Herbicides /insecticides in liter						
4	Tractor in ha (rent)						
5	Animal breeds number						
6	Concentrates (fagulo, furushka..etc.) quintal						
7	Vet services number of animals treated						
7a	AI & Bull service. Number of cows						
8	Forage (crop residue, grass etc) quintal						
9	Casual labor (unit=man-day)						

F20	Place of purchase	1=village market 2=Woreda market 3=zonal/regional market 4=central market
F21	Seller	1=FMO, 2=trader 3= producer 4= multi-purpose cooperative 5= Government 6=Others
F22	Reason	1= not selling this input 2=not selling at interesting price 3= no credit offered 4= Quality is poor 5= other, specify ----------

G. FMO and its services <<if A09a=2, scape to H >>

Membership to FMO			**Answer**
G03	Are you a member of the FMO in your Kebele?	1= yes 0=no	
G04	If no, why?	1= the FMO is very far 2= I am not eligible 3= No benefit of being member 4=others specify	
G05	If yes, since when you became a member	Year (E.C)	
G06	If yes; What is your role in the FMO?	1=Ordinary member 2=Committee member 3=Chair	
G07	If yes, do you participate in meetings (regarding activities of FMO, selling, finance)	1= yes, always 2= yes, regularly 3= yes, rarely 0=no	
G08	If yes, how much did you pay for the membership	ETB	
G09a	If yes, do you own shares in the FMO?	1=yes 0=no	
G09	If yes to G09a, how many shares do you own	number	
G10	Did you receive a dividend last year?	1= yes 0=no	
G11	If yes, how much	ETB	

Selling to the FMO: ask even if the respondent is not a member

G12.Have you sold any output to the FMO last year-2006? 1=yes 0=no

If yes, ask G14

	Commodity	G14 Total quantity sold in quintal	G15 Total Birr received	G16 When did you sell? (month)	G17 When did you receive the cash? 0= on cash, 1=within one week 2=more than one weeks	G18 Why did you choose to sell to the FMO and not to another buyer? (code A)
1						
2						
3						
4						
5						

Code A: 1= No other buyers available at that time, 2=they offered the best price, 3=they pay a dividend, 4=the FMO is an important organization for farmers, 5= we are obliged to sell to the FMO 6= they provide transport services, 7= they provide storage services, 8=they provide credit, 9= other, specify----------

Services obtained from FMO:

	Services	G19 Have you ever obtained/purchased the following services from the FMO? √ = yes, × =no	G20 Did you obtain the following services within the last 12 months? √ = yes, × =no	G21 How do you rate the services? 1=bad 2=fair, 3=good, 4= very good 5=excellent
1	Training on agricultural production			
2	Training on post-harvest skills			
3	Training on marketing and business development			
4	Price information			
5	Quality grading and standardization			
6	Seeds			
7	Fertilizer			
8	Insecticides			
9	Credit supply			
10	Tractor rental service			
11	Harvester rental service			
12	Consumer goods (sugar, edible oil)			

Perception on FMO performance: do you agree on the following statement? please tick one box						
		Totally disagree 1	Somehow disagree 2	Neither agree nor disagree 3	Somehow agree 4	Totally agree 5
G22	The FMO is my preferred buyer of agricultural crops					
G23	The FMO strengthens the position of smallholders in the market					
G24	Farmers selling through the FMO receive better prices					
G25	I sell through the FMO because I think that farmers' organizations are important					
G26	The FMO is my preferred source~~s~~ of input supplies					

		1=yes 0=no
G27	The FMO in my kebele strengthens the position of farmers in the market	
G28	The FMO is a weak organization as important decisions are not made by its members	
G29	Since the establishment of the FMO it is easier for me to get proper market information	
G30	The major task for the FMO is to provide the members access to inputs and consumer goods	
G31	The major task for the FMO is to provide the members access to good selling opportunities for their outputs	

LIST experiment (skip if A09a=2)

G31. Group of the respondent 1=A 2=B

G32. If A, I will read to you the following statements and you will tell me on how many of them do you agree.

1. I always sell to traders I know on the local market
2. Fertilizer is generally available for farmers in my kebele
3. Outputs are easily sold in the primary market close to the kebele
4. The FMO in my kebele strengthens the position of farmers in the market

Answer

G33. If B, I will read to you the following statements and you will tell me on how many of them do you agree.

1. I always sell to traders I know on the local market
2. Fertilizer is generally available for farmers in my kebele
3. Outputs are easily sold in the primary market close to the kebele

Answer

G34. If A, I will read to you the following statements and you will tell me on how many of them do you agree.

1. Private traders in my kebele generally cheat
2. Access to proper seeds for farmers is badly organized
3. The road infrastructure in my kebele makes it difficult to transport my crop

Answer

G35. If B, I will read to you the following statements and you will tell me on how many of them do you agree.

1. Private traders in my kebele generally cheat
2. Access to proper seeds for farmers is badly organized
3. The road infrastructure in my kebele makes it difficult to transport my crop
4. The FMO is a weak organization as important decisions are not made by its members

Answer

PART H-Non-farm Income and Household expenditures

Non-farm income:				
	Income sources	H01 Have you generated any income from the following sources last year (2006 E.C) √ = yes, × =no	H02 Total amount your family generated last year in ETB	H03 Who generated? **(1=household head, 2= other family member, 3=both)**
1	Casual labour			
2	Salary			
3	Trade			
4	Handicraft			
5	Remittance			
6	Aid (cash or food)			

Frequent cash expenditures (weekly)			
	Item name	H04 In the **last 7 days** did your household spend money on this item? √ = yes, × =no	H05 How much did the household spend on the item in the *last 7 days*? [ETB]
1	Food and drinks (cash only)		
2	Cigarettes/tobacco etc)		
4	Fire wood		
5	Charcoal		
6	Kerosene		
7	Other fuel (not electricity)		

Monthly cash expenditures			
	Item name	H06 In the **last 30 days** did your household spend money on this item? √ = yes, × =no	H07 How much did the household spend on the item in the *last 30 days*? [ETB]
1	Electricity		
2	Water and grabage disposal		
3	Soap/washing & cleaning products		
4	Personal care (barber, hair dresser, toothpaste,		
5	Transport expenses		
6	Communication (cell phone, mail, …)		
7	Entertainment (socializing)		
8	House rent		

Less frequent expenditures (in the last 12 months)			
	Item name	H08 In the **past 12 months**, did your household spend money on this item? √ = yes, × =no	H09 How much did the household spend on the item in the *last 12 months*? (ETB)
1	Clothes and shoes (including school uniforms)		
2	Furniture (tables, chairs, beds, etc)		
3	Blankets/bedsheets		
4	School fees and other educational expenses		
5	Social events (wedding, funeral, etc)		
6	Housing improvement (latrine, new roof, etc)		
7	Human health expenses (medicine, hospital , …)		
8	Vehicle purchase or repair (car, bicycle, motorcycle)		
9	Contributions & membership fees (associations/church/sports etc)		
10	Taxes		

PART I - FOOD SECURITY

Household Food insecurity Scale: For each of the following questions, consider what has happened in the past 1 month. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 1 month? (Circle the answer)

Event		Frequency of event			
		Never (0 times)	Rarely (1-times)	Sometimes (3-10 times)	Often > 10 times
I01	Did you **worry** that your household would not have enough food?	0	1	2	3
I02	Were you or any household member not able to eat the kinds of foods you **preferred** because of a lack of resources?	0	1	2	3
I03	Did you or any household member eat a **limited variety** of foods due to a lack of resources?	0	1	2	3
I04	Did you or any household member eat food that you **did not want** to eat because a lack of resources to obtain other types of food?	0	1	2	3
I05	Did you or any household member eat a **smaller meal** than you felt you needed because there was not enough food?	0	1	2	3
I06	Did you or any other household member eat **fewer meals** in a day because there was not enough food?	0	1	2	3
I07	Was there ever **no food** at all in your household because there were no resources to get more?	0	1	2	3
I08	Did you or any household member go to sleep at **night hungry** because there was not enough food?	0	1	2	3
I09	Did you or any household member go a whole day **without eating** anything because there was not enough food?	0	1	2	3

Dietary Diversity Score: Which one of the following categories of food was eaten in this household during the last 7 days? (Mark with x if a food category was present in the diet for that specific day, X otherwise)			
	Categories of food	I10 Yesterday	I11 During the last 7 days
1	Cereals and root-crops (rice, bread, injera, millet, potatoes, etc…)		
2	Pulses (peanuts, haricots, sesame, chick peas, lentilles, green peas, other peas…)		
3	Fruit		
4	Meat/Fish		
5	Dairy products (milk, butter, cheese, yoghurt, etc…)		
6	Eggs		
7	Vegetable oil/fat (ghee, oils…)		
8	Sugar, honey, drinks with sugar (coca cola, fanta, etc..)		
9	Any other food item Specify ----------		

Please check if the questionnaire is complete

FINAL PART: ENUMERATOR NOTE

EN1 What language you used for the interview?	Amharic.....……1 Oromigna..... 2 Tigrina ..... 3 Somali ..... 4 Guaragigna ..... 5 English..... 6 Other (SPECIFY:_____) 7
EN2 Did you use any other languages?	Yes ..... 1 → SPECIFY: _____ No 0
EN3 Which one (anyone else) beside respondent was present during the interview?	No one…….…....0 Husband/wife……..1 A child ≥ 5 years……..…2 A child < 5 years …….....3 An adult, household member…….…….4 An adult, non-household member…….……..5
EN4. Did the respondent find some of the questions difficult, embarrassing or confusing	Yes No
EN5: If confusing, which question(s) was confusing?	
EN6: What is your evaluation of the accuracy of respondent's answers?	Excellent……..1 Good…….2 Fair……3 Not so good……4 Very bad…….5
EN6 Do you believe the work you are doing for this project is difficult?	Very difficult ..... 1 Somewhat difficult ..... 2 About ok …..... 3 Very easy..... 4

ICCO Alliance

FMO Consortium

Report MFS II Joint Evaluations (C7)

Achievement of MDGs

Country	Ethiopia
Consortium	ICCO Alliance
Responsible Dutch NGO	ICCO
Project (if applicable)	FMO consortium
Southern partner organisation	Facilitators for Change

The project/partner is part of the sample for the following evaluation component(s):

Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	
Efforts to strengthen civil society	

Evaluation team:

University of Groningen: Clemens Lutz, Nicolas Duran

IFPRI/ESARO Ethiopia: Getaw Tadesse and Samson Jemaneh

1. Introduction

The general aim of this project was to "upgrade household living standards of smallholder farmers in the five zones by improving production and market access. This will happen by promoting market oriented autonomous Farmers Organizations that will provide their members and other farmers in their vicinity with greater market access, which will, in turn, enhance their participation in local markets.". The project was implemented by a consortium of 6 NGOs (ADAA, CDI, ERSHA, FC, HUNDEE, OSRA), each operating in a different region and promoting Farmers Marketing Organizations (FMOs). One of the NGOs (FC) represented the other NGOs and lead and managed the consortium. The core intention of the six NGOs was to stimulate market access strategies for poverty alleviation. Two projects proposed by the consortium and addressing the same target group were supported by Dutch NGOs. This project (this evaluation) focused on organizational support for FMOs and their Unions for which ICCO was the responsible Dutch NGO, while the second project, for which IICD was the responsible Dutch NGO, provided an ICT infrastructure for the involved Farmers Market Organizations (FMOs), their Unions and the NGOs supporting these farmers' organizations (see Report MFSII Joint Evaluation C5).

The objective of this project was to improve the household living standards of smallholder farmers through the promotion of autonomous Farmers Organizations (111 FMOs and 7 Unions). The main activities concerned "the design and provision of tailor made capacity building, training, coaching and mentoring of FMOs, supporting the formation and strengthening of unions, linking farmers organizations with chain actors and chain supporters, introduction of new high value crops, supporting locally initiated rural service providers and capacity building of pro-poor and gender sensitive agro-business."

Impact of this project is measured through a 'difference-in-difference' analysis. Farmers (control group and treatment group) were interviewed in September 2012 (base-line) and September 2014 (end-line). Several outcomes on specified indicators, as mentioned in the project document, are assessed and also some more general indicators for improved livelihoods (food security and income from agricultural activities) are analyzed. With regard to the outcome indicators we confirm a successful increase in sales to the FMO. However, at the same time we observe some serious weaknesses: 50% of the members in the endline study do not sell to the FMO and most of the surplus is sold to private traders. We conclude that it is too early to assess

the efficiency of the project as significant investments are made in the establishment of Unions but the effect on outcome indicators is still lacking or weak. It is too ambitious to expect that Unions could be established, an ICT infrastructure created and outcomes realized within a three year time-period.

The report is structured as follows. The next section describes the context of the project. Subsequently, an overview of project activities is provided. Section 4 discusses the data collection. Section 5 provides the findings and section 6 discuss the results. The final section draws conclusions.

2. Context

From the project document for the related ICT infrastructure project (C5, August 2011) we take the following description of the context of the project: "Ethiopia is one of the Sub-Saharan African countries which liberalized their economies and developed poverty reduction strategies that underpin market-led strategies for broad based agricultural development and economic growth. This strategy makes agriculture a top priority to bring about sustainable development. Within agriculture, these strategies place heavy emphasis on the grain sector for improved production, privatization and commercialization. While agricultural development policy of Ethiopia is designed to support market-led agricultural development, competitiveness of smallholder producers and commercialization of small scale production depends on the development of viable and remunerative market linkages which the policy actions still lack to address mostly at the lower end of value chains.

Agricultural productivity in Ethiopia is very low compared to other Sub-Saharan African countries. Various literatures indicate that inefficiency of domestic agricultural markets is mentioned as one of the factors held responsible for the reduced productivity of farmers and for the poor performances of the agricultural sector in the developing countries, particularly in Ethiopia. However, the capacity of smallholder farmers to produce the required quality and quantity of product as per demand of the buyers is not well developed due to the limited agricultural extension services. Audio-visual learning materials on different topics (textbooks, guidelines, CDROM, video and audio) on the improved agricultural practices could support for the increased production, productivity and quality of agricultural production."

The government of Ethiopia provides support for the further development of cooperatives. The current poverty-reduction strategy confirms the need to support producer cooperatives as a means of strengthening and empowering smallholders' market participation in the liberalized market environment (FDRE, 2005). More recently, Ethiopia adopted an agricultural development strategy, called 'Agricultural Growth Program (AGP)', which gives the highest priority to the formation and strengthening of agricultural cooperatives.

This context is in line with a large body of literature showing that farmers market organizations reappeared on the international development agenda (Bernard et al., 2010; Bernard et al., 2008; Fisher and Qaim, 2011; World Bank, 2007). Some of the involved FMOs have a background in former cereal banks and have been re-established in the 90s. Now these organizations are seen as important instruments linking farmers to markets, increasing agricultural productivity, and ultimately reducing rural poverty. Through collective action, farmers' market organizations are expected to strengthen the farmers market position and to improve rural livelihoods . The empirical study of Bernard et al. (2010) on cooperatives in Ethiopia concluded that cooperatives can secure higher prices for their members' output although this ability does not necessarily lead to an increase in the quantity of output commercialized by the members. They also conclude that the poorest of the poor tend to face considerable constraints on membership in marketing cooperatives. However, poorer non-member households still benefit from positive spill-overs. The World Bank (2008, p155) addresses this as a challenge for producer organizations to resolve the conflict between efficiency and equity: "Producer organizations typically operate in the context of rural communities where they are subject to norms and values of social inclusion and solidarity. This may clash with the requirements of professional, business-oriented organizations that must help members compete to survive in the market place".

In particular this project promotes farmers' marketing organizations and their competitiveness in agricultural commodity value chains. The final objective is to address poverty in the targeted farming communities. The indirect objective formulated for this project is to improve the capability of the NGOs and the position of FMOs in agricultural value chains through ICT services. The direct beneficiaries are smallholders. The targeted smallholders have a weak position in agricultural markets. Their production was low in quantity and quality. They have no access to

reliable information. As a result they gained low income from the sales of their products, which in turn exposed them to transitory food insecurity.

ICCO has a longstanding relationship with most of the NGOs/FMOs. Since 2002 support was given to Cereal Banks (project: “Promotion of Cereal Banks and Farmers Access to Markets”. Since May 2008 the six NGOs implemented the project: “Promotion of Farmers Marketing Organizations Competitiveness on Agricultural Commodity Value Chains”. The present project can be seen as a follow-up of these interventions. In the last phase 115 FMOs were supported. 15 graduated “with full conviction that they can realize a lasting impact on the socio-economic situation of their members. 11 FMOs were dropped and 22 “cereal banks” that which were not included in the previous project joined the new project that supports in total 111 FMOs. FMOs get a lot of attention nowadays. Initially villagers were hesitant to join. It is claimed that now more people are interested than the FMOs can absorb (they want to grow organically). Moreover it has been concluded that the most effective FMOs are not smaller than 50 and not much more than 100 members, as management is voluntary and part-time.

3. Project description

6 NGOs, with FC as the lead agent, are building the capacity of 111 farmer marketing organisations reaching out to over 14,377 smallholders. FMOs are single purpose voluntary organised cooperatives of 35 to 200 members each (average 100), rather independent of direct government control (as far as possible in the Ethiopian context). These FMOs are working on becoming independent Value Chain actors bulking and sorting produce of farmer members and linking to reliable buyers. Using the cluster approach 111 FMOs will work together in groups of 3-5 FMOs focusing on one or two crops. Farmers will still grow other crops for home consumption or market, but the FMO focuses on developing these specific value chains. The most common crops are teff (FC, OSRA and HUNDEE), wheat (all NGOs), maize (CDI), barley (ADAA, CDI and FC) and haricot beans (CDI).

In the report of the last evaluation mission before the start of this project (February 2011) the following conclusions were drawn. Regarding the social impact the report concludes that a very important social contribution of the FMO is that they brought “the marketing service at the close proximity of the communities’ residences”. The report notes that “FMOs are more seen as social

organizations than organizations for profit even by their leaders. This strong social image is therefore still an important hurdle for the FMO to develop itself in an economic actor". Discussing the economic impact the report notes that "the anticipated linkage with a regular and sustainable market has not been attained". Although many FMOs indicate that lack of working capital is a major constraint, the 2010 annual activity performance report of the consortium notes that the average working capital utilization of the FMOs is only 53%. In contrast to this the baseline report of 2009 shows that about 40% of the FMO members were not selling grains to their organizations and the major reason explaining this outcome was that the FMOs stopped buying, at the time they wanted to sell, due to limited working capital.

In the evaluation the following conclusions regarding the capacities of the FMOs (2011) are drawn:

- Despite their limited effectiveness in accessing regular markets for their products, the FMOs have got good understanding of the structure and operation of the market from their own position up to the end product markets,
- Development and adjustment of the strategic and business plan of the FMOs has helped the FMOs to understand their future directions,
- Awareness is created at the FMOs level on market information sources and how to access the mutual benefit for all chain actors and how to integrate in the chain, the possibility to access support services from other sources other than from the NGOs, etc.

This information about the results of interventions in the past suggests that for the new phase of the project (2011-2013) a network of FMOs was available, prepared business plans and were trained in value chain analysis to understand their position in different markets. The main aim now was to increase the turnover of the FMOs and to establish a stable and preferred market outlet for their members.

The project period for the project under study is 1-5-2011 until 30-7-2014. We understood that an extension to implement the project, until December 2014, has been approved recently. The overall goal was "to upgrade household living standards of target smallholder farmers by improving production and access to effective markets." A general project purpose is specified in

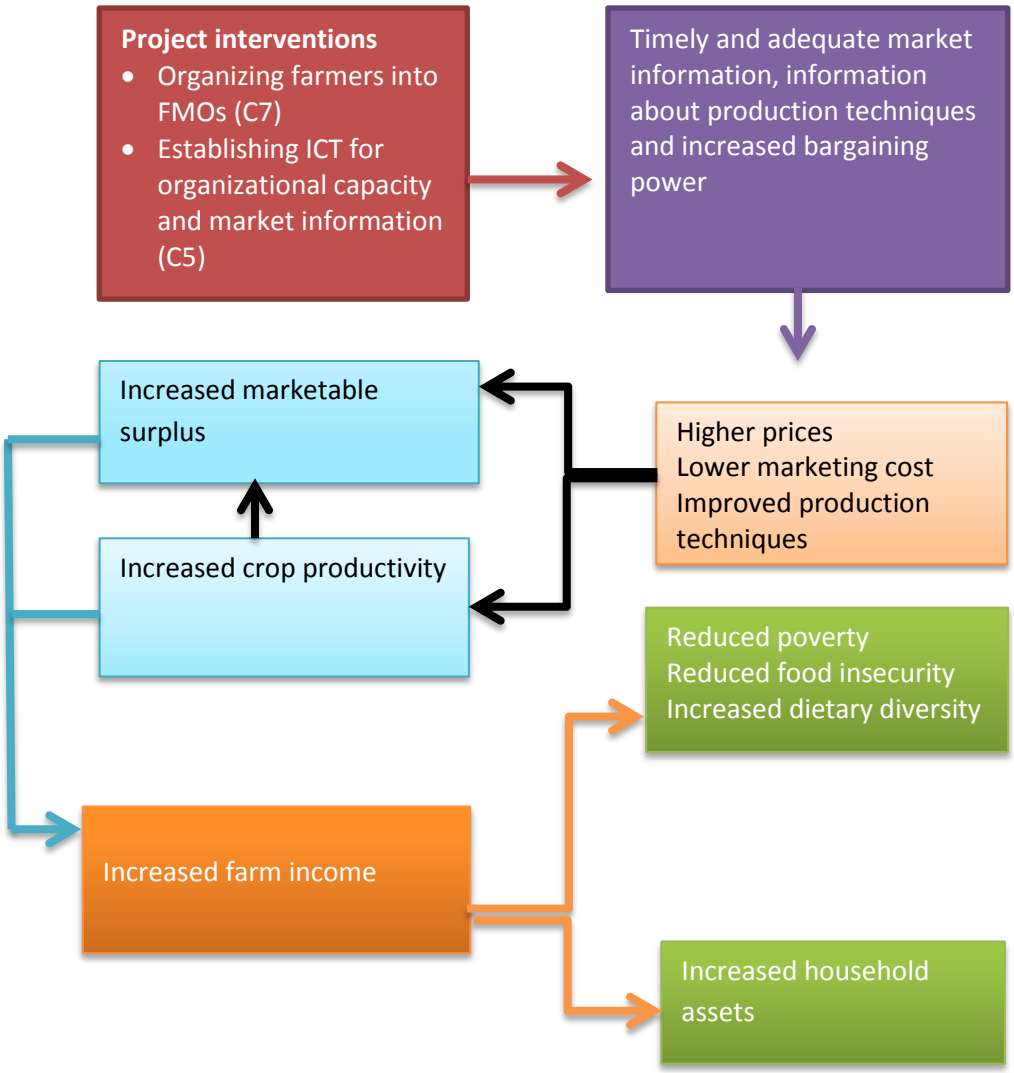
the project proposal as follows: “An increased income of 11500 members of 111 FMOs on average from birr 7000 to birr 10000 by the end of the project period.”

***The project objectives for 2011-2013 are specified as follows*:**

1. Seven unions and 111 FMOs are profitable market channels and service rendering organisations for their 14,734 members.
2. 11,500 FMO members produce their selected/new high value commodities according to required quality specifications and raised yields by at least 30%.
3. 70% of the members have paid and used BDS and chain finance services for their farming operations.
4. Seven small and micro scale agro/processing enterprises provide quality upgrading services to local producers and FMOs, so that their produce fetch higher prices on specific markets.

The focus of the new project concerns capacity building of FMOs, establishing an apex organization (union) that provides services to member FMOs sustainably, initiating rural affordable BDS providers and strengthening the private sector providing embedded services to the smallholders. The overall goal is to upgrade household living standards of smallholder farmers in the five zones by improving production and market access. This will happen by promoting market oriented autonomous Farmers Organizations that will provide their members and other farmers in their vicinity with greater market access, which will, in turn, enhance their market participation in local markets. In line with the project objectives and activities as described in the project proposal we derive the following theory of change (Figure 1).

Figure 1: Theory of change and expected impact of the project:



Financial support from ICCO (1.297.188 Euro is the budget for the 6 NGOs). Major inputs concern support for the establishment of Unions, coaching and capacity development for FMO and Union leaders and support for some providers of Business Development Services.

In the following section we describe the project activities and expected outcomes. Available reports are sometimes confusing about the targets. From the project proposal we take the objectives (Section 4.3), activities (annex 12) and specified outcome indicators (Section 6).

With regard to **objective 1, "**seven unions and 111 FMOs are profitable market channels and service rendering organisations for their 14,734 members", the following activities were envisaged:

1 Undertake an organizational diagnosis of 111 FMOs to design tailor made capacity building for level two and three FMOs and for dropping level one FMOs
2 Facilitate the establishment and legalization of seven unions through mobilizing resources
3 Develop a roadmap for union capacity development and exit strategy
4 Provide more tailor-made, customized coaching and targeted capacity development to 111 (3 from each) FMOs and 7 union leaders (1 board member each)
5 Organize bi-annually value chain development forums to ensure proper coordination among chain actors and facilitate the linkage of 111 FMOs with BDS, chain actors and supporters
6 Build capacity of all chain actors on identified constraints (learning by doing)
7 Rewarding best performing FMOs/Unions and field workers annually)

The following outcomes were specified in the project document regarding objective 1:

1 41000 quintals traded by FMOs/Unions per annum
2 75% of total tradeable surplus channelled through the Union and/or the FMO
3 At least 24600quintals of product sold to stable market outlets per annum in specific markets
4 Annual return on working capital is at least 25% per Union/FMO
5 14734 members (40% women) have accessed diversified services of the FMO/Union
6 30% of FMO leaders are women
7 90% of the members (35% women) are satisfied with trade and other services
8 84 level two and three FMOs are graduated from the programme

In the annual reports we read that the organizational diagnosis has been made and that a tailor made capacity building training programme has been developed to improve the management of the FMOs. The document notes that of the 119 FMOs involved in the organizational assessment, 94 FMOs will graduate mid-2014 and will get the required services from their unions without any external support. 115 FMO committee members are trained based on the needs identified as a result of the organizational diagnosis. The learning by doing approach was applied meaning that FMO leaders had to apply the insights learned and show the NGOs their progress. Cross learning between weaker and stronger FMOs was also applied to foster the learning process. NGOs also

provided training to union board members and value chain development forums have been organized. The 6 unions acted as the bridge between FMOs and chain actors to establish long lasting business relationships.

In total 6 legalized cooperative unions exist. Four unions were established in 2012 (Duro Abaro - ADAA, Mira - CDI, Torban Kuttaye - ERSHA, Handura Becho – FC and OSRA) and two other unions were previously established (Sof Umer and Shanaan Galaan – HUNDEE). As FC and OSRA are intervening in adjacent districts, the FMO committee members and government cooperative offices have decided that one union suffices for the 35 involved FMOs. All in all we conclude that the project activities are carried out in line with the planning. No major delays or changes have been reported.

With regard to the verifiable indicators the annual report for the year 2013 notes that the performance of FMOs in terms of trading was lower than expected. The data show that 31 of the involved 121 FMOs did not sell any crops in 2013. In total 18054 qtl was traded instead of 41000qtl expected. The reported annual return on working capital for 2013 was also below expectations: 7%. For unions this rate is somewhat higher: 16%. The 2013 results regarding women leadership seem to be close to the targets: 32% of the members are women and 27% of the leaders are female. Regarding the other indicators no information was provided in the 2013 annual report. We note that our household study will further discuss the results regarding indicators 2-5-7.

With regard to **objective 2, "**11,500 FMO members produce their selected/new high value commodities according to required quality specifications and raised yields by at least 30%", the following activities were envisaged:

1. Assist the linkage of 111 FMOs/Unions with input suppliers
2. Identification and introduction of new high value crops to 719 farmers (contract farming)
3. Support 111 FMOs to apply product quality standards
4. Support in the multiplication of new high value products in each intervention area
5. Maintain and develop the linkage with extension services

The following outcomes were specified in the project document regarding objective 2:

1 80% of the members use improved seeds and other production enhancing technologies
2 5% of the FMO members have ventured into contract farming
3 85% of the members apply the customer quality standard (reject rate below 10%)
4 All farmers manage to raise yields by 30%
5 10% of the farmers have ventured into new high value crops
6 5% of the members got embedded services from the lead firm through the FMO
7 The income from value chain crops sale increased by 25%
8 90% of the members involved in HVC production are satisfied by the contract chain linkage

The annual report 2013 provides an overview of the activities and states that 119 FMOs are linked with research centres and other sources for agricultural inputs. Five unions have supplied agricultural inputs like fertilizer, herbicides and improved seed. New high value crops are identified and introduced to 11452 farmers (haricot bean, chickpea, garlic, malt barley, wheat and teff). In total 502 farmers are trained on pre and post-harvest management for improved production and quality of products.

Information about the indicators is somewhat confusing. It seems as if other indicators have been applied in the annual report 2013 (agreements at the level of outcomes). Information about some of the indicators specified in the project proposal is missing. The report notes that more than 70% of the members of the 115 FMOs use improved seeds and other enhancing technologies to raise yields. On the basis of focus group discussions it is claimed that production increased by more than 30% as a result of using improved seed and improved agronomic practices. We note that our household study will further discuss the results regarding indicators 1-4.

With regard to **objective 3, "**70% of the members have paid and used BDS and chain finance services for their farming operations" the following activities were envisaged:

1 Create awareness among 111 FMOs/Unions to stimulate demand for business service
2 Support six locally initiated rural service providers
3 Monitor/observe 111 FMOs to apply the skill acquired from various trainings for the profitability of the FMOs/Unions
4 Stimulate MFI/Bank to develop suitable financial products for FMOs/Unions

The following outcomes were specified in the project document regarding objective 3:

1 Six NGOs have practiced fee based cost sharing systems on trainings
2 6NGOs graduated 75% of the FMOs
3 84 of the FMOs/Unions have paid and used BDS
4 7 rural BDS providers are established/strengthened

In the 2013 annual reports not much information is given about the first two activities and the specified outcome indicators. It seems that the unions play a key role in this respect and that the unions will become responsible for organizing awareness and a cost sharing system. As already noted above, one outcome is indeed accomplished: 94 FMOs of the 119 involved will graduate mid-2014.

It is mentioned that the learning by doing approach of capacity building was applied and "brought great competition and change in FMOs". With regard to BDS the 2013 report mentions that the six unions are able to pay and use BDS. They are employing more than six full time workers to provide services to the FMOs by covering all their costs. It is also noted that 80 FMOs have shared part of the training costs they provide. However, in most cases, FMOs are not willing to form linkages with BDS providers to purchase services as they are getting subsidized services from NGOs and government organizations. The report mentions that several unions have formed linkages with banks (Torban Kuttaye and Shanaan Galaan). Also some FMOs have been successful to get loans from MFIs.

With regard to **objective 4,** "seven small and micro scale agro/processing enterprises provide quality upgrading services to local producers and FMOs, so that their produce fetch higher prices on specific markets", the following outputs were envisaged:

1 Identification/assessment of interested processors and entrepreneurs
2 Facilitate formation of seven agro-processing enterprises that need FMOs products as an input and support FMOs (financial, material, technical)
3 Link FMOs to these enterprises and facilitate trust building processes

The following outcomes were specified in the project document regarding objective 4:

1 7 operational micro-enterprises have been established/strengthened

2 7 operational micro-enterprises have provided upgrading services to FMOs/Unions
3 Profitability and profit share in total chain increased by 15%

The annual report 2013 is very brief about these activities and outcome indicators. No information is provided. As stated above we have the impression that unions play a key role in this respect and that the unions will become responsible for organizing contacts with processors and entrepreneurs.

The overall goal of the project is to upgrade household living standards by improving production and accessing effective markets. Alternatively this purpose was formulated as: 111 FMO members annual income increased, on average, from Birr 7000 to Birr 10000 by the end of the project period. Two verifiable indicators were formulated in the project proposal regarding this goal (project planning matrix): an increase in crop sales income and personal investment at HH level (new livestock asset, HH ustensils, children at school, construction material etc.). In the household study (Section 5) we discuss the results we obtained regarding these indicators.

The household study allows us to test some outcome indicators at household level. We recall the following specific outcome indicators and translated them in effects at household level:

1 FMO/Union profitable channels – 75% of tradeable surplus channelled through FMO/Union. *Indicator: F12, F14, F18, G13-G18*
2 FMO/Union profitable channels - members have accessed diversified services of the FMO/Union. *Indicator: G19-G20*
3 FMO/Union profitable channels – 90% of the members are satisfied with the FMO/Union services. *Indicator: G21*
4 High value commodities – 80% of the members use improved seeds and other production enhancing technologies. *Indicator: D08, G19, G20*
5 High value commodities – All farmers manage to raise yields by 30%. *Indicator: D*

We also test the following more general outcome indicators derived from the overall goal of the project:

1 An increase in crop sales income (30%). *Indicator:* F12, F14

2 An increase in personal investment at HH level (new livestock asset, HH ustensils, children at school, construction material etc.). *Indicator: livestock, mobile phone, radio*

3 Food security. *Indicator: I01 – I11*

4 Method

The objective of this evaluation is to describe changes in outcome indicators that can be attributed to participation in the project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants (Armendariz, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not automatically provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized control trial (RCT). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RCTs, is not always possible because of program implementation or ethical reasons.

As we were not involved in the design of the project, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model one needs to have information about relevant indicators of the treatment group and the control group at two points in time,

preferably before (baseline) and after (end-line) the intervention. While the RCT methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RCT method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

The DD method works best if the treatment and comparison group are as comparable as possible. One popular method to achieve this is the propensity score method (PSM) (Rosenbaum, 1983). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by the intervention. These include stable characteristics of the household. If there is a proper baseline, outcome variables during baseline can also be used for matching, because they were not yet affected by the treatment. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. The DD method is then applied to households with propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded.

As indicated above, we first applied PSM and then estimated a DD model. Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time

period, X_{ijt} is a set of controls[1], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y, and is an unbiased estimate of the average impact on the dependent variable Y of being assigned to the treatment group provided the assumption of no selection on un-observables holds.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on un-observables. Adding DD to PSM helps picking up the time-invariant heterogeneity, but bias can still remain due to time-variant un-observables. We note that the possibility of time varying heterogeneity between control and treatment groups is less likely in this study as both groups are located in the same region and belong to the same agro-ecology and administrative system. We were also informed that no specific interventions were taking place in the Kebeles that are part of the control group. Yet, a positive significant effect in the DD model is a strong indication of an influential intervention. An insignificant effect (or even a significant negative effect), however does not necessarily imply that the intervention does not work, as in our analysis we only measure short-term effects.

Many of the outcome variables considered in the analysis are binary. In these cases, we estimated a linear probability model (LPM) and report the marginal effect of D_i^C for the impact of the project on outcome Y.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The DD model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As we deal with a number of drop-outs in the endline survey (Table 1) all estimations are done on the balanced panel.

[1] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

5 Data collection

This project C7 is strongly linked to the MFS II C5 – project "Integration of Information and Communication Technologies". C5 deals with the same regions, FMOs and SPOs (NGOs). The subset of FMOs that participated in the C5 project activities is sometimes smaller than the total number of FMOs involved in C7. Only 24 FMOs received an ICT infrastructure (treatment group 1) and only 44 FMOs participated in the trainings. However, the support given to the Unions, benefits all the FMOs as they have access to the market information and the information regarding production techniques. The projects are complementary. C7 is more oriented towards the strengthening of the organization of the FMOs and their Unions. This project (C5) focuses on the ICT service at Union/FMO level. Due to these linkages it is not possible to isolate the effects and impact of each project. Taking the complementarity into account it is also not useful to do that for the different indicators.

We conducted a survey of farmer households to measure the effects of the project. A first survey took place in September/October 2012 and a second survey in October/December 2014. The September 2012 survey can be considered as a kind of baseline but two limitations have to be taken into account. First, we described in Section 2 that most of the treated FMOs had already a relationship with the involved Ethiopian and Dutch NGOs and received support in the past to strengthen their organization. The performance of the FMOs may reflect the effects of earlier projects from which they benefitted. Moreover, implementation of the project activities (C5) started in January 2012. Knowing that it takes some time to observe the first effects of the intervention and that the data regarding the farming system resulted from decisions made before January, it seems to be reasonable to assume that the observations made for the first survey can be considered to be a baseline. The second survey can be regarded as a kind of end-line result. Although the project finished at the end of 2013 and the survey took place in October 2014, it is argued that the information obtained about the farming activities resulted from decisions made at the end of the project.

Next to the surveys we also did some qualitative studies at the level of the treated FMOs (ADAA - Abdi Rabii, Hawi Gudina, Borato Gaalo; CDI - Dolu Kersa, Jalela, Meda Gudina; HUNDEE – Kituma, Suqui Waqeyo, Goda Racha; FC – Siba Robe, Feyine, Rimessa). Five students of Groningen

University interviewed FMO responsibles, NGO fieldstaff and farmers to describe project activities. These qualitative studies were used to interprete the results of the survey data.

C7 and C5 cover all FMOs. We distinguish 2 treatment groups:

- T1. The treatment group, smallholders member of the 'treated' FMOs C7 and C5 (ICT for market information and ICT for organizational strengthening – objective 2).
- T2. The treatment group, smallholders member of the 'treated' FMOs C7 and C5 (ICT for market information only – objective 3)

We expect that the first treatment group is getting a more intensive treatment as computers are made available at the FMO's office. This may facilitate transparency and information dissemination at FMO level. We also expect that the selected FMOs for the more intensive treatment are also the better performing FMOs. Therefore, a first assessment of outcome indicators will concern the analysis of differences between treatment 1 and treatment 2 groups.

We distinguish two control groups:

- C1. Control group: smallholders from the same Kebele/village non-members of the FMO. This will help us to capture spill-over effects.
- C2. Control group: smallholders in another Kebele/village without access to FMO services

We sampled 4 NGOs: Hundee, FC, ADAA and CDI. Hundee and FC are selected as they have been indicated as local SPOs in the project documentation distributed by WOTRO. ERSHA and OSRA are not sampled as they operate in the same areas where HUNDEE and FC are operating. Due to budget constraints we had to limit the number of FMOs and households interviewed.

Table 1: Distribution of the NGOs and FMOs across Woredas

NGO	Woreda	No. of FMOs supported by C7 and C5 (only ICT for market information)	No of FMOs supported by C7 and C5 (ICT for market information and organizational strengthening)	Total
HUNDEE	Sinana	4	1	5
	Agarfa	2	0	2
	Dinsho	0	1	1
	Goba	2	1	3
	Jeldu	1	4	5
	Dandi	5	0	5
	Dawo	3	0	3
FC	Seddan Sodo	8	3	11
	Becho	2	3	5
	Dewo	3	4	7
ADAA	Arsi Negele	5	5	10
	Shashemene	2	4	6
CDI	Shala	1	4	5
	Shashemene	5	4	9
	Siraro	5	0	5
Total		48	34	82

The Woredas are in different regions of the country (Table 1). The FMOs are selected in two steps: first the Woreda, then FMOs. Woredas are first selected to make our comparison groups similar. If we choose the treatment group from one Woreda and the other treatment and non-treatment control group from another Woreda, we may get very heterogeneous groups in terms of crops they produce, productivity, access to markets, roads etc. We select non-participating farmers (C1) in the same Kebele as farmers selected for T1 and T2. Random selection of Woredas is not followed due to uneven distribution of FMOs across Woredas. We purposely selected those Woredas with a reasonable number of FMOs.

We intended to take 32 farmers from each sampled FMO, giving 256 observations for each treatment (T1 and T2). For the control group C1, 16 farmers were selected from the same Kebele (16 FMOs), giving 256 observations. For control group C2, 32 farmers were selected per Kebele without an FMO (8 Kebeles giving 256 observations). Note that an FMO is organized per Kebele. Hence the FMO name and the Kebele name are the same. The FMOs/Kebeles marked with * are receiving both C7 and C5, the FMOs/Kebeles marked with ** receive only C5 ICT market information. The difference is interpreted as a difference in the degree of treatment. Two FMOs are selected for each treatment from Arsi Negele and Shashemene because of the large number of FMOs in these Woredas. Likewise two control Kebeles without an FMO are selected from these Woredas.

Table 2: Full sample baseline and endline

Woreda	Kebele/FMO	Full sample size				SPO
		FMO members (T1+T2)		Non-FMO members (C1+C2)		
		Baseline	Endline	Baseline	Endline	
Sinana	Kituma *	39	35	14	14	HUNDEE
	Bikilitu**	29	28	15	15	HUNDEE
	Sambitu	-	-	32	28	-
Jeldu	Suqui Wageyo*	33	28	15	13	HUNDEE
	Goda Racha**	32	32	16	15	HUNDEE
	Kilbe Abo	-	-	32	31	-
Seddan Sodo	Siba Robe*	32	30	16	14	FC
	Wuli Gotera**	32	30	17	15	FC
	Ale Abeba	-	-	31	31	-
Dewo	Feyine*	32	32	16	15	FC
	Rimmessa**	32	27	16	12	FC
	Kecheicho Gerbi	-	-	32	32	-
Arsi-Negele	Abdi rabii *	40	39	8	8	ADAA
	Hawi Gudina*	37	37	11	11	ADAA
	Borata gaalo **	33	31	14	13	ADAA
	Gadisa Dahmota**	31	29	17	16	ADAA
	Ali Wayo	-	-	32	32	-
	Kersa Ilala	-	-	32	30	-
Shashemene	Dolu Karsa *	38	33	10	10	CDI
	Jalela *	46	45	1	1	CDI
	Meda-Gudina**	32	30	16	13	CDI
	Awara Badessa **	32	28	16	14	CDI
	Bute Filicha	-	-	32	32	-
	Alelu Illu	-	-	32	31	-
Total		550	514	473	446	
Attrition rate			6.55%		5.71%	

The FMOs/Kebeles marked with * are receiving both C7 and C5, the FMOs/Kebeles marked with ** receive only C5 ICT market information.

The intended number of respondents somewhat differs from the realized numbers. Three reasons explain this deviation. First, in some villages and in particular in Jalela, it was difficult to find non-members of the FMO. As required investment for membership is quite small (50-100 Birr) and social pressure to become member may exist, it was difficult to find non-members in Jalela. Second, sampling of members and non-members was done on the basis of information provided by the FMO. During the interviews it sometimes became clear that a member (non-member) considered himself or herself a non-member (member). The third reason is attrition. About 60 observations were lost due to the decease of the household head, the household moved to another Kebele or the household was not available for the end-line interview. As attrition was relatively well distributed over the Kebeles (Table 2) and the total number is limited, it is expected that the results are not affected by attrition.

The questionnaire addressed characteristics of the household and the farming system and consisted of 8 blocks of questions: household composition, household assets, land and crop production, livestock, access to markets and marketing, the FMO and its services, non-farm income and household expenditures, food security (Annex).

6. Analyses and results

Table 3 presents some descriptive statistics for household characteristics in the baseline study. In general we observe only minor differences in the averages between the treatment and the control groups. This implies that comparison of these farmers to identify treatment effects is promising as the 'common support' can be expected to be large. The age of the household head in the control group is somewhat lower and the household size somewhat smaller (Table 3). Education levels are the same for the treatment and the control group. Quite a number of the farmers is illiterate (30%) and the average number of years of education is quite low (4 years). The main occupation for nearly all interviewees is farming. The farmers in the treatment group own a bit more land (1.8ha vs 1.5ha[2]). We conclude that differences between the averages for the two groups are quite small, although some differences between the groups are significant. In order to control for these differences propensity score matching is applied for the 'difference-in-difference' analysis (see method section).

Table 3: Household characteristics (control variables)

	Total	N	Treatment	N	Control	N	t-stat
Demographics:							
HH Head male (%)	92	1023	91	550	93	473	-1.16
HH Head Age	43.7	1023	44.5	550	42.9	473	2.10**
Number of adults (>=15)	3.4	1023	3.5	550	3.3	473	1.59
Household size	6.6	1023	6.8	550	6.5	473	2.07**
Head of the household Muslim (%)	52	1020	54	549	49	471	1.59
Head of the household Christian (%)	47	1020	45	549	50	471	-1.45
Head married living with spouse (%)	91	1022	91	549	91	473	-0.23
Education and Occupation:							
Education level in years finished	4.3	1023	4.3	550	4.4	473	-0.29
Head illiterate (%)	30	1022	29	549	31	473	-0.53
Head with some elementary education (%)	37	1022	35	549	39	473	-1.31
Head with some secondary education (%)	14	1022	13	549	14	473	-0.39
Farming Main occupation (%)	94	1001	94	535	94	466	-0.10
Assets							
Land owned (ha)	1.7	1023	1.8	550	1.5	473	2.34**
Distance to Woreda market (km)	9.7	959	10.0	514	9.3	445	1.99**
Distance to all-weather roads (km)	4.6	1023	4.7	550	4.4	473	0.67

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

[2] Land ownership is taken as a control variable as property rights are fixed over time. The government distributes the ownership right to farmers. Land use is more flexible as land can be rented-out or rented-in. Therefore we take the cultivated area (land area under crop) as an outcome variable (Table 5).

Table 4, 5, 6 and 7 provide descriptive statistics for several outcome indicators. Table 4 reports information about general assets and expenditures showing that the averages for the treatment and control groups are quite similar. Interestingly, food *in*security somewhat decreased (improvement) for the treated group and leads to a significant difference if compared with the score for the control group in the outline. Mobile phone ownership increased significantly among farmers and, in particular among farmers in the treatment group.

Table 4: Outcome indicators: Expenditures, Food Insecurity and Assets

	Total	**N**	**Treatment**	**N**	**Control**	**N**	**t-stat**
Expenditures and Food Insecurity							
Expenditures last 7 days ETB per capita (baseline)	34.5	981	31.9	524	37.4	457	-1.23
Expenditures last 7 days ETB per capita (endline)	40.3	959	38.0	514	42.9	445	-1.29
Food Insecurity (baseline)	15.7	1023	15.9	550	15.6	473	0.65
Food Insecurity (endline)	15.5	960	15.1	514	16.0	446	-2.63***
Assets							
Household access to electricity (%) (baseline)	16	1018	14	549	19	469	-1.96**
Household access to electricity (%) (endline)	18	943	15	508	23	435	-3.08***
Household access to piped water (%) (baseline)	12	1014	13	547	10	467	1.05
Household access to piped water (%) (endline)	12	943	13	508	12	435	0.59
Do you own a radio? (%) (baseline)	47	1023	46	550	49	473	-0.78
Do you own a radio? (%) (endline)	49	960	50	514	49	446	0.30
Do you own a mobile phone? (%) (baseline)	46	1023	47	550	45	473	0.78
Do you own a mobile phone? (%) (endline)	69	960	72	514	66	446	2.24**

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 5 provides some indicators for the farming system. The average fertilizer use decreased for both groups. In line with the land owned the land area under crop is somewhat higher for the treatment group. We also observe an increase in the cultivated area in the endline survey. The percentage of farmers using improved seeds is larger among members of the FMO (treatment group). The average total quantity per hectare (in quintals) for four crops (teff, wheat, barley, maize) is quite stable and similar for treatment and control groups. We take the 4 most important crops together in order to get a reasonable amount of observations for each of the groups. The average total quantity sold and the total value of the sales are also quite similar for the treated and control groups. We observe an increase in production as a result of an increase in the cultivated area. This also explains part of the increase in sales value. Increasing prices explain the other part of the latter change.

Table 5: Outcome indicators: Farming System

	Total	N	Treatment	N	Control	N	t-stat
Fertilizer, Crops							
Fertilizer used (kg/ha) (baseline)	162	989	153	532	172	457	-1.05
Fertilizer used (kg/ha) (endline)	125	944	130	507	120	437	1.22
Land area under crop (ha) (baseline)	1.8	1023	1.9	550	1.7	473	1.94*
Land area under crop (ha) (endline)	2.1	960	2.2	514	1.9	446	2.36**
Improved seeds (baseline) (%)	38	698	45	537	15	161	7.19***
Improved seeds (endline) (%)	41	691	47	509	22	182	6.09***
Total quantity per hectare/quintal 4 crops (baseline)	11.8	1023	11.8	550	11.8	473	-0.0287
Total quantity per hectare/quintal 4 crops (endline)	11.6	960	11.6	514	11.7	446	-0.1155
Average quantity sold/quintal 4 crops (baseline)	7.9	1023	8.1	550	7.7	473	0.4662
Average quantity sold/quintal 4 crops (endline)	10.7	960	10.8	514	10.6	446	0.2008
Average value sales 4 crops (baseline)	5288	1023	5483	550	5061	473	0.8545
Average value sales 4 crops (endline)	8493	960	8606	514	8362	446	0.2878
Livestock							
Livestock owned (cows/bulls/heifer/oxen/horses) (baseline)	5.4	1023	6.0	550	4.7	473	3.83***
Livestock owned (cows/bulls/heifer/oxen/horses) (endline)	6.4	960	7.2	514	5.4	446	3.82***
Livestock owned (goats/sheep) (baseline)	2.0	1023	1.9	550	2.0	473	-0.25
Livestock owned (goats/sheep) (endline)	2.9	960	3.1	514	2.6	446	1.44
Livestock owned (poultry) (baseline)	1.3	1023	1.5	550	1.2	473	2.56**
Livestock owned (poultry) (endline)	1.6	960	1.8	514	1.3	446	3.39***
Market information							
FMO most important source of information (%) (baseline)	0.5	928	0.8	500	0.2	428	1.17
FMO most important source of information (%) (endline)	5	779	8	424	1	355	4.36***
Market information received through mobile (%) (baseline)	27	1012	30	543	23	469	2.53**
Market information received through mobile (%) (endline)	20	960	22	514	17	446	2.01**

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

We observe a small increase in livestock owned by the households in the period under study for both treated and control farmers. Treated farmers have on average a bit more livestock than farmers in the control group. In the baseline study only a few farmers indicated that the FMO was the most important source of market information. It is disappointing to observe that in the endline less than 10% of the farmers of the treated group (members of the FMO) indicate that the FMO is the most important source of market information. Interestingly the use of the mobile phone for getting access to market information seems to decrease among farmers (treatment and control group). This is somewhat disturbing as mobile phone ownership increased and the project invested in access to market information through mobile phones.

Table 6 provides information about the selling and buying behavior of farmers. Among members (treatment group) the use of the FMO to buy fertilizer and seeds is quite stable for the baseline and the endline. About 45% of the members buy these inputs through the FMO. Interestingly, the role of the FMO for these inputs increases in particular among non-members (control group). Less than 50% of the farmers is selling output to the FMO. Remarkably this percentage is not increasing over time. The difference between control and treated groups is significant.

Table 6: Outcome indicators: Selling to/buying from FMO

	Total	N	Treatment	N	Control*	N	t-stat
Buying inputs from the FMO							
Fertilizer (baseline) (%)	35	699	40	538	17	161	5.46***
Fertilizer (endline) (%)	34	691	37	509	26	182	2.50**
Sales to the FMO							
Have you sold to the FMO last year? (% baseline)	41	612	46	465	23	147	5.02***
Have you sold to the FMO last year? (% endline)	38	713	45	514	20	199	6.24***
Average quantity sold to FMO quintals/4 crops (baseline)	5.9	175	6.1	144	4.7	31	0.91
Average quantity sold to FMO quintals/4 crops (endline)	8.7	199	8.9	174	7.3	25	0.60
Average quantity sold to traders quintals/4 crops (baseline)	9.4	715	9.6	350	9.2	365	0.45
Average quantity sold to traders quintals/4crops (endline)	11.5	686	11.3	326	11.8	360	-0.41
Average value sales to FMO 4 crops (baseline)	3743	175	3895	144	3038	31	1.04
Average value sales to FMO 4 crops (endline)	7290	199	7435	174	6279	25	0.59
Average value sales to private traders/4 crops (baseline)	6324	715	6649	350	6011	365	0.99
Average value sales to private traders/4 crops (endline)	9041	686	8777	326	9281	360	-0.51
Average quantity sold to FMO							
qt of teff sold to FMO (baseline)	3.9	36	4.1	32	1.9	4	1.16
qt of teff sold to FMO (endline)	5.5	94	5.7	83	3.6	11	1.33
qt of wheat sold to FMO (baseline)	6.2	105	6.7	83	4.3	22	1.17
qt of wheat sold to FMO (endline)	10.1	96	10.0	83	10.5	13	-0.14
Average quantity sold to traders							
qt of teff sold to trader (baseline)	4.0	266	4.3	139	3.7	127	1.19
qt of teff sold to trader (endline)	5.0	286	4.6	130	5.3	156	-0.81
qt of wheat sold to trader (baseline)	11.5	429	11.8	216	11.2	213	0.35
qt of wheat sold to trader (endline)	11.5	445	11.3	222	11.7	223	-0.22
Price received from FMO							
Teff (baseline)	1084	36	1068	32	1217	4	-1.48
Teff (endline)	1173	93	1172	83	1185	10	-0.25
Wheat (baseline)	652	105	645	83	677	22	-1.07
Wheat (endline)	717	96	715	83	735	13	-0.75
Price received from private trader							
Teff (baseline)	1045	266	1030	139	1061	127	-1.04
Teff (endline)	1201	286	1200	130	1202	156	-0.14
Wheat (baseline)	642	429	644	216	641	213	0.23
Wheat (endline)	735	445	733	222	736	223	-0.30

*We note that all questions regarding the FMO are not applicable to farmers in control group 2 as these villages generally do not have access to FMO services. The control group for these questions is C1. Only the questions regarding sales to traders provides the average for C1 and C2 (average quantity sold to traders, teff/wheat average and prices). ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

The total average quantity sold is quite similar for treatment and control groups (Table 5). Figures show an increase in total average sales for the period under study: 7.9 quintal to 10.7 quintal. The vast majority of the output is sold to private traders as the number of observations for sales to private traders is much higher than the number of sales to the FMO. We calculated this figure for the four most important crops (teff, wheat, barley, maize). For the two most popular crops we further analyzed the sales and the prices (Table 6). The quantity of teff and wheat sold increased significantly for all farmers. Interestingly, the FMO seems to play a relatively more important role as an increasing share is sold to the FMO, in particular by FMO members. At the same time we observe that, to date, most of the output is sold to private traders. In the endline 83 (83) farmers, members of the FMO, sold teff (wheat) to the FMO while

130 (222) farmers sold to private traders. It is also noted that the average quantities sold are quite similar. The table also indicates that the price differences between sales to the FMO and private traders are not very different. Some spillover effects become clear as non-members living in the FMO village (Control group 1) also sell to the FMO.

Table 7: Outcome indicators: FMO Services use and perceptions

	Total	N	Treatment	N	Control*	N	t-stat
Use of services (%)							
Training on agricultural production (baseline)	45	676	54	520	12	156	9.95***
Training on agricultural production (endline)	58	291	59	247	50	44	1.13
Training on marketing and business (baseline)	44	677	54	521	11	156	10.24***
Training on marketing and business (endline)	55	290	57	249	46	41	1.23
Did you receive any price information (baseline)	41	701	51	540	7	161	10.50***
Did you receive any price information (endline)	41	691	48	509	20	182	6.75***
Perceptions baseline-endline (1=totally disagree, 3=neither agree nor disagree, 5= totally agree))							
FMO is the preferred buyer (baseline)	3.8	645	3.9	538	3.3	107	4.43***
FMO is the preferred buyer (endline)	3.8	687	3.9	508	3.4	179	4.77***
FMO strengthens position farmers (baseline)	3.9	644	4.0	537	3.4	107	4.63***
FMO strengthens position farmers (endline)	3.6	688	3.7	509	3.3	179	3.12***
Better prices through the FMO (baseline)	3.9	645	3.9	538	3.4	107	4.20***
Better prices through the FMO (endline)	3.6	688	3.7	509	3.2	179	4.08***
Perceptions endline (yes =1)							
FMO is a weak organization	37	688	36	509	41	179	-1.24
Since the FMO market information is easier	62	688	64	509	56	179	2.04**
Major purpose of FMO is access to inputs/cons. goods	63	688	66	509	55	179	2.51**
Major purpose of FMO is providing good selling opportunities	78	688	81	509	71	179	2.68***

*We note that all questions regarding the FMO are not applicable to farmers in control group 2 as these villages generally do not have access to FMO services. The control group for these questions is C1. ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 7 provides information about the use of FMO services and perceptions regarding the importance of the FMO. Somewhat more than 50% of the members used the FMO during the last year to get training on agricultural production, training on marketing and business and price information. For some of these services spill-over effects are quite high. In the endline study a large number of non-members indicate that they also use the FMO for these services. Perceptions regarding the role of the FMO are quite good (somehow agree). We note that scores are acceptable but do not increase over time. About 36% of the farmers in the treatment group confirm the statement that the FMO is a 'weak' organization. In general we observe that the members are more positive about the FMO than the non-members living in the FMO village (control group 1).

The next step in the analysis is to isolate the treatment effect for the period under study. The difference-in-difference method (see method section) will be applied to analyze differences between the subgroups T1/T2/C1/C2. Differences over time and between Zones can be allocated to three effects:

- the change in the outcome variable (endline minus baseline) for the control C1/C2
- the difference in the outcome variable between the treatment T1/T2 and the control C1/C2 at the moment of the baseline
- the effect of the treatment during the period under study (endline minus baseline)

For our analysis the third effect is most important as it isolates the effect of the treatment on the treated. In the Annex the results of the analysis are given.

First we compare treatment differences between T1 and T2. We already explained that the treatment for T1 is more intensive as computer facilities are made available at FMO level. In order to test for the importance of these differences we check whether there is a significant difference in treatment effects that results from the different treatments. We do not present the results in the annex or the tables as we came to the conclusion that the different treatment does not lead to differences in the treatment effect. No significant differences in treatment are observed for expenditures, assets, farming system indicators and sales to the FMO. Remarkably, the effect on the food insecurity index and expenditures per capita was negative (5% level), meaning that the treatment effect for food insecurity was stronger (more negative meaning a further *reduction of food insecurity*), but negative on weekly expenditures. We conclude that the differences in the treatment between T1 and T2 are too small to result in significantly different outcomes.

Table 8 shows that only a few treatment effects are identified. If treatment groups T1 and T2 are compared with control group 1 the non-significance could be interpreted as the result of spillover effects. Only with regard to food insecurity and ownership of cows the treated groups show a somewhat better performance. However, most treatment effects are also not significant if the treated groups are compared with the farmers who do not have access to FMO services (C2). Food insecurity shows a treatment effect in the targeted direction. For fertilizer and improved seeds this effect is rather negative as increased use of these inputs in the C2 group is even stronger (also see tables 5 and 6). We see some improvement regarding the FMO as a

major source of information. This is a somewhat trivial result as FMOs are not operating in C2. We recall that less than 10% of the farmers in T1/T2 indicate that the FMO is their most important source for market information. Quite disappointing is that there are no treatment effects observed regarding the average quantity per hectare, the average quantity sold and the value of sales. We conclude that differences in the performance of treatment and control groups with regard to these indicators cannot be attributed to the treatment.

Table 8: Treatment effects: Expenditures, Food Insecurity, Assets, Farming System

	Control 1	Control 2
Expenditures and Food Insecurity		
Expenditures last 7 days ETB	ns	ns
Food Insecurity (endline)	-**	-**
Assets		
Household access to electricity and piped water (index 0-2)	ns	ns
Do you own a radio? (%) (baseline)	ns	ns
Do you own a mobile phone? (%)	ns	ns
Fertilizer, Crops		
Fertilizer used (kg/ha)	ns	-*
Improved seeds (yes=1)	ns	-**
Average quantity per hectare/quintal (4 crops)	ns	ns
Average quantity sold/quintal (4 crops)	ns	ns
Average value of sales	ns	ns
Livestock		
Livestock owned (cows/bulls/heifer/oxen/horses)	+*	ns
Livestock owned (goats/sheep)	ns	ns
Livestock owned (poultry)	ns	ns
Market information		
FMO most important source of information (%)	ns	+***
Market information received through mobile	ns	ns

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level, ns=not significant.

Table 9 confirms the average results already presented in Table 6. With regard to the buying of fertilizer we observe a negative treatment effect reflecting the steady increase of procurement of fertilizer from the FMO by non-members (C1) living in the same area. In Table 8 we compared the treated groups with farmers having no access to FMO services. Regarding total average sales and production per hectare no significant differences were identified between treated and control groups. The significant difference that exists is that there is an increase in the sales to the FMO by the members as well as the non-members living in the same Kebele.

Table 9: Treatment effects: Selling to/buying from FMO

	Control 1
Buying inputs from the FMO	
Fertilizer (%)	-**
Sales to the FMO	
Have you sold to the FMO last year?	ns
Average quantity sold to FMO	ns
Average quantity sold to traders	ns
Average value of sales to FMO	ns
Average value of sales to traders	ns
Average quantity sold to FMO	
qt of teff sold to FMO	ns
qt of wheat sold to FMO	ns
Average quantity sold to traders	
qt of teff sold to trader	ns
qt of wheat sold to trader	ns

note: ns=not significant

Table 10 shows that the total estimated value of sales to the FMO more than doubled (147%) for members (T1 and T2). The value of sales to private traders increased with 'only' 31%. The figures are somewhat lower but still encouraging for the increase in quantities (control for price increases). The figures are derived from the information presented in Table 5. Here we would certainly find a significant treatment effect if T1/T2 would be compared with C2. The fact that none of the C2 farmers sells to the FMO makes this exercise somewhat trivial as farmers in this control group (C2) sell 100% of their output to private traders.

Table 10: Estimated distribution of sales to the FMO and private traders (four crops)

	Sales to FMO and private traders			
	Total Quantity (four crops, quintal)		**Total Value (four crops, ETB)**	
	FMO	Private traders	FMO	Private traders
Baseline	878	3360	560,880	2,327,150
Endline	1657	3942	1,384,248	3,061,593
% incease	89%	17%	147%	31%

note: as the number of observations in the endline is lower than the number of observations in the baseline (550 vs 514) we corrected the outcomes of the endline study with the factor 550/514= 1.07 (calculations are derived from figures presented in Table 2 and Table 6).

Table 11 shows effects on the use of services obtained. As indicated in Table 7 use of services was quite stable among members. Significant increases were observed for the non-members living in the same village (C1). This is confirmed by the negative treatment effects observed in Table 11. With regard to the perceptions no differences in treatment effects are identified, which is also in line with the averages presented in Table 7. We recall that we did not ask

farmers who have no access to FMOs (C2) to reply these questions as they have no experience with the services of an FMO.

Table 11: Treatment effect: Services obtained and perceptions regarding the FMO

	Control 1
Services obtained	
Training on agricultural production	-***
Training on marketing and business	-***
Did you receive any price information	ns
Comparison baseline-endline (yes =1)	
FMO is the preferred buyer (baseline)	ns
FMO strengthens position farmers (endline)	ns
Better prices through the FMO (baseline)	ns

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level, ns=not significant.

7. Discussion

We recall the following specific outcome indicators and translated them in effects at household level:

1 FMO/Union profitable channels – 75% of tradeable surplus channelled through FMO/Union. *Indicator survey: F12, F14, F18, G13-G18*

This target is not realized for the members of the FMO. About 50% of the members do not sell at all to the FMO. The data also show that on average members sell less than 50% of the value through the FMO: on average they sell 8.9 quintal to the FMO and 11.3 quintal to private traders (data endline study). These figures were calculated for the most important four crops: wheat, teff, barley and maize (Table 6)

2 FMO/Union profitable channels - members have accessed diversified services of the FMO/Union. *Indicator survey: G19-G20*

Members use indeed the services provided by the FMO. About 50 to 60 % of the members indicate that they have used services (training or price information) from the FMO

3 FMO/Union profitable channels – 90% of the members are satisfied with the FMO/Union services. *Indicator survey: G21*

We observe that on average farmers are quite satisfied with the FMO (Table 7). Although the target of 90% is too ambitious (closer to 75-80%).

4 High value commodities – 80% of the members use improved seeds and other production enhancing technologies. *Indicator survey: D08, G19, G20*

Our data show that nearly 50% of the members use enhanced seeds and 59% of the farmers received training on agricultural production techniques the last year. Moreover, no positive treatment effects are identified.

5 High value commodities – All farmers manage to raise yields by 30%. *Indicator survey: D*

We fail to observe a significant increase in yields (Table 5). We also fail to identify a treatment effect, confirming that the treatment group did not outperform both control groups.

6 An increase in crop sales income (30%). *Indicator survey:* F12, F14

The increase in value is indeed large and close to the target of 30% (Table 5). We note that the increase is not the result of an increase in yield but the effect of price increases and an increase in the cultivated area. To some extent the result is disappointing as we are not able to identify a treatment effect, meaning that the improvement cannot be attributed to the project intervention.

7 An increase in personal investment at HH level (new livestock asset, HH utensils, children at school, construction material etc.). *Indicator survey: livestock, mobile phone, radio*

The ownership of livestock somewhat increased and, in particular the ownership of mobile phones became more popular. However, no treatment effects are identified, so this change cannot be attributed to the project.

8 Food security. *Indicator survey: I01 – I11*

Food security somewhat improved and our data indicate that this can be attributed to the project. This implies that food security improved more among the treated farmers if compared with the scores of the control groups (C1 and C2).

8. Conclusion

We conclude that this project realized some of its objectives. However, it also failed to realize others. We recall that 50% of the members in the endline study did not sell to the FMO and that

most of the surplus is sold to private traders. The FMOs' turnover increased, but the total turnover of the FMOs is still much lower than the marketable surpluses FMO members produce. We do not have any information about the financial position of the Unions. However, if the realized turnover of the FMOs is taken into account the question raises whether the involved costs of the Union organization can be recouped. In the start-up phase this may be accepted as donors and local governments are willing to provide a helping hand, but for the near future this may lead to serious problems. Increasing the turnover of Unions is key. Realizing this objective through an increase in the number of members is dissuaded as this will increase the agency cost, or cost of organization. More promising is aiming at a further increase in the share of the members' surplus sold through the FMO. This implies that the commitment of farmers to sell through the FMO has to increase further. It is exactly this commitment that may be questioned as many farmers prefer to sell to private traders and no incentive exists to reorient them towards the FMO.

The qualitative studies we carried out in several Kebeles show that this commitment concerns a serious challenge. The FMOs and Unions do have potential as their resources may solve some of the weaknesses in competitiveness of smaller farmers in the Ethiopian food market. This argument is in line with the literature we referred to in Section 2. However, we observed that members do not share a clear common vision regarding future goals. Ambiguity in this respect not only leads to confusion but also reduces the commitment among members to invest in the organization. Investment not only concerns financial means or shares, but also the commitment to sell through the FMO and the willingness to pre-finance its transactions for a couple of weeks. The challenge is to solve this issue as the future of these organization mainly depends on the commitment of the members and not on investments external donors are willing to make.

A related issue concerns the positioning of the FMO. Two questions require a clear answer as they will determine the willingness to invest of the members. A first question requires a clear differentiation from the government supported multipurpose cooperatives. The challenge is to make clear which additional services are needed. The second issue is to make clear whether the FMO is 'community oriented' or 'market oriented' (Bernard et al., 2008). The first type focuses on the provision of goods to all the members of the community while the second type focuses on services for club members. We know from existing literature that a focus on club members

makes it easier to ask farmers to invest more in their organization. We are *not* saying that this is indeed the best option, we only say that a clear choice has to be made in order to develop a consistent vision regarding the FMOs' targets and the expected contributions of its members. This means that a focus on club members may also increase requirements regarding investment per member, while a focus on the community implies that only small contributions from individual members are expected.

Table 12: Project final scores

On a scale of 1 to 10, with 1 being "not at all" and 10 being "completely", for this project, how much do you agree with the following statements:	
The project was well designed.	8
The project was implemented as designed.	8
The project reached all its objectives.	5
The observed results are attributable to the project interventions.	7
The observed results are relevant to the project beneficiaries.	6
The project was implemented efficient.	6

On the basis of the project proposal and the annual reports we conclude that this project was well designed and implemented. The project reached some of its objectives but also failed to realize others. In particular the members' practice to sell most of the surplus to private traders concerns a major challenge. Moreover, we failed to identify several expected treatment effects (except for food security), showing that these results cannot be attributed to project interventions. The observed results are relevant for the project beneficiaries but further improvement is needed. It is too early to assess the efficiency of the project as the effect on most outcome indicators is still lacking or weak. Moreover, effective use and the realization of effects at farm level require a certain learning period. The project has been too ambitious in expecting that Unions could be established, an ICT infrastructure created and outcomes realized in a three year period. In line with this we would advise to fund a similar project in the future but to extend the implementation period in order to organize the FMOs/Unions and to introduce ICT facilities at FMO level properly. The FMOs/Unions still face serious challenges and cannot survive without external support. The worst thing that may happen is a sudden end of project support as this may jeopardize past investments.

Regarding the project evaluation we note that several limitations affected the evaluation. Most important is that the two year time difference between the baseline and the endline is very short. As mentioned above a learning period is required to assess the opportunities. It is well possible that the major outcomes of this project will become measurable only in the coming years.

References:

Armendáriz, B. and Murdoch, J. (2010). *The Economics of Microfinance*. The MIT Press, second edition.

Bernard, T., Collion, M. H., de Janvry, A., Rondot, P. and Sadoulet E. (2008). Do village organizations make a difference in African rural development? A study for Senegal and Burkina Faso. *World Development,* Vol 36 (11), 2188-2204.

Bernard, T., Spielman, D.J. Taffesse, A. S. Gabre-Madhin, E.Z. (2010). Cooperatives for staple crop marketing: Evidence from Ethiopia. *International Food Policy Research*, Washington.

Fisher, E and Qaim M. (2011). Linking Smallholders to Markets: Determinants and Impacts of Farmer Collective Action in Kenya. *World Development,* Vol 40 (6), pp. 1255-1268.

Rosenbaum, P. R. and Rubin, D. B. (1983). The central role of the propensity score in observational studies for causal effects. *Biometrika,*Vol. 70 (1) pp.41-55.

World Bank (2007) *World Development Report 2008, Agriculture for Development.* Washington, DC: World Bank.

Appendix

Table A1: DD estimates T1/T2 – C1: Expenditures, food security, assets, livestock (with controls)

VARIABLES	(1) Expenditures last seven days	(2) Food Insecurity	(3) Access to Electricity / Piped water	(4) Do you own a radio?	(5) Do you own a mobile phone?	(6) Livestock: cows, bulls, heifers, oxen, horses	(7) Livestock: goats, sheep	(8) Livestock: poultry
Year	0.478***	-0.051	0.032	-0.084	0.216***	-0.008	0.137	-0.020
Treat	0.036	-0.194	0.099***	0.076*	0.123***	0.071	0.144	0.045
TreatYear	0.067	-1.544**	-0.010	0.081	0.020	0.148*	0.118	0.079
Constant	0.460	17.473***	0.071	0.438**	0.572***	0.159	-0.015	0.120
Observations	1156	1276	1276	1276	1276	1172	678	984
R-squared	0.325	0.158	0.446	0.175	0.288	0.336	0.178	0.216

Table A2: DD estimates T1/T2 – C2: Expenditures, food security, assets, livestock (with controls)

VARIABLES	(1) Expenditures last seven days	(2) Food Insecurity	(3) Access to Electricity / Piped Water	(4) Do you own a radio?	(5) Do you own a mobile phone?	(6) Livestock: cows, bulls, heifers, oxen, horses	(7) Livestock: goats, sheep	(8) Livestock: poultry
Year	0.695***	1.168	0.139**	0.064	0.157***	0.095	0.143	0.013
Treat	0.101	1.471***	-0.113***	-0.071*	0.001	0.211***	-0.092	0.083
TreatYear	-0.101	-1.562**	-0.063	-0.017	0.025	0.003	0.074	0.017
Constant	3.333***	18.683***	0.461**	0.334	0.467**	0.285	-0.023	0.300
Observations	1340	1367	1367	1367	1367	1231	745	1022
R-squared	0.406	0.143	0.443	0.158	0.254	0.338	0.229	0.216

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: land owned, occupation, religion, sex hhhead, age of the head, size of the hh, education, number of adult males/females, distance to market, Zone, Woreda. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1.

Table A3: DD estimates T1/T2 – C1: Fertilizer, crops, market information (with controls)

VARIABLES	(1) Fertilizer used (kg/ha)	(2) Improved seeds	(3) Average yield per hectare (4 crops)	(4) Average quantity sold (4 crops)	(5) Average value of sales (4 crops)	(6) FMO most important source of market information	(7) Market information received through mobile phone
Year	0.254*	0.179**	-0.173***	0.478***	0.660***	0.033	0.021
Treat	0.103	0.054	-0.005	0.036	0.036	0.008	0.122***
TreatYear	0.015	0.030	0.032	0.067	0.070	0.030	-0.056
Constant	2.925***	0.162	2.492***	0.460	6.936***	0.204**	0.287
Observations	1161	1276	1276	1156	1156	1109	1269
R-squared	0.214	0.220	0.331	0.325	0.289	0.065	0.151

Table A4: DD estimates T1/T2 – C2: Fertilizer, crops, market information (with controls)

VARIABLES	(1) Fertilizer used (kg/ha)	(2) Improved seeds	(3) Average yield per hectare (4 crops)	(4) Average quantity sold (4 crops)	(5) Average value of sales (4 crops)	(6) FMO most important source of market information	(7) Market information received through mobile phone
Year	0.530***	0.337***	-0.023	0.539***	0.747***	-0.001	-0.087
Treat	0.367***	0.122***	-0.016	-0.134*	-0.061	0.004	0.079**
TreatYear	-0.214*	-0.133**	-0.098***	-0.028	-0.053	0.067***	-0.032
Constant	2.699***	0.204	2.432***	0.331	6.790***	0.173**	0.328*
Observations	1242	1367	1367	1254	1254	1185	1361
R-squared	0.193	0.239	0.313	0.345	0.300	0.077	0.151

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: land owned, occupation, religion, sex hhhead, age of the head, size of the hh, education, number of adult males/females, distance to market, Zone, Woreda. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1.

Table A5: DD estimates T1/T2 – C1: Inputs and sales to FMO, sales to private traders (with controls)

VARIABLES	(1) Buying fertilizer from FMO	(2) Selling output to the FMO	(3) Average quantity sold to the FMO	(4) Average quantity sold to traders	(5) Average value of sales to FMO	(6) Average value of sales to private traders	(7) Quantity of teff sold to the FMO	(8) Quantity of wheat sold to the FMO	(9) Quantity of teff sold to traders	(10) Quantity of wheat sold to traders
Year	0.145**	-0.108	0.307	0.338**	0.573*	0.493***	-0.036	0.780*	0.383	0.541***
Treat1	0.145***	0.195***	-0.093	0.030	-0.106	0.038	0.259	-0.036	0.042	0.267**
TreatYear1	-0.113**	0.062	0.380	0.029	0.399	-0.009	-0.159	0.211	-0.140	-0.106
Constant	0.224	0.479**	-0.263	0.976**	6.367***	7.584***	0.171	-2.523**	0.463	1.264**
Observations	1199	1146	328	855	328	855	118	173	341	549
R-squared	0.261	0.142	0.361	0.336	0.364	0.265	0.444	0.486	0.367	0.383

Table A6: DD estimates T1/T2 – C1: FMO services used and perceptions(with controls)

VARIABLES	(1) Training on agricultural production	(2) Training on marketing and business	(3) Did you receive any price information	(4) FMO is the preferred buyer	(5) FMO strengthens the position of farmers	(6) Farmers receive better prices through the FMO
Year	0.463***	0.456***	0.076	0.098	-0.063	-0.073
Treat	0.379***	0.379***	0.346***	0.435***	0.518***	0.463***
TreatYear	-0.292***	-0.312***	-0.088	0.098	-0.081	0.053
Constant	0.243	0.102	-0.034	4.350***	3.595***	3.813***
Observations	829	825	1201	1152	1152	1153
R-squared	0.230	0.247	0.200	0.147	0.146	0.140

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: land owned, occupation, religion, sex hhhead, age of the head, size of the hh, education, number of adult males/females, distance to market, Zone, Woreda. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1.

Endline report – Ethiopia, FSCE MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Elias Zerfu [2]
Derbew Kefyalew [2]
Nicky Buizer [1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February Results - changes

Report CDI-15-055

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, N.N. Buizer, 2014. *Endline report Ethiopia, FSCE. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI- 15-055. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, FSCE. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI- 15-055

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **9**

1.1 Purpose and outline of the report 9
1.2 Brief summary of analysis and findings 10

2 Context and General Information about the SPO – (FSCE) **13**

2.1 General information about the Southern Partner Organisation (FSCE) 13
2.2 The socio-economic, cultural and political context in which the partner operates 13
2.3 Contracting details 15
2.4 Background to the Southern Partner Organisation 15

3 Methodological approach and reflection **19**

3.1 Overall methodological approach and reflection 19
3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4 20
3.3 Attributing changes in organisational capacity - evaluation question 2 and 4 22
3.3.1 Selection of SPOs for 5C process tracing 22
3.3.2 Key steps in process tracing for the 5C study 22
3.3.3 Methodological reflection 23

4 Results **27**

4.1 MFS II supported capacity development interventions 27
4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4 28
4.2.1 Changes in the five core capabilities 29
4.2.2 Key organisational capacity changes - general causal map - 33
4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4 36
4.3.1 Improved M&E capacity using RBM approach 37
4.3.2 Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) Approach 43

5 Discussion and conclusion **49**

5.1 Methodological issues 49
5.2 Changes in organisational capacity development 50
5.3 Attributing changes in organisational capacity development to MFS II 52

References and Resources **59**

List of Respondents **62**

Appendix 1 Methodological approach & reflection **63**

Appendix 2 Background information on the five core capabilities framework **88**

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators **90**

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation Forum on Sustainable Child Empowerment (FSCE) and the Co-Financing Agency Stichting Kinderpostzegels Netherlands (SKN) for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to FSCE, SKN, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

Causal map	Map with cause-effect relationships. See also 'detailed causal map'.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CBOs	Community Based Organizations
CCRDA	Consortium of Christian Relief and Development Association
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CLFZ	Child Labour Free Zone
CRA	Child Rights Alliance
CRDP	Child Resource Development Program
CRS	Catholic Relief Services
CS	Civil Society
CSO	Civil Society Organization
C&DA	Child and Development Alliance
Detailed causal map	Also 'model of change'. The representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
DFID	UK Department for International Development
DCI/ECPAT	Defence for children/End child prostitution, Pornography and Trafficking
FGM/C	Female genital mutilation/cutting
FSCE	Forum on Sustainable Child Empowerment
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
GTP	Growth and Transformation Policy
ICCO	Interchurch organization for development cooperation
IFPRI	International Food Policy Research Institute
ILO	International Labour Organisation
KNH	Kindernothilfe
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MoFA	Ministry of Foreign Affairs
MFS	Dutch co-financing system
MIS	Management Information System
MSCP	Multi Stakeholder Child Protection Structures
NGO	Non-Governmental Organisation
OAK	Swiss Development Aid Foundation
OD	Organisational Development
OVC	Orphans and Vulnerable Children
NAP-GE	National Action Plan for Gender Equality
PACT	membership organization of U.S. PVOs to facilitate the distribution of small USAID grants to PVOs working in relief and development assistance
PIN	People in Need
PME	Planning, Monitoring and Evaluation
PPFA	Planned Parenthood Federation of America
PRA	Priority Result Area

Process tracing	Theory-based approach to trace causal mechanisms
PVOs	Private and Voluntary organisations
RCT	Randomized Control Trials
SHG	Self Help Groups
SKN	Stichting Kinderpostzegels Netherlands
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
SSSK	Students Supporting Street Kids
ToC	Theory of Change
UNCRC	United Nations Children Rights Council
UNICEF	United Nations Children's Fund
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

Achievement of Millennium Development Goals (MDGs) & themes;

Capacity development of Southern partner organisations (SPO) (5 c study);

Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: FSCE in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in chapter 4.2.2.

For those SPOs involved in process tracing a summary description of the causal maps for the identified organisational capacity changes in the two selected capabilities (capability to act and commit; capability to adapt and self-renew) is provided (evaluation questions 2 and 4). These causal maps describe the identified key organisational capacity changes that are possibly related to MFS II interventions in these two capabilities, and how these changes have come about. More detailed information can be found in chapter 4.3.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, in all capabilities changes (improvements or deteriorations) took place.

Deteriorations took place in the indicators under the capability to act and commit, due to internal problems FSCE experienced. In May 2013 an organisational development (OD) study was initiated, that was completed in Dec 2013. This study concluded that to improve internal functioning a new director was required. This new director started in March 2014, only two months prior to the endline workshop. Many staffs are still frustrated and funding is still low due to this period of internal problems. Funding is said to have declined because of many different reasons, one being the internal problems, but others include restrictive NGO legislation and donors wanting to work in coalitions. As the positive changes of installing a new director were very recent, many staffs still felt that there was some delay in implementing the OD study's recommendations. The strategic plan has been revised but it is not yet guiding FSCE's daily operations. Due to the lower annual budget, staff turnover increased. Some staff resigned due to low salaries and staff performance evaluation is not well managed. Compared to similar organisations, the benefit package at FSCE is poor and training opportunities for staff have decreased since the baseline. Little training has been given since 2012 because there has been less emphasis on getting funding for trainings and the 30/70 rule, in which trainings fall under the 30% of the budget that can be spent on administrative costs, has not helped in this respect. Skilled staff has left the organisation so that, although staff that remained has gained some skills due to experience and self-organised trainings, overall there is a slight deterioration in staff skills. New staffs hired do have clear roles and responsibilities that fit in the organisational structure of FSCE.

In the capability to adapt and self-renew FSCE saw some deterioration and some improvements. Staff have improved there M&E competencies especially due to an M&E training during the Annual MFS II partner meeting in May 2014. There is a team of experts that works on M&E and support the area program offices. More emphasis is now given to reporting on outcome indicators. With the new leadership, organisational management is making use of M&E findings at organisational and program level to make timely decisions. While some improvements have been made in terms of creating moments for critical reflection, the general feeling among staff is that because of the internal problems and reorganisation process that followed not enough attention has been given to this. The same holds for staff's freedom to share ideas: there are some very recent positive developments but the internal communication problems under the previous management worsened the situation since the baseline.

In terms of the capability to deliver on development objectives, FSCE shows very slight improvement in its cost-effectiveness. In this regard, the organisation is developing guidelines on project proposal

development, project appraisal, realignment of activities and budgets in the annual action plan, and is undertaking financial activities with deadlines and reviewing the M&E system and M&E application.

In the capability to relate, FSCE has shown slight improvements in engaging its stakeholders in policies and strategies. The organisation is using Multi Stakeholder Child Protection Structures (MSCPS) to engage different stakeholders in the program process. The relations within the organisation have, however, deteriorated compared to the baseline situation. Due to change processes and leadership problems, at different levels relations between staff have not been free and open. While some positive developments are taking place at the head office (with the new director) this has not yet reached the Area Program offices.

Finally, FSCE has improved and deteriorated in indicators under the capability to achieve coherence. After the OD assessment in 2013 and the change in leadership in 2014, the mission and vision statement of FSCE were revised and significant improvements were made in organisational structure, communication, program, finance and HR strategies. There was however, a slight deterioration in programs being aligned to the vision and mission, and while projects are still aligned, realignment to the new organisational level strategies and program categorisations is required.

The evaluators considered it important to also note down the SPO's story in terms of changes in the organisation since the baseline, because this would provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team. During the endline workshop the following key organisational capacity changes were brought up by FSCE's staff: "improved implementation capacity in holistic approach"; "improved M&E capacity including reporting"; and "improved organizational system of operations".

According to FSCE staff present at the endline workshop, the capacity to implement a holistic approach improved because of improved knowledge of staff to apply a Multi Stakeholder (MS) approach and a more harmonious collaboration with and between staff from different departments; improved application of different strategies to support target groups; and improvement in working with target groups. FSCE's knowledge on MS improved because of a MFS II funded training on Multi-Stakeholder Processes (MSP) in September 2012, at CDI in the Netherlands, in which one FSCE Program staff member participated, who shared his knowledge with other staff in a workshop in December 2012. FSCE improved its application of different strategies to support target groups because of experience sharing visits to Tanzania and the Netherlands (MFS II funded) and coaching and mentoring of staff by FSCE Head Quarters (HQ). The organisation improved the way it works with target groups because of a training on SHG related implementation (Kinder Not Hilfe funded) and training on the area based approach and exposure visit to the Netherlands (MFS II funded).

Secondly, FSCE improved its M&E capacity, including reporting, because of increased intensity and frequency of visits to the target groups, and improvements in standard and concise reporting, which were both triggered by a training on outcome level reporting in 2012, organised by FSCE. M&E capacity also improved because of an improvement in outcome oriented reporting capacity due to the same training and the requirements of FSCE for outcome level information. Improved recording of case stories and publication capacity also contributed to improved M&E capacity. This was the result of regular mentorship given by the new director.

Finally according to FSCE staff, they improved their organisational operating system because there are now systems in place to apprehend the concerns of staff due to the new leadership and regular discussions; improved formal, interdepartmental communication due to improved joint planning and team work capacity; and improved multi stakeholder engagement capacity because of the MSP training at CDI (MFS II funded). FSCE improved its joint planning and team working capacity as a result of coaching and mentoring of staff by HQ and the experience sharing visit to the Netherlands and Tanzania (MFS II funded).

All in all, there is some mention of MFS II funded capacity development interventions in two of the three key organisational capacity changes that FSCE staff identified. During process tracing these and

more MFS II funded interventions, in particular training and experience sharing visits have clearly come up. However, internal factors like the change in leadership, training, coaching and mentoring, have also played an important role in the key organisational capacity. Some support from other funders in terms of training, has also been mentioned as one of the underlying factors to these changes.

'Process tracing' was used to get more detailed information about the organisational capacity changes that were possibly related to specific MFS II capacity development interventions. For FSCE the organisational capacity changes that were focused on were "Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach", and "Improved M&E capacity using a Results Based Management (RBM) approach". These are further explained below.

Based on the process tracing causal map it can be said that the changes that took place since the baseline in 2012 in terms of improved capacity of FSCE to apply a Community Centred Multi Stakeholder Approach can be largely attributed to MFS II supported capacity development interventions, notably the above mentioned MSP training at the CDI in the Netherlands; life skills, facilitation leadership and conflict management training for FSCE area office staff and community, social workers and other stakeholders; and guidance and counselling for applying a child based community conversation approach. However, it must be noted that these approaches were already initiated in the organisation before the baseline with the support of Kinderpostzegels since 2010. The additional MFS II supported trainings that took place since 2012 helped to strengthen the MSP approach as well as to increase the capacity of FSCE to create, strengthen and engage CBOs for child protection.

In terms of improved M&E capacity for using RBM approach, can be partly attributed to MFS II capacity development interventions, such as providing formats for outcome reporting, M&E training with a focus on outcome reporting, and close follow-up by MFS II partners. However, there is also an important role for the organisation in developing its own M&E tools and formats, biannual monitoring meetings and establishing a separate PME unit.

2 Context and General Information about the SPO – (FSCE)

2.1 General information about the Southern Partner Organisation (FSCE)

Ethiopia	
Consortium 1	Child and Development Alliance (C&DA)
Responsible Dutch NGO	Stichting Kinderpostzegels Netherlands (SKN)
Project	Universalization of Education and Creating Child labor free zone in Adama City
Consortium 2	Child Rights Alliance (CRA)
Responsible Dutch NGO	Defence for Children – ECPAT Netherlands
Project	Girl Power: Protection of girls and young women against violence in Addis Ababa and Adama Towns. Project C3 MFS II sample
Southern Partner Organisation	Forum on Sustainable Child Empowerment (FSCE)

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

The Ethiopian Government is undertaking different development plans that focus on poverty reduction by the Growth and Transformation Policy (GTP). The plans incorporate the National Action Plan for Gender Equality (NAP-GE). It recognizes gender as a human right issue, a poverty reduction and development goal in its own right and as a means to ensure the attainment of the MDGs. Moreover, since the ratification of the UNCRC in 1989, very limited and segmented initiatives in the field of child participation were established by the Government. A notable government program in the area of child participation is the establishment of children's parliaments throughout the country with the supervision of the Institute of Ombudsman and the Ministry of Women Affairs. This structure has enabled children to participate in the development of child positive disciplining guidelines. The Government also set up a Child Rights Committees at national level that extends to the local administrative Woredas (districts), as well as Kebeles (neighbourhoods).

Under coordination and monitoring by the Ministry of Women's Affairs, these structures are responsible for promoting the protection needs of children, protecting children from various abuses and ensuring the protection of children from abuses and violation. There is no single and comprehensive policy that deals with the issue of violence against children that serves as a general directive regulating the child protection system. Many of the policies and guidelines do not give due attention to comprehensive protection of children from violence. The program aims to establish and

coordinate initiatives and agreements with relevant government institutions, stimulating implementation of laws and policies.

Focusing on improving the situation of girls and young women is not only necessary given the magnitude of the violation of rights and the difficulty Ethiopia is facing to meet MDG3 by 2015. Addressing the underlying problems of this group will also bring about a powerful intergenerational effect. The Ethiopian Alliance partners have expertise and experience in addressing the problem and have points of entry to reach this vulnerable group already in the selected areas.

CSOs in the country have contributed significantly in promoting good governance. However, as shown in a CCRDA/Consortium of Christian Relief and Development Association/ report19, interventions focusing on girl and young women (96 out of 2,046) are very limited in addressing the magnitude of the prevailing violations of the rights of children. Moreover, many of the CSO/ NGOs also operate on a small-scale/limited scope towards protection of girls and young women from various violations.

It is not that boys in Ethiopia do not experience violence at home by the family members, by the community, at school or at work places; but rather, it is girls that are often more vulnerable to violence in these settings. Cultural and structural factors in Ethiopia often put girls at a severe disadvantage: programmes and interventions must therefore target such factors directly, in order to reverse this state of affairs.

The majority of children in Ethiopia are exposed to some form of physical, sexual and psychological abuses at home, as well as in schools and community. Violence against girls and young women manifests itself in the form of harmful traditional practices such as FGM/C and forced and child marriage including abduction and rape. The average prevalence of FGM/C stands at 74%. In an Ethiopian study of 227 married women, 60% said they were abducted before the age of 15 years, while one in every two girls married before the age of 18 years and 30% reported that they have been raped. The abduction of minors, where men consummate the marriage with rape, is socio-culturally permitted in some rural parts of Ethiopia, despite the outlawing of abduction.

As a result of a weak social security system, children are regarded highly for the economic value they have as sources of additional labour, and for the social protection that they provide in old age and in times of sickness. In contrast to this high regard, children are seldom treated with sensitivity, consideration or respect in their everyday life. Similarly as different studies shows, a significant number of children in the country don't attend school due to different reasons. As the data shows, the gross enrolment rate in primary education (grades 1-8) in Ethiopia is estimated at 95.6 % (90.5 % for girls and 100.5% for boys) 20 but the quality of education remains a key challenge. High dropout rates, coupled with high repetition rate have remained additional challenges for primary education and are higher for girls than boys. Average repetition rate for girls for grade 4 to 8 stood at 8.4% while it is 4.1% for boys. For secondary school for every 100 boys in grades 9 or 10, there are only 65 girls; for every 100 boys in grades 11 and 12, there are only 48 girls.

Description of the target areas and population

The City of Adama is under the Oromia National Regional State. Geographically, Adama city is located eastern parts of the country at 100 km east of the capital city Addis Ababa. Currently, the City consists of 18 kebeles (14 in the City and 4 in the surrounding rural areas). According to the 2007 Census result, the total population of the Regional State is 27,158, 000. Of this, Adama City has a total population of 228, 623, of which 114368 or 50.2% are females and 114255 or 49.8% males. The population of children below 19 years was estimated to be 49.6% of which 47.1% are males and 52.9% are females.

Available literature revealed that numerous and complex socio-economic factors have fuelled the rising presence of the problem of children in the city of Adama. This includes parental death, the breakdown of traditional support structures of the extended family; the increasing difficult circumstances of female headed households; rapid urbanization and migration to major urban centre to look for better opportunity, unemployment, trafficking and the likes. Results of desk top reviews, terminal evaluation feed backs of the 2002-2206 project accomplishments, discussion forums organized with relevant institutions by FSCE in 2007 has also confirmed the prevalence and growth of various social and economic problems in the City.

2.3 Contracting details

When did cooperation with this partner start:
SKN: January 1997
Defence for Children – ECPAT: 1 April 2011

What is the MFS II contracting period:
SKN: January 2011 - December 2015
Defence for Children – ECPAT: I April 2011 – 31 December 2015

Did cooperation with this partner end?
SKN: NO
Defence for Children – ECPAT: NO

If yes, when did it finish?
SKN: N.A.
Defence for Children – ECPAT: N.A.

What is the reason for ending the cooperation with this partner:
SKN: N.A.
Defence for Children – ECPAT: N.A.

If not, is there an expected end date?
SKN: In case of good performance Kinderpostzegels will renew its cooperation with FSCE for the period after 2015.
Defence for Children – ECPAT: N.A

2.4 Background to the Southern Partner Organisation

History
Forum on Sustainable Child Empowerment (FSCE) previously named as Forum on Street Children-Ethiopia is an indigenous not-for-profit, non-governmental organization established at the end of 1989 by a group of social development professionals who thought and believed that they can make a difference in the lives of vulnerable children especially those who are forced to live and/or work on the streets of major cities and towns of Ethiopia due to various reasons.

FSCE, in its 25 years of service in promoting and implementing child protection work has accumulated an extensive expertise and experience that has helped the organization to evolve into one of the leading local child protection organizations in the country. Working on a wide spectrum of urban disadvantaged children's issues, FSCE has enjoyed successful track record of success stories

FSCE initiated the establishment of Community Based Arbitrators "Mekari shemagelies", at Woreda levels which is an initiation and collaborative effort of selected sub cities, Addis Ababa Police commission and Save the Children-Sweden. As a result of this initiative, it has been possible to establish model child protection units in selected kebeles of Arada sub city in Addis Ababa.

FSCE was also able to introduce Child Protection Units (CPU) in police station while also integrating child protection issues into the curriculum of the police training institutions. This has been a great help in having police officers that have enough knowledge on how to protect children. Currently, Child Protection Units (CPUs) are now fully accepted and are being scaled up at various levels by the Ethiopian Government.

In the absence of a national child policy in the country, in 2007 FSCE felt the inevitability of developing institutional child protection policy and developed its own "Child Protection Policy". This measure is a fundamental stride towards building consensus on the overall direction of the organization and setting minimum standard in service provision for children. As part of facilitating the

work of police stations, the second effective collaboration has been established with the Ethiopian policy college of developing training manual On Child Right and Child Protection by the then “Forum on street children in Ethiopia” in collaboration with Save the Children-Sweden and Ethiopia Police College with the objective of enabling the police force to be trained on the wellbeing and protection needs and other related issues pertaining to children. Save the Children Sweden (SCS) and Forum on Street Children-Ethiopia (FSCE) are the pioneering supporters of the police child protection units (CPUs), and child friendly courts (CFC) in the country.

Other peculiar achievements of FSCE include the establishment of Community Based Child protection/correction Centres (CBCC) in 2007, and development of multi-stakeholder approach in 2009-2010 that encompasses the active involvement of various government bodies, Community Based Organizations, communities, non-governmental bodies, and target children, which is very helpful in implementing the program and for ensuring sustainability.

FSCE area based multi-stakeholder child protection interventions expanded its foundation and proved to be an effective way of addressing the problems of children and at the same time strengthen the establishment of Multi-stakeholder Child Protection Councils. Currently the multi-stakeholder child protection council based interventions are rolled out in all area programme offices of FSCE.

Following the issuance of new Civil Society Organizations (CSOs) legislation issued in 2009, FSCE has redefined its Vision, Mission and program and reregistered as Forum on Sustainable Child Empowerment under the registration number 0064. The mission statement and FSCE programs is again rectified and revised during the evaluation of its fifth strategic plan (2010-2014) at its mid-term and the organizational development study conducted in 2013.

Our Vision

To see the well-being and protection needs of children fulfilled

Our Mission statement

FSCE as a child centred organization “Strives to protect and support vulnerable children through comprehensive system approach in collaboration with relevant stakeholders”

Description of the organisation:

The organisation is governed by a general assembly and a board that has an executive committee. The Executive Director runs the operations of the organisation and also officially represents FSCE. The Director is assisted by professionals who lead and coordinate different programs of the organisation.

FSCE, being a pioneering NGO, has built good reputations through promoting the protection of children and the provision of quality services for disadvantaged children in general and marginalized urban children in particular over a period of two decades.

Currently, we offer a continuum of child focused development works in five area program offices (Addis Ababa, Dire Dawa, Bahirdar, Dessie and Adama) located in two cities namely Addis Ababa and Diredewa, and two regional states Amhara and Oromiya respectively.

FSCE is working in partnership with various governmental and Non-governmental organizations and with the active involvement of the target community. FSCE closely works with the government agencies at federal, regional and local level (especially with the Ministry of Women“s Affairs, Education, Labour and Social Affairs, and law enforcement authorities), NGOs, communities and associations.

FSCE exemplar strengths (best practices) in this regard:

- Ex-post project follow up actions on the performance of community based organizations ‘Iddirs’, schools etc.
- Projects are in line with the government policies and priorities
- The capacity to manage huge amount of resources from diversified sources- currently it has more than 12 donors and projects.

- FSCE has experience of working with and maintaining donors for long periods-e.g; Save the Children previously based in 8 different countries now called Save the Children International (SCI), KINDER NOT HILFE (KNH), Every child (EVC) and End Child Prostitution, Child Pornography and Trafficking of Children (ECPAT)
- Has created strategic partnership locally and internationally.
- Have board members who are committed in the works of the organization
- Uses community and government structures and systems when designing and implementing projects-e.g: Multi stakeholders unit.

Website: www.fsc-e.org

Strategies

Forum on sustainable child Empowerment has adopted a Community Based Multi-stakeholder Child Protection system as an umbrella strategy to realize its vision of seeing the well-being and protection needs of children fulfilled. This strategy is sought to attain this noble end in a more comprehensive and sustainable manner. The strategy stipulates the active involvement of all stakeholders, and also attempts to address all child protection problems children face in a more comprehensive and sustainable manner.

FSCE implements activities designed to promote the protection needs of urban disadvantaged children in general and sexually abused and exploited children, trafficked children, physically abused children, children without parental care, children in conflict with the law and that of children exposed to child labour in particular through comprehensive system approach.

FSCE makes a significant contribution to the benefit of the most at risk children through its major program areas which include its:

- Promotion and prevention
- Protection
- Recovery and Reintegration of children and
- Child Resource and Development programs.

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report a detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs have perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[1].

[1] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming session was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012; also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, and Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia* (i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the 'general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop

have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when

analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs. In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors, rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, and Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team

has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, and Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff was very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of FSCE that have taken place since the baseline in 2012 are described. The information is based on the information provided by Stichting Kinderpostzegels Nederland (SKN) and Defence for Children – ECPAT.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
RBM refreshment and M&E training course for MFSII partners of Kinderpostzegels in Ethiopia	- To strengthen the capacities of FSCE in the field of Result Based Management, both with regards to project planning as later on with regards to reporting on output and outcome results - Better understanding of the importance and advantages of result based management of projects (compared to activity based)	- Recap on Planning terminology and indicators - Concepts and purposes of M&E - Steps to design and conduct monitoring - Aspects and challenges in monitoring - Develop system for data compilation and analysis, reporting and communication - Develop timeline and action plan for monitoring	June 2012	€ 4.845,00 for 16 participants of 8 partner organisations
Participation of one staff member of FSCE in Multi Stakeholder Processes (MSP) training at CDI, Wageningen	- Better impact results due to a more holistic approach of the complex problems some children (the target group of FSCE) are confronted with	- Concept and rationale of multi-stakeholder processes, institutional change and social learning; - Different types of multi-stakeholder processes in terms of the issues at stake, the stakeholders, their interests, power relations, conflicts, external contacts, etc.; - How to use a broad range of participatory methodologies and tools in MSPs; - Types of institutional change and support necessary for effective MSPs; - Design and planning of an extended MSP; - The impact of personal style in facilitation, communication, leadership and dealing with conflicts.	August 2012	€ 7.500,00
Annual MFSII CD Alliance Partners Meetings (2012, 2013, 2014) in Addis Ababa	- For information and experience sharing among MFSII partners of the C&D Alliance in Ethiopia and creating (more) synergy of actions through collaboration between partners. - Improvement of actions and strategies as a result of experience sharing and learning from each other's best practices.	discuss and exchange information on project and program strategies, collaboration between C&D partner organizations in order to create synergy of actions, including a one day training on M&E with focus on reporting at outcome level in 2014: - Indicators - Baselines - Data collection in M&E (methods and techniques) - Data quality and data flow charts - Reporting	Annually in 2012 and 2013 in October; 2014 in May	€ 3.141,44 (2012); € 3.280,00 (2013)

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Review and discuss outcomes of mid-term project evaluation of FSCEs Community Based Multi Stakeholder CLFZ project in Adama	- Improved quality and effectiveness of the Adama project and improved performance of the project staff. Lessons learned from this project which are also of importance and value for similar projects of FSCE in other areas	- FSCE to learn from its own experiences and if necessary to correct in time errors in terms of strategy and action of the ongoing project. - Learn lessons also as donor organization of the project activities and performance of FSCE	October 2013	€ 2.500,00
participation of project staff of Adama and Dessie Area offices of FSCE in teachers training programme on Active Learning of DEC in order to improve quality of education in the schools and Non Formal Education Centers supported by FSCE	- To improve the capacities of FSCE Adama and FSCE Dessie to effectively contribute to the improvement of the quality of (basic) education in the intervention areas of the Child Labour Free Zone (through improving access to quality education of out-of-school working children) projects in Adama and Dessie - Improvement of the quality of education in the project areas concerned and improved performance of FSCE in contributing to this.	In June 2013 an assessment of knowledge and skills level has been done with all participants. Apart from selected teachers and project staff also TTC's directors and school inspectors (govt.) participate. Having all these people to participate provides insight in how to improve education and how to involve the local government. Topics: - Time management - Child Centred Approach - Prepare SMART lesson plans - Use of suitable learning media - Facilitation Skills - Active learning methodologies and M&E techniques	Since June 2013 each quarter 5 days training	€ 47.100,00 for 135 participants, of which 5 project staff of 4 partner organizations.

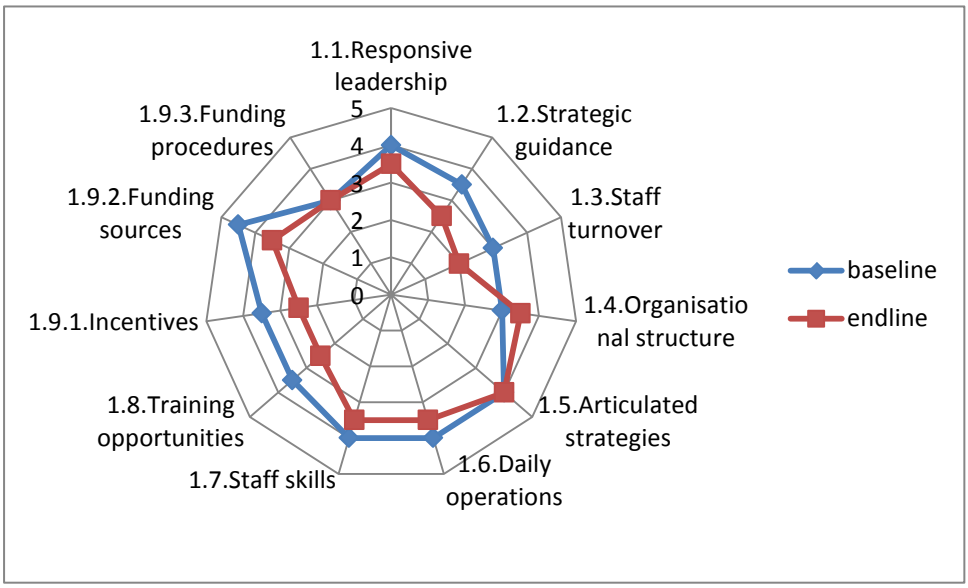
Source: B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_FSCE_Kinderpostzegels

4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

Capability to Act and Commit



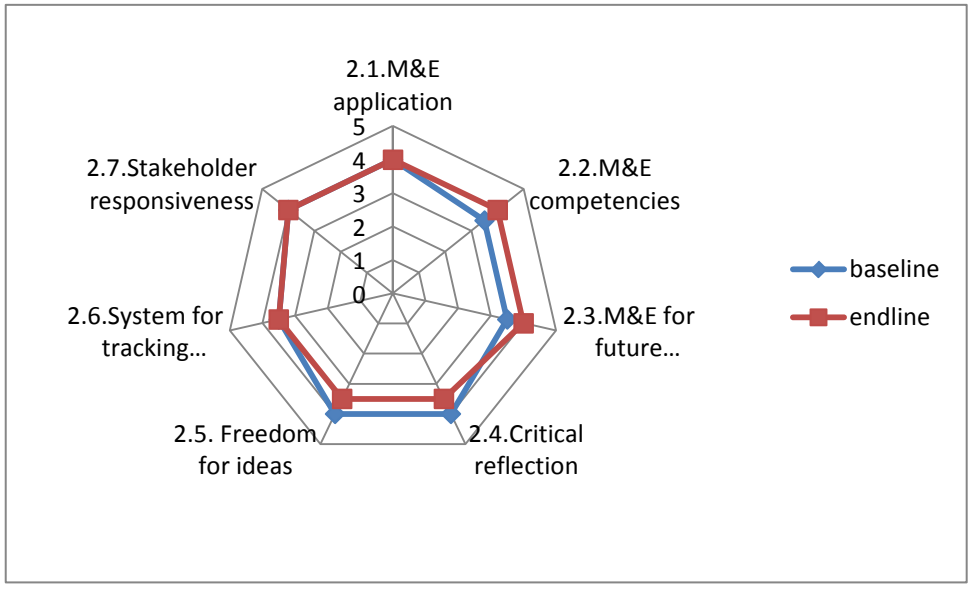
The key change observed since the baseline in FSCE was the change of leadership and the organizational development process (re-structuring of FSCE in terms of organizational set up) based on the findings from the organizational development (OD) study. In May 2013 this organisational development (OD) study was initiated, which was completed in Dec 2013. The previous leadership was blamed for lack of responsiveness in terms of timely decision making and solving internal communication problems. The director was laid off in February 2014 and a new Executive Director was appointed in March 2014. The overall functioning of the organization was missing coordination, a formal flow of performing obligations and there was weak communication between branch offices and the head office as well as with donors due to internal problems marked by poor collaboration and tensions between the program and finance department during the previous management. However, though the role/stimulus of the new leadership is not known yet, slight improvements have appeared in terms of communication and team work after the change in leadership, but at the head office level only. Despite these difficulties, FSCE managed to slightly improve program implementation, specifically in stopping child labour and promoting the area specific community based MS approach. FSCE has been guided by a strategic plan in its organizational directions and operations. This strategic plan has been revised and is in the process of being endorsed.

Some staffs are still frustrated because the implementation of the OD recommendation to restructure the organization was not immediately effective. Consequently, some staffs have resigned. Other staffs have resigned due to low salary scale and unconducive working environment, particularly during the previous management. Staff performance valuation is not well managed and there is no performance based annual salary increment in the organization. On the other hand, some staffs said that staff turnover has not alarmingly changed compared to the baseline in FSCE, and that (recent) salary scale adjustments and increments have brought a positive impact on staff turnover. Some staffs stated that training opportunities have declined after the baseline and that FSCE has no proper strategy and means to motivate and appreciate staffs. FSCE conducts training need assessments; however, it mostly failed to conduct trainings as identified due to the provision of the 30/70 NGO legislation of the government. Only few trainings on selected thematic areas have been organized for selected staffs, but the organization has hired skilled and experienced staffs since 2012. FSCE has longstanding experience and working relationship with diversified funding sources at international and local level. However, it is gradually deteriorating resulting in a decreasing annual budget and losing partnerships with major donors. The organization was not able to attract new funding sources and new proposals were not developed.

Furthermore, there is no clear fundraising system or procedure: this is not well organized and a proper partner management strategy is lacking. FSCE has not yet developed a resource mobilization guideline or manual (RMG/M) to clarify approaches adopted at different levels

Score: from 3.6 to 3.1 (slight deterioration)

Capability to adapt and self-renew

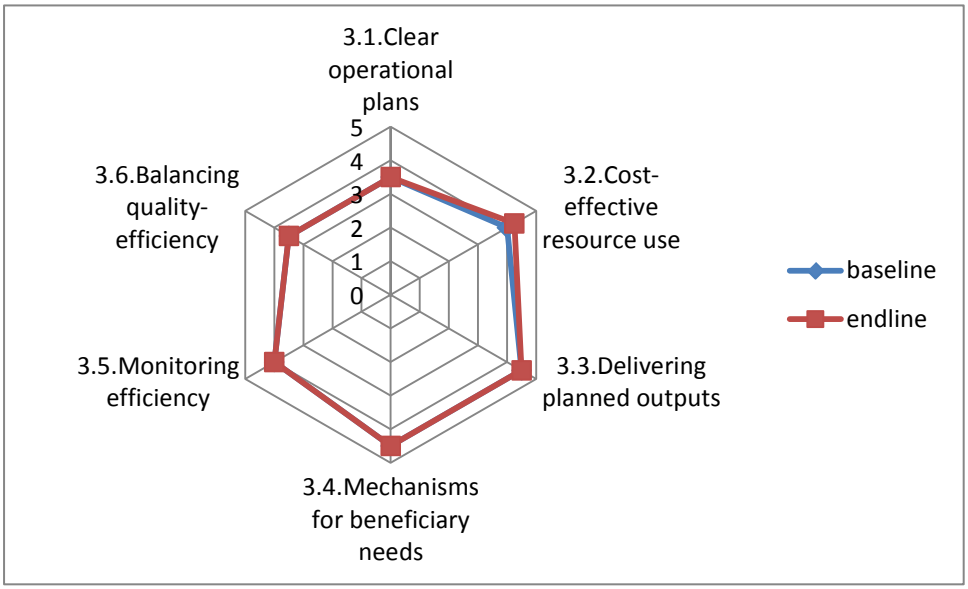


FSCE has well developed M&E guidelines and participatory M&E systems to ensure regular monitoring and evaluation. There is improvement in outcome oriented reporting and now Area Program Offices (APOs) are undertaking both program and project level monitoring by developing the necessary checklists, and started to document the findings. According to some staff the documentation system is gradually deteriorating, which is affecting the learning part and there is no data base M&E system. However, FSCE has established an M&E task force very recently since the hiring of the new Executive Director. There is improvement in implementing outcome measurement and frequent supervision and regular feedback processes are in place. After the change in leadership very recently in 2014, FSCE has established a data base to be used by management and program staffs for their day to day decision making purposes. The data base is now electronically installed and configured with the Wide Area Network (WAN) system in the organization to support the M&E systems. However, according to some staffs, there are issues that need attention, e.g. on the linkages between the head office and project level, where M&E is not applied for decision making purposes and the existing M&E is not systematized and consistent.

Since the change in leadership (March 2014) there is a slight improvement in critical reflection where regular meetings on weekly and monthly basis are in place and as a result ideas and information are shared smoothly among each other. Before this, this was weaker due to poor management. The frequency of meetings for the development of new ideas and an improvement in cooperation and collaboration among program and finance staffs have also been observed at present compared to the previous leadership. FSCE works in partnership with different likeminded organizations and stakeholders in its operational areas and this helps in scanning the environment. Key stakeholders are engaged in the community based multi-stakeholders child protection structures and a number of child protection issues are addressed in a holistic manner.

Score: 3.8 to 3.8 (no change)

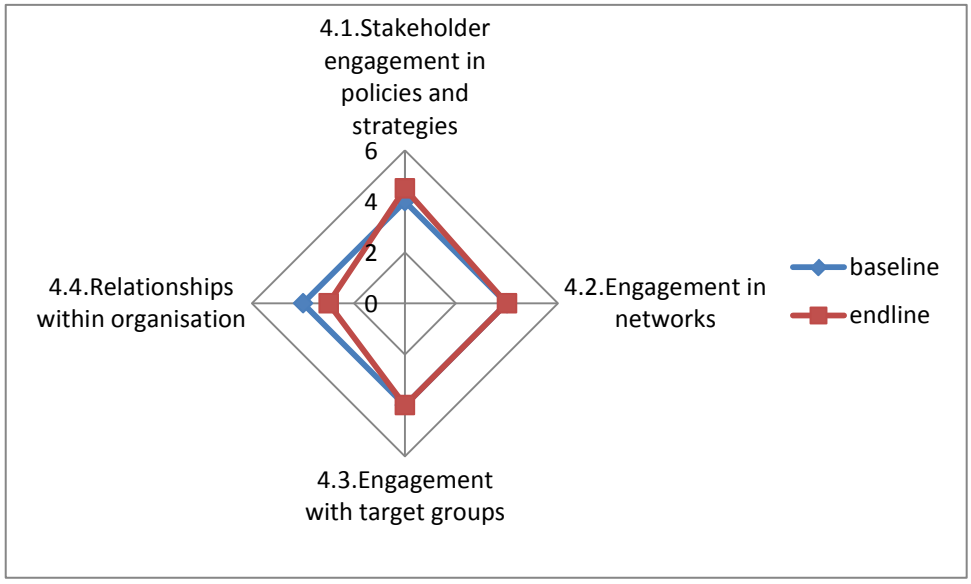
Capability to deliver on development objectives



As indicated in the baseline period, FSCE has a clear operational plan broken down on a quarterly basis; complementary project/ program interventions are found to be cost effective and the organization still has a comprehensive budget and budgetary control system. Besides, the organization still carries out its operational plans with minimum deviations from what has been planned and follows a multi-stakeholder approach to address beneficiaries' needs. Projects are designed with the logical framework based on donor requirements. In the last two years a better performance has been observed in utilization of budgets in terms of planned versus accomplished activities, and the organization has started to collect and follow outcome level information and reporting systems. FSCE doesn't have clear program quality guidelines or indicators. It rather uses different program management guidelines as an input for balancing program quality and efficiency

Score: from 4 to 4 (no change)

Capability to relate

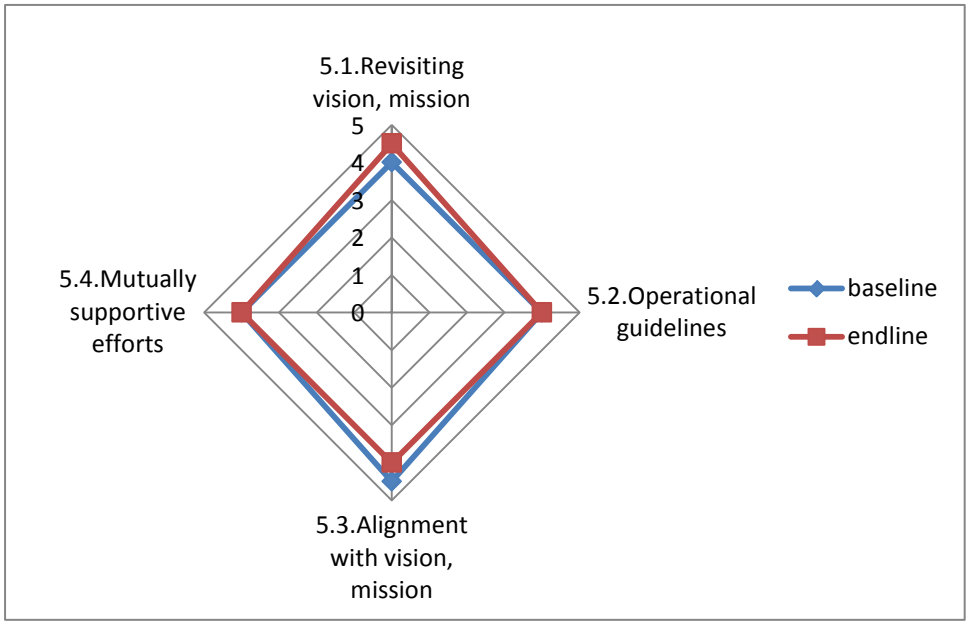


FSCE continues to use the existing stakeholder management guidelines that help to involve various stakeholders at different levels, not only in making policies and strategies but also in implementation.

The organization has also used MSCPS to engage different stakeholders in policies and strategies as well as program implementation. FSCE has a good track record and reputation that enables it to spearhead strong networking with other NGOs on issues of child labour and other child related activities and has also good relationship with government and donors. However, some staffs noted that FSCE has not engaged in new networks since the baseline period but rather maintained the existing networks. FSCE has maintained its good performance in engaging target groups. Relationships within the organization have deteriorated due to the change process and leadership problems at different levels. However, after the change in leadership in March 2014, regular staff meetings have created information sharing and better communication among staffs at head office level but this has not yet reached the Area Program Offices (APOs).

Score: from 4 to 3.9 (very minor deterioration)

Capability to achieve coherence



FSCE has revised its strategic plan in 2012. Hence, the Mission and Vision statements were revised also, and the core programs were reviewed. Moreover, an organizational development process was undertaken and improvements in the organizational structure, program and finance management, communication and human resource strategies have been observed. The organization has clear gaps in orienting staffs about the strategic plan and learn from each other. FSCE has revised its organizational structure, developed Human Resource Policy and Procedure, conducted Organizational Development (OD) assessment, revised its strategic plan, and changed leadership after the baseline. Review of the existing operational manuals and development of new guideline/directions is also in progress after the change in leadership in March 2014. FSCE has generally all the necessary operational guidelines which help the organization for technical administration and HRM operations. The organization has also been using a Planning, Budgeting, monitoring and evaluation manual. FSCE uses Peachtree Accounting software for recording and reporting its accounts. However, the organization lacks orientation and introduction of polices, working manuals, etc. to new staff. Though projects and associated operations are still in line with the vision and mission of the organization, realignment with the newly changed organizational strategy and program categorization is required. Cascading of changes and approaches of programs to area program offices is not yet done. Efforts are made to ensure complementarity of the child protection projects by giving attention to prevention, promotion, rehabilitation and integration. The organization uses shared offices, facilities and other resources and services and are mutually supportive according to some staffs.

Score: from 4.1 to 4.1 (no change)

4.2.2 Key organisational capacity changes - general causal map -

Below you can find a description of the key changes in organizational capacity of FSCE since the baseline as expressed by FSCE staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on FSCE from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how FSCE has changed since the baseline.

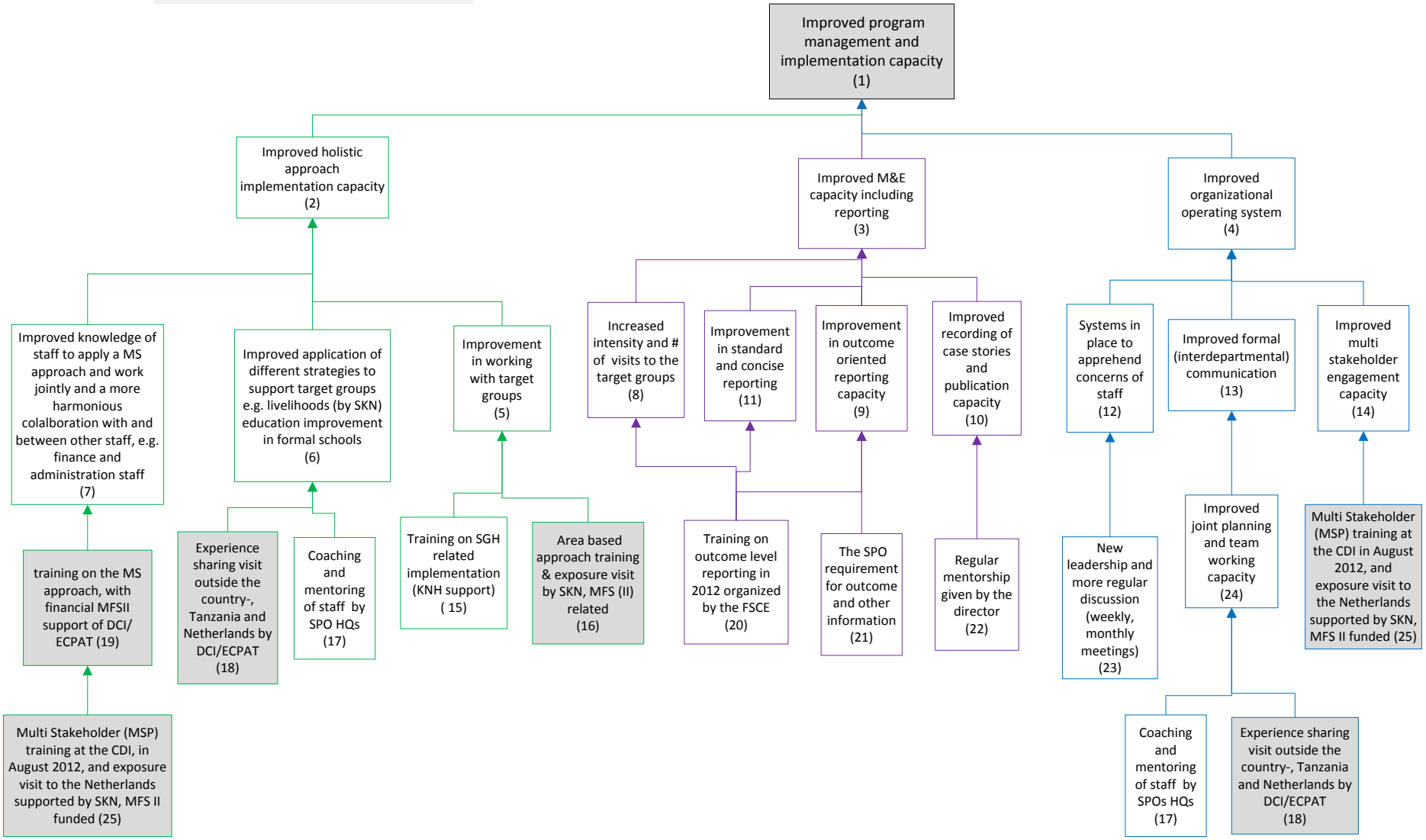
The endline workshop was conducted on 13 May, 2014 at FSCE HQ in Addis Ababa. FSCE staffs of five categories participated, namely: management staff, program staff, M&E staff, field staff and admin and finance staff. From the 15 participating staff 7 staff also participated during the baseline.

The main organisational capacity change identified during the endline workshop was improvement in program management implementation capacity (1). This means the organization has improved its program implementation capacity, not only to plan versus achievement but also to address the issue of impact. FSCE is now in a positive change process. According to staff present at the endline workshop, the following changes have led to the improvement in program management implementation capacity (1):

1. Improved implementation capacity in holistic approach (2)
2. Improved M&E capacity including reporting (3)
3. Improved organizational system of operations (4)

Each of these three key organizational capacity changes is further explained below. The numbers correspond to the numbers in the visual.

FSCE key organisational capacity changes



Improved implementation capacity in holistic approach (2)
This improved capacity to implement in holistic approach (2) was caused by the following factors:

Improvement in staff skills to carry out their duties holistically using a multi-stakeholder approach and more effectively and jointly in collaboration with other units e.g. with finance and administration staff (7). Staff acquired these skills to implement child related interventions holistically using a multi-stakeholder approach as a result training on the MS approach, with financial MFSII support of DCI/ECPAT (19). This training was given by one FSCE staff who participated in the Multi Stakeholder Processes (MSP) training at the CDI in September 2012, and exposure visit to the Netherlands supported by SKN, MFS II funded (25).

Another cause was the improved application of different strategies to support target groups e.g. in livelihood improvement as a result of support by Terre-des-Homes, DCI/ECPAT and SKN, MFSII funded, and education improvement in formal schools (6). The MFSII financial support by Terre-des-Homes, DCI/ECPAT and SKN gave FSCE the opportunity to further exercise their skills in implementing livelihood related activities, as well as the experience sharing visits to Tanzania and the Netherlands with DCI/ECPAT (18). Also coaching and mentoring of staff by FSCE HQs (17) helped to improve the capacity to apply different strategies to support target groups (6).

A third reason was the improvement in working with target groups (5) which was due to the training on SHG related implementation (with financial support of KNH) (15) and the area based approach training & exposure visit to the Netherlands supported by SKN (16) .

Improved M&E capacity including reporting (3)
This was partly due to the increased intensity and number of visits to the target groups (8) and improvement in standardised and concise reporting (11). These were both triggered by the training on outcome level reporting in 2012 organized by FSCE (20). Another cause was the improved outcome oriented reporting capacity (9) due to the training on outcome level reporting in 2012 organized by the SPO (20) and the requirement of FSCE for outcome level information (21). Improved recording of case stories and publication capacity (10) observed as a result of regular mentorship given by the (new) HO leadership (22) was also a cause of the improved M&E capacity including reporting capacity (3).

Improved organizational system of operations (4)
The operational system has improved (4) because there are systems in place now to apprehend the concerns of staff (12). This is due to the new leadership and more regular discussions among staffs (weekly, monthly meetings) (23). Also improved formal (interdepartmental) communication (13) contributed to the improved operational system (4). This improved formal communication was due to the improved joint planning and team working capacity (24) of the organization as a result of the coaching and mentorship of staff by the SPO HQ (17) and experience sharing visit outside the country (18). A third reason was the enhanced partnerships with government and non-government stakeholders at local and international level (improved in multi stakeholder engagement capacity) (14) as a result of the Multi Stakeholder Processes (MSP) training at the CDI, September 2012, by MFS II and exposure visit to the Netherlands supported by SKN (25).

4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4

Note: for each country about 50% of the SPOs has been chosen to be involved in process tracing, which is the main approach chosen to address evaluation question 2. For more information please also see chapter 3 on methodological approach. For each of these SPOs the focus has been on the capability to act and commit

and the capability to adapt and self-renew, since these were the most commonly addressed capabilities when planning MFS II supported capacity development interventions for the SPO.

For each of the MFS II supported capacity development interventions -under these two capabilities- an 'outcome area' has been identified, describing a particular change in terms of organisational capacity of the SPO since the baseline. Process tracing has been carried out for each outcome area. The following outcome areas have been identified under the capability to act and commit and the capability to adapt and self-renew. Also the MFS II capacity development interventions that could possibly be linked to these outcome areas are described in the table below.

Table 2

Information on selected capabilities, outcome areas and MFS II supported capacity development interventions since the baseline

Capability	Outcome area	MFS II supported capacity development intervention
To adapt and self-renew	Improved M&E capacity using RBM approach	Training on M&E with focus on reporting on outcome level, May 2014; RBM refresher and M&E training, June 2012; (Close follow-up and supervision by MFS II partners)
To act and commit	Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach	Multi Stakeholder Processes(MSP) training CDI, September 2012; Life skill and facilitation training for community and social workers with stakeholders in 2013; Leadership training for community and social workers with APOs management and stakeholders in 2013; Conflict management training for community and social workers with stakeholders in 2013; Workshop/ training on Community Conversation Group in 2013, MFSII (<- Annual MFSII partners meeting, Oct. 2013); Guidance and counselling for child based community conversation for community and social workers with stakeholders in 2012

The next sections will describe the results of process tracing for each of the outcome areas. This includes describing the identified key organisational capacity changes, what these changes are expected to lead to and what are the underlying reasons for these organisational capacity changes.

4.3.1 Improved M&E capacity using RBM approach

Monitoring and Evaluation (M&E) capacity for using the Results Based Management (RBM) approach, has improved since the baseline in 2012 [1]. The RBM approach is important because of the emphasis on results in this approach versus activity based PME. The RBM approach was already applied in 2012 as evidenced by the tools and formats developed by FSCE in 2010 [15] *(source: endline workshop*) to help collect RBM related data. As a result the area program offices (APOs) started to develop data collection tools on identified indicators that helped them to collect data on the activities they were implementing and also increased the number of APOs to use outcome based reporting. Furthermore, they started to develop baselines and periodically following the changes. *(Source: endline workshop)*

According to the 5C results of the Participatory Capacity Assessment Tool (PCAT) of the Child and Development Alliance carried out in July 2013, FSCE has an M&E plan that is used effectively; the

assessment also indicates that monitoring data on output and outcome level are regularly collected and that projects are evaluatied at a regular basis (*source: 2013 PCAT 5C's FSCE Scores (05.07.13); 2013 FSCE - Assessment Resutls-Feedback sheet (05.07.13)).*

Although the process of RBM monitoring has started before the baseline in 2012, M&E capacity using the RBM approach did improve since the baseline in 2012 as a result of:

4. Improved M&E tools and formats (21)
1. Enhanced knowledge and skills in identifying and reporting on outcomes (3)
2. PME unit separate entity with clear authority/ responsibility since 2013-14 (5)

(Source: endline workshop). Each of these changes is further described below.

Each of these changes is further described below.

Improved tools and formats for reporting on outcomes (21).
Tools and formats have been put in place and updated even before the baseline and this has assisted in improved M&E for RBM:

- **MFS II Result Based Reporting formats and follow-up of the MFS-II implementers [10]**: these were developed to help to get data according to MFS II requirements ((*sources: endline workshop; CFA support to capacity sheet B; Result Based Report Format 2012*).

- **FSCE RBM tools and checklist updated in 2012 (11)**: Though there were monitoring tools and checklists before 2012 these were geared towards collection of outputs, and donors demanded reporting also on the basis of outcomes (14). Starting in 2012, FSCE developed checklist indicators related to outcomes. Checklists and tools that were originally prepared in 2010 [15] by FSCE were updated to comply with the MFS II requirements for RBM reporting formats [10] (*sources: endline workshop; CFA support to capacity sheet B).*

Improved knowledge and skills on identifying and reporting on outcomes (3)
This was the second reason for improved M&E for RBM. According to FSCE staff during the endline workshop, what has changed since the baseline is that there is a larger number of staff now that have the knowledge and skills on outcome based reporting, that they have become more systematic and now know how to write reports, whilst before the baseline, most of the reporting coming from lower level staff was done orally (*source: endline workshop).* Outcome oriented reports of the area program offices are manifestations of this change (*source: management self-assessment sheet F).* The CFA mentions the improved quality of progress reports, in particular in terms of reporting on outcome results [2] (*source: CFA support to capacity sheet B; CFA self-assessment sheet A).*

Improved knowledge and skills on identifying and reporting on outcomes includes better understanding about how to fill in their result indicator forms of the MFS II C&D Alliance, improved knowledge and skills on data collection, compilation and analysis, and knowledge and skills on identifying outcomes. At the endline workshop FSCE staff mentioned that before 2012, the data collection was not systematic. However, since 2012 the staffs have clear knowledge on the sources of data, from where they have to collect data, and how and why they collect. For example, before 2012 they did not have the knowledge on how to collect data from minutes or records. Mostly, social workers used to collect data from community workers and triangulate this with community officers through client interviews. Now social workers are involved in most of the interventions and pick up information while participating in the intervention. They consider this as one source of data collection (*source: endline workshop).* According to M&E staff FSCE recently (2014) organized a team to filter/review the communication process from the source to the end (data collection, collation, analysis, reporting, sharing and documentation) and come up with a workable guideline to improve this

process plus directives and working manuals for proposal development, appraisal and financial follow up with schedule for deadlines (*source: H_5c endline self-assessment sheet M&E staff).*

These improved knowledge and skills in identifying and reporting on outcomes are the result of:

- MFS II training (6);
- training, coaching, supervision by HQ staff (8);
- biannual meetings (9)
- close follow-up and supervision by MFS II partners (16).

Each of these areas is further explained below.

MFS II training (6) included:

- **M&E training organized by MFS-II partners (17):** this was a one day training that focused on base line data, indicators, reporting on outcome level and reporting quality (*sources: endline workshop; CFA support to capacity sheet B; ANNUAL MFS-II PARTNERS' MEETING 2014 CD Alliance Ethiopia; CFA self-assessment sheet A).* This training took place at the annual **MFS II Partners Meeting in May 2014 (20)** (source: *CFA support to capacity sheet B; ANNUAL MFS-II PARTNERS' MEETING 2014 CD Alliance Ethiopia).*
- **RBM refresher training organized by MFS II partners in 2012 (18):** this was a training on planning, monitoring, data collection and compilation (18) (*sources: endline workshop; CFA support to capacity sheet B; Results Based Management report).*This training data covered: collection and tools; develop a system for data compilation and analysis, reporting and communication; the sequence/ hierarchy of reporting, for making decisions and communicating them to different stakeholders; and using a participatory approach to establish clear roles and responsibilities for data collection, analysis and reporting (*sources: endline workshop; CFA support to capacity sheet B; Results Based Management; report; schedule of the RBM refreshment training June 2012*).

Bi-annual review meetings that identify gaps and action points [9] were another reason for FSCE staff to improve their knowledge and skills in identifying and reporting on outcomes (*sources: endline workshop; management self-assessment sheet F).* The MFS II reporting formats are used for the bi-annual outcome based monitoring (12) (*source: endline workshop)* that is carried out by the HQs staff in the field. This monitoring is based on a checklist that observes the capacity on reporting, including differentiating between immediate and intermediate outcomes (*source: endline workshop).* These and the checklist based appraisals are further discussed in the bi-annual meeting where gaps and action points are identified (9) (*sources: endline workshop; management self-assessment sheet F).* This helps FSCE staff in further understanding how to identify and report on outcomes.

Training, coaching and supervision by HQs staff [8] is another reason for assisting FSCE staff to improve their knowledge and skills to identify and report on outcomes. Training, coaching and mentoring activities are undertaken by program coordinators of FSCE head office. Checklist based appraisal of key skills are used to identify areas of improvement on outcome based report writing skills (*sources: endline workshop; management self-assessment sheet F).* There is close follow up and supervision by HQs staff to ensure the application of the above mentioned reporting formats [10] and tools and checklists [11] (*source: endline workshop).*

The close follow up and supervision of MFS-II partners (16) was the fourth reason for improved knowledge and skills to identify and report on outcomes, according to staff members present at the endline workshop , which is confirmed by the CFA (*sources: endline workshop; CFA self-assessment sheet A).*

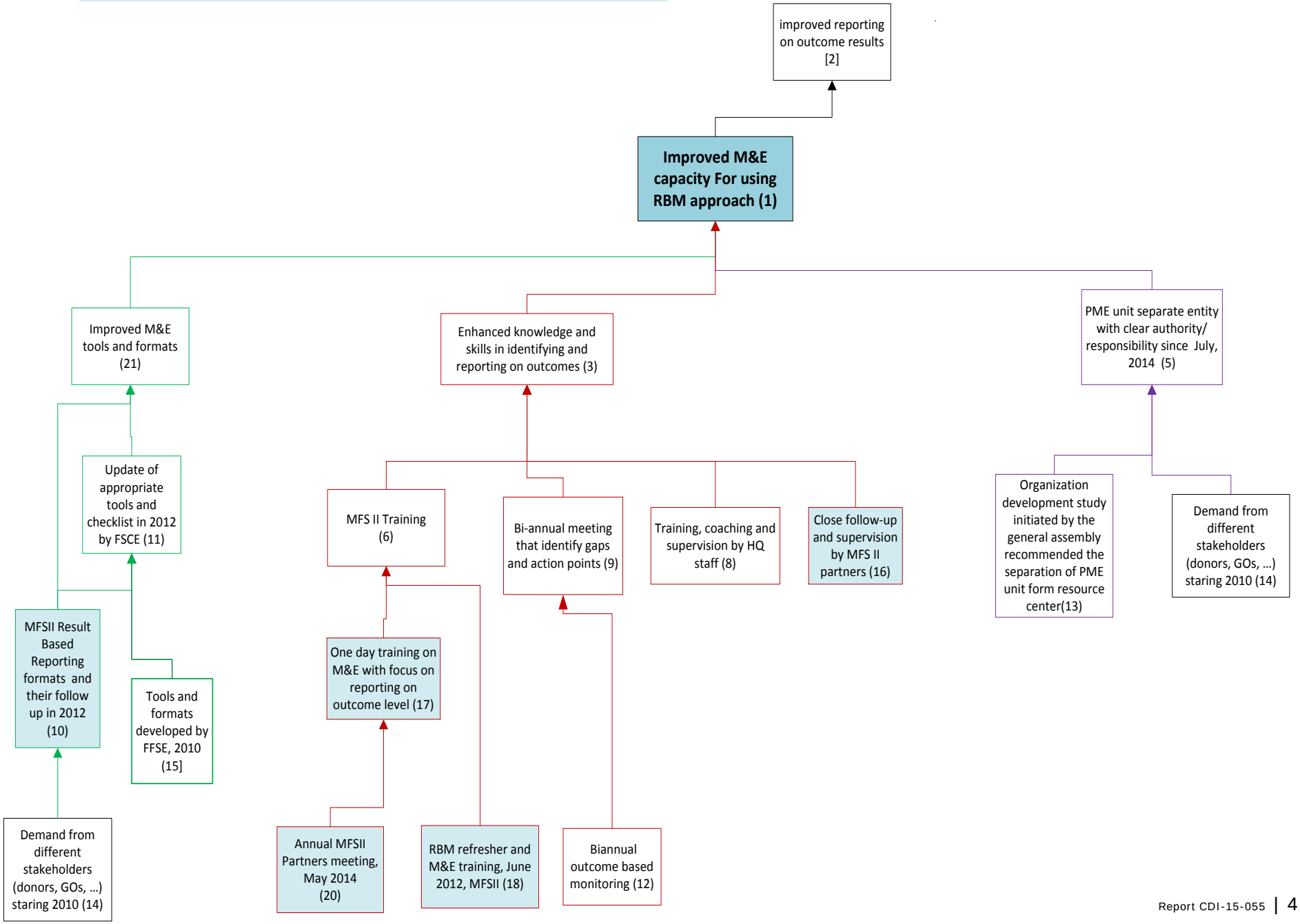
PME unit separate entity with clear authority / responsibility since July 1, 2014 (5)

The third reason for improved M&E for RBM is that, since July 1, 2014 (5) the PME unit is a separate entity with clear authority and responsibility (5). Before being organized as a separate entity, M&E was with the child resource development unit. In July 1, 2014 (5) it was organized as separate unit. This helped to give more emphasis and time for M&E. The unit has two staff at HQ level. However, at APO level it doesn't have this structure: it is handled by the APO staff (source: endline workshop).

The establishment the separate PME unit happened as a result of:

- **The organization development study carried out in 2013 [13]**, which was initiated by the general assembly. The study recommended the separation of the PME unit from the resource centre. The study was financed by SAVE the Children (*source: endline workshop).* Also the CFA mentions that in May 2013 FSCE initiated an organizational development (OD) study as a response to internal problems, which affected a good functioning of the organization both at Head Quarters level as with regards to the relation between Head Quarter and Regional offices. Apart from organisational restructuring as a result of the OD study the Director of FSCE resigned in February 2014. In March 2014 a new Director was appointed who is now implementing the recommendations of the OD study. One of the first tasks of the new Director was to start a reorganization process based on the findings and recommendations of the OD Study. Objective of the reorganization is to improve the internal functioning of the organization and to ensure quality program development, implementation and reporting. In June the new director presented an action plan, which is now in the process of being implemented. Things appear to be better now but changes till so far are only at head office (FSCE has 3 regional & 2 city area program offices) (*source: CFA self-assessment sheet A).*
- **Demand by donors (14):** Donors mentioned the need for a separate PME unit when they gave feedback about the improvement of the data collection and reporting system (*source: endline workshop).*

FSCE PT - improved PME capacity using RBM approach



4.3.2 Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) Approach

During the endline process, key organisational capacity changes have been identified in the following capabilities: capability to act and commit; capability to adapt and self-renew. These two capabilities have been chosen for the purpose of process tracing since these are the two capabilities that have most frequently been targeted by the CFAs. The organisational capacity changes that have been identified are based on a potential link with MFS II supported capacity development activities in these two capabilities, and on a variety of sources (secondary data as well as endline workshop data). The process tracing methodology has been adapted to the purpose of this evaluation and to investigate closely the underlying causes for these identified organisational capacity changes, and the extent to which these changes can be attributed to MFS II supported organisational capacity strengthening activities.

The evaluation team carried out an endline assessment at FSCE from 16 to 17 October 2014. During this workshop, the team made a recap of key features of the organisation in the baseline in 2012 (such as vision, mission, strategies, clients, partnerships). This was the basis for discussing changes that had happened to the organisation since the baseline.

Both FSCE endline workshop participants as well as the Dutch CFA (Kinderpostzegels) Programme Officer considered the FSCE staff to have improved their capacity to apply a Community Centred Multi Stakeholder (CCMS) approach [1] since the baseline in 2012. This means the ability to coordinate and work with other partner organizations and stakeholders working on child protection through a holistic approach. In fact, FSCE staff has improved the CC MS approach that they already applied prior to the MFS II intervention, and they have decided to improve upon their own multi stakeholder approach (3) *(sources: endline workshop; CFA support to capacity sheet B).*

Due to this improved capacity (1), the FSCE (CC MS) approach is adapted to local context, and applied at a larger scale in FSCE projects (6) *(sources: endline workshop; CFA support to capacity sheet B).* Furthermore, it is leading to increased engagement and ownership of local stakeholders (18) and improved community based monitoring (19) *(sources: endline workshop; CFA support to capacity sheet B; Evaluation Report Adama project FSCE Oct 2013; Results Based Management (CD 1) report; The Annual MFS II Partners Meeting convened from October 3- Revised Edition (20.12.12).*

The improved capacity to apply a community centred multi stakeholder approach has resulted from the following two changes:

3. Improved knowledge and skills about multi stakeholder processes (MSPs) (5)
4. Improved knowledge and skills about creating, strengthening and engagement of CBOs for child protection (12)

These two key areas are further explained below. The numbers correspond to the numbers in the visual.

Improved knowledge and skills about MSPs (5)

One of the reasons for the improved capacity to apply a Community Centred Multi Stakeholder (CC MS) Approach (1) is improved knowledge and skills about multi stakeholder processes (MSPs) (5). This is the result of a long process of developing and improving on this approach. Previous to the MFS II intervention, FSCE had already developed its own Community Centred Multi Stakeholder (CC MS) approach (3) *(sources: endline workshop; CFA support to capacity sheet B)*, as a result of the decision taken to change its strategy from one issue projects to a more holistic strategy, i.e. a community based and location specific approach *(9)*) *(sources: endline workshop; CFA support to capacity sheet B)*, after an internal Strategic Planning Workshop in 2011 (10). A reason for this planning workshop was the training on Multi-stakeholders programs in 2010 (24), given by Kinderpostzegels Netherlands (KPN) at the start of the Child labor free zone (CLFZ) program, which also introduced the 13 child protection indicators developed by UNICEF to FSCE (25) *(source: endline workshop)* . The rational for this was to improve the

situation of children in difficult circumstances or at risk by involving all relevant actors in finding and creating a solution for the identified problems and in view of this to develop a Community Based Multi Stakeholder approach and apply this in all projects, adapted to local context (3). For that reason FSCE specifically asked if one staff member (Addis Tekle) could participate at the Multi Stakeholder Processes (MSP) training at the CDI, MFS II funded, in September 2012 (2) *(sources: endline workshop; CFA support to capacity sheet B; CFA assessment sheet A; 5c endline self-assessment sheet program coordinator).* Knowledge and skills of other MFSII staff was then improved [5] as a result of an internal staff training workshop shared with all (project) staff of both HQ and Area Offices of FSCE at the end of 2012 (4), (*sources: endline workshop; CFA support to capacity sheet B; Feedback letter from Kinderpostzegels to FSCE ref findings field visit to Adama)* At this workshop Addis Tekle shared his lessons learned from the Multi Stakeholder Processes (MSP) training at the CDI, MFS II funded, September 2012 (2). The existing approach was reinforced and is now applied at a larger scale in other FSCE programmes as well (6) (*sources: endline workshop; CFA support to capacity sheet B; FSCE Adama project 2013 Evaluation report).*

Improved knowledge and skills about the creation, strengthening and engagement of CBOs for child protection (12)

Another reason for the improved capacity to apply a Community Centred Multi Stakeholder (CC MS) Approach (1) is the improved knowledge and skills in creating, strengthening and engaging Community Based Organizations (CBOs) like Centre Management Committees (CMC), Parents Teachers Associations (PTA), Youth Clubs, Girls Clubs, anti-HTPs Clubs, Child Wellbeing Advisory Committees and Child Development Promotion Forums (12). In the Adama CLFZ (Child Labour free Zone) project FSCE plays a lead role in convening key players such as the education office, the MSCPs, CMCs/PTAs, school leaders, facilitators/teachers and child representatives together to discuss on issues, take decisions, establish follow-up and accountability mechanisms to monitor progress as well as muster the necessary resources to address the issues *(sources: The Annual MFS II Partners Meeting was convened from October 3- Revised Edition (20.12.12); FSCE Adama project 2013 Evaluation report).* Its strong community based and location specific interventions like the Multi Stakeholder Child Protection Structures (MSCPS) (17)) is mentioned as the most innovative approach of the Adama CLFZ project (*Source: FSCE Adama project 2013 Evaluation report*). This model is a context-based adaptation of the Indian MV Foundation learned from an exposure visit (16) organized by Kinderpostzegels in 2011. In 2009 this Indian NGO visited Ethiopia and in 2011 FSCE staff visited India (16). This was not financed with MFS II but with PSO funds. The area based CLFZ approach of the Indian SPO matched very well with the FSCE community based MS approach of leading children from labour to school and to make local government responsible. Now FSCE is a leading example of applying the CLFZ approach in Africa. In 2013 they were visited by West African NGOs for this *(source: CFA assessment sheet A).* FSCE creatively adapted the approach to the local context and facilitated and influenced the creation of the MSCPS (17) (*sources: endline workshop; FSCE Adama project 2013 Evaluation report; 5c endline self-assessment sheet programme staff; 5c endline self-assessment sheet M&E staff; Annual Report 2013 FSCE Adama CLFZ project 2013)* which is composed of existing CBOs and government institutions which have stakes in the protection and education of children. The experience of FSCE with the MS approach, the reputation that FSCE had built in its previous project involvements and the positive impacts that it made (9) has also contributed to the adaptation of the CLFZ approach and the smooth start-up, pilot and effective undertaking of the CLFZ (MFS II funded) project (*sources: endline workshop; FSCE Adama project 2013 Evaluation report)*.

These MS Child Protection Structures (MSCPS) (17) are the cornerstone of the FSCE approach in addressing child's rights and protection issues. FSCE does not directly involve in advocacy due to the restrictions of the CSO legislation. However, the Organization has strongly influenced government and CBOs by creating MSCPS and strengthening and existing sub-structures of key stakeholders. The aim of the MSCPS's is to create a protective environment for children from various abuses and availing survival, developmental and rehabilitation needs of child labourers as well as those who are at risk. Any child right related issues are referred to the multi-stakeholder structure which could take up matters of child wellbeing. Children participate in (education) activities and in some committees (13) (*Source: FSCE Adama project 2013 Evaluation report).*

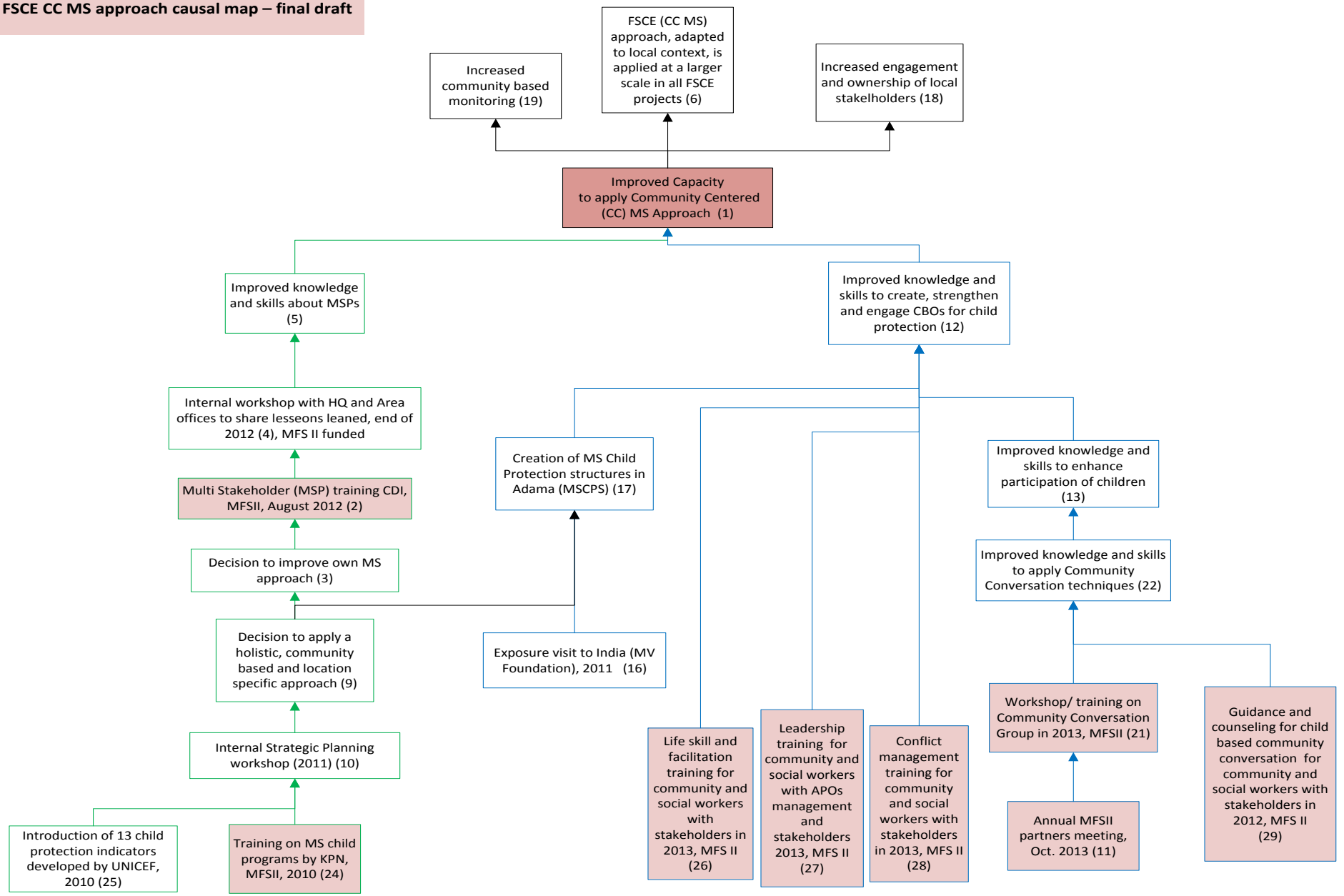
The MSCPS and the various committees under its coordination have become effective instruments for FSCE to engage CBOs, the community, and local government sector agencies in the operation and ownership of the project (18). There is also evidence for significant key stakeholder participation in monitoring (19). (*Source: FSCE Adama project 2013 Evaluation report)*

The improvement in knowledge and skill to create, strengthen and engage CBOs (12) was also enhanced through leadership training given for community, social workers and area office staff with APO management and stakeholders in 2013 financed by MFS II (27) (*source: endline workshop)*, life skill and facilitation training given for community and social workers with stakeholders in 2013,with the support of MFS II financial support(26) (*source: endline workshop*)and conflict management training for community and social holders with stakeholders in 2013 with financial support of MFS II (28).

Another reason for the improved knowledge and skills to create, strengthen and engage CBOs for child protection (12) is the improved knowledge and skills to enhance participation of children (13). Presently, children are participating in classrooms, teaching aid preparations, club activities and are also represented in some committees. Mechanisms for child participation are in place although they need strengthening and expansion (*Source: FSCE Adama project 2013 Evaluation report).*

This knowledge was enhanced through enhanced knowledge and skills to apply Community Conversation techniques [22] (*sources: endline workshop; CD Alliance Final Reserach Report Awareness Raising - Berhanu Berke- September 2013; Field Monitoring Visit Report Amakelew FSCE- April 2012; FSCE Adama CLFZ 2012 Annual Narrative Report)*. This knowledge and skills to apply Community Conversation techniques [22]was improved by MFS II funded training in Community Conversation Groups (21) asked for during the Annual MFS II Partners meeting in October 2013 (11) *(source: Final Report Annual MFS II Partners Meeting 2013)*. Before this partners meeting (11) there was MFS II financed guidance and counselling for child based community conversation for community and social workers with stakeholders in 2012 (29) *(sources: endline workshop; Annual Report 2013 FSCE Adama CLFZ project 2013; FSCE Adama CLFZ 2012 Annual Narrative Report)* .

FSCE CC MS approach causal map – final draft



5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited FSCE staff in the organization's HQs in Addis Ababa and explained the purpose and the process of the 5C endline assessment. During the visit the team agreed on the workshop dates including the type and number of staff who will attend the workshop. In addition, the team also gave the "support to capacity development sheet" to be filled by FSCE staff.

The Ethiopian 5C assessment team conducted the assessment in four visits. First visit, to conduct the self-assessment workshop with a total of fifteen staff members and ask the staff to fill the self-assessment form in their respective five subgroups (management (2); program (3); M&E (1); HRM and administration (4) and field staff (5)). This was followed by a second visit to carry out a brainstorming session and develop a general causal map that explains the key organisational capacity changes that have happened in FSCE since the baseline 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessment and to better understand the organisational capacity changes in FSCE since the baseline 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms. Finally, the fourth visit was made to carry out the process-tracing workshop. In the process tracing workshop three organisational capacity change areas that were identified based on the review of the various documents received from the SPO and CFA including the result of the self-assessment workshop were presented to the workshop participants. First they were asked if they also agree with the team's assessment in terms of these key organisational capacity changes to focus on during process tracing. These were organisation capacity changes within the capability to act and commit and the capability to adapt and self-renew and could possibly be linked to MFS II capacity development interventions. During this process tracing workshop, the HQs staff decided to focus the discussion on the 'Improved capacity to apply Community Centred MS Approach' detailed causal map, on the Adama area office because most of the activities related to this change area are carried out in Adama and they also thought the Adama staff to be better placed for this. Therefore, this workshop focusing on this detailed causal map took place in Adama, and one program staff and seven field staff participated in this workshop.

The process tracing exercise helped to get the information for description of organisational capacity changes, and the attribution of these changes in FSCE to specific factors and (MFS II and non-MFS II funded) interventions.

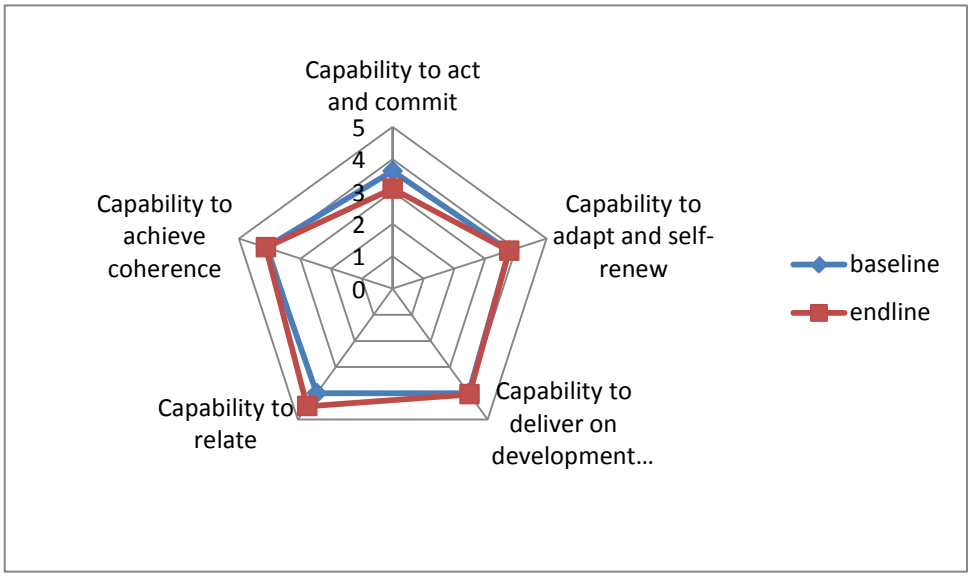
The plan of the evaluation team to also conduct two interviews with FSCE partners didn't materialize because the interview overlapped with other activities the assessment team was supposed to carry out with the SPO. No OD consultant has been interviewed. Due to the new CSO regulation, most of the SPOs are not involving consultants frequently because it puts a burden to their administrative cost (the agency categorizes consultancy as overhead). If consultants are hired at all, then is it mainly technical but not OD consultants.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity development

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities changes (improvements or deteriorations) took place.

Over the last two years deteriorations took place in most of the indicators under the capability to act and commit. In May 2013 an organisational development (OD) study was initiated, that was completed in Dec 2013. This study concluded that to improve internal functioning a new director was required. This new director started in March 2014, only two months prior to the endline workshop. Many staffs are still frustrated and funding is still low due to this period of internal problems. Funding is said to have declined because of many different reasons, one being the internal problems, but others include restrictive NGO legislation and donors wanting to work in coalitions. As the positive changes of installing a new director are very recent, many staffs still feel that there was some delay in implementing the OD study's recommendations. The strategic plan has been revised but is not yet guiding FSCE's daily operations. Due to the lower annual budget, staff turnover increased. Some staff resigned due to low salaries and staff performance valuation is not well managed. Compared to similar organisations, the benefit package at FSCE is poor and training opportunities for staff have decreased since the baseline. Little training has been given since 2012 because there has been less emphasis on getting funding for trainings and the 30/70 rule, in which trainings fall under the 30% of the budget that can be spent on administrative costs, has not helped in this respect. Skilled staff has left the organisation so that, although staff that remained has gained some skills due to experience and self-organised trainings, overall there is a slight deterioration in staff skills. New staff that has been hired does have clear roles and responsibilities that fit in the organisational structure of FSCE.

In the capability to adapt and self-renew FSCE saw some deteriorations and improvements. Staff have improved there M&E competencies especially due to an M&E training during the Annual C&D Alliance MFS II partner meeting in May 2014. There is a team of experts that works on M&E and support the area program offices. More emphasis is now given to reporting on outcome indicators. With the new leadership, organisational management is now making use of M&E findings at organisational and program level to make timely decisions. While some improvements have been made in terms of creating moments for critical reflection, the general feeling among staff is that because of the internal problems and reorganisation process that followed not enough attention has been given to this. The same holds for staff's freedom to share ideas: there are some very recent positive developments but the internal communication problems under the previous management worsened the situation since the baseline.

In terms of the capability to deliver on development objectives, FSCE shows very slight improvement in its cost-effectiveness. In this regards, the organisation is developing guidelines on project proposal development, project appraisal, realignment of activities and budgets in the annual action plan, and is undertaking financial activities with deadlines and reviewing the M&E system and M&E application.

In the capability to relate, FSCE has shown on most indicators slight improvements in engaging its stakeholders in policies and strategies. The organisation is now using Multi Stakeholder Child Protection Structures (MSCPS) to engage different stakeholders in the program process. The relations within the organisation have, however, deteriorated compared to the baseline situation. Due to change processes and leadership problems, at different levels relations between staff are not free and open. While some positive developments are taking place at the head office (with the new director) this has not yet reached the Area Program offices.

Finally, FSCE has improved and deteriorated in indicators under the capability to achieve coherence. After the OD assessment in 2013 and the change in leadership in 2014, the mission and vision statement of FSCE were revised and significant improvements were made in organisational structure, communication, program, finance and HR strategies. There was however, a slight deterioration in programs being aligned to the vision and mission, and while projects are still aligned, realignment to the new organisational level strategies and program categorisations is required.

During the endline workshop some key organisational capacity changes were brought up by FSCE's staff: improved implementation capacity in holistic approach; improved M&E capacity including reporting; and improved organizational system of operations. The evaluators considered it important to also note down the SPO's story about what they considered to be key changes in the organisation since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to FSCE staff present at the endline workshop, the capacity to implement an holistic approach improved because of improved knowledge of staff to apply a Multi Stakeholder (MS) approach and work jointly, and a more harmonious collaboration with and between staff from different departments; improved application of different strategies to support target groups; and improvement in working with target groups. FSCE's knowledge on MS improved because of a MFS II funded training on Multi-Stakeholder Processes (MSP) in September 2012, at CDI in the Netherlands, and in which one FSCE staff member participated. FSCE improved its application of different strategies to support target groups because of an experience sharing visit to Tanzania and the Netherlands (MFS II funded) and coaching and mentoring of staff by FSCE Head Quarters (HQ). The organisation improved the way it works with target groups because of a training on SHG related implementation (KNH funded) and a training on the area based approach and exposure visit to the Netherlands (MFS II funded). Secondly, FSCE improved its M&E capacity (including reporting) because of increased intensity and frequency of visits to the target groups, and improvements in standard and concise reporting, which were both triggered by a training on outcome level reporting in 2012, organised by FSCE. M&E capacity also improved because of an improvement in outcome oriented reporting capacity due to the same training and the requirement of FSCE for outcome level information. Improved recording of case stories and publication capacity also contributed to improved M&E capacity. This was the result of regular mentorship given by the new director. Finally according to FSCE staff, they improved their organisational system of operations because there are now systems in place to apprehend the concerns of staff (due to new leadership and regular discussions); there is improved formal (interdepartmental) communication (due to improved joint planning and team work capacity); and improved multi stakeholder engagement capacity (because of the MSP training at CDI, MFS II funded). FSCE improved its joint planning and team working capacity as a result of coaching and mentoring of staff by HQ and the experience sharing visit to the Netherlands and Tanzania (MFS II funded). All in all, there is some mention of MFS II funded capacity development interventions in all the key organisational capacity changes that FSCE staff identified. During process tracing these and more MFS II funded interventions (in particular training and experience sharing visits) have clearly come up. However, internal factors like the change in leadership, training, coaching and mentoring, have also played an important role in the key organisational capacity changes that the FSCE

staff considered important since the baseline in 2012. Some support from other funders in terms of training, has also been mentioned as one of the underlying factors to these changes. For more details, we therefore refer to 5.3, where the role of MFS II funded capacity development interventions in organisational capacity changes of FSCE will be further explained.

5.3 Attributing changes in organisational capacity development to MFS II

This section aims to provide an answer to the second and fourth evaluation questions:

1. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*

2. *What factors explain the findings drawn from the questions above?*

To address the question of attribution it was agreed that for all the countries in the 5C study, the focus would be on the capability to act and commit and the capability to adapt and self-renew, with a focus on MFS II supported organisational capacity development interventions that were possibly related to these capabilities. 'Process tracing' was used to get more detailed information about the changes in these capabilities that were possibly related to the specific MFS II capacity development interventions. The organisational capacity changes that were focused on were:

- Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach; and
- Improved M&E capacity using a Results Based Management (RBM) approach.

The first organisational capacity change falls under the capability to act and commit. The last one (M&E) falls under the capability to adapt and self-renew. The organisational capacity change areas that were chosen are based on document review as well as discussions with the SPO and CFA.
Each of these organisational capacity changes is further discussed below.

The following issues are discussed for the MFS II funded activities that are related to the above mentioned organisational capacity changes:

a. Design: the extent to which the MFS II supported capacity development intervention was well-designed. (Key criteria: relevance to the SPO; SMART objectives)
b. Implementation: the extent to which the MFS II supported capacity development was implemented as designed (key criteria: design, according to plans during the baseline);
c. Reaching objectives: the extent to which the MFS II capacity development intervention reached all its objectives (key criteria: immediate and long-term objectives, as formulated during the baseline);
d. the extent to which the observed results are attributable to the identified MFS II supported capacity development intervention (reference made to detailed causal map, based on 'process tracing').

Please note that whilst (d) addresses the evaluation question related to attribution (evaluation question 2), the other three issues (a, b and c) have been added by the synthesis team as additional reporting requirements. This was done when fieldwork for the endline process had already started or was already done.

Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach; and
The following MFS II supported capacity development interventions for FSCE that took place since the baseline in 2012, were linked to the key organisational capacity change "Improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach":

1. Multi Stakeholder (MSP) training CDI, August 2012 (2)
2. Life skill and facilitation training for community and social workers with stakeholders in 2013 (26)
3. Leadership training for community and social workers with APOs management and stakeholders in 2013 (27)
4. Conflict management training for community and social workers with stakeholders in 2013 (28)
5. Guidance and counselling for child based community conversation for community and social workers with stakeholders in 2012 (29)

The numbers between brackets correspond to the numbers in the visual (causal map, see below this section).

The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives because the effects of these interventions were observed during the endline and they came up during document review, workshop, interviews and self-assessments.

1. Multi Stakeholder (MSP) training CDI, August 2012 (2)

Design

This capacity development intervention was planned during the baseline. Details about the specific design are not relevant because this was not an intervention developed by the CFA, and wasn't the focus of the evaluation. During the baseline, the immediate objective was formulated as "Staff has improved understanding of how to facilitate Multi-Stakeholder approach and how to improve the social learning activities in the Community Based Multi-Stakeholder projects of FSCE". The long term expectation was formulated as "Improvement of the community based multi-stakeholder strategy that FSCE already is implementing". Also, during the endline survey it was mentioned that the long term expectation was to have better impact results due to a more holistic approach of the complex problems some children (the target group of FSCE) are confronted with.

This kind of knowledge or training was not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but this ToC was very much geared towards organisational and project management topics, not to subject related topics. However, the participation of one staff member at this training was at the request of FSCE itself, which indicates that it was considered relevant for the organisation. This request was the result of an earlier taken decision in the organisation to change its strategy from one issue projects to a more holistic strategy, i.e. a community based and location specific approach.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). But, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

This capacity development intervention took place at the Centre of Development Innovation (CDI), Wageningen University and Research centre in the Netherlands. One staff member participated at this 3-week training course from 3-21 September 2012. At the end of 2012 an internal workshop for HQ and area based staff was organised to pass on the lessons learnt. Also two other Community & Development Alliance (C&DA) partners, that also practice the Child Labour Free Zones (CLFZ) approach, were invited to participate. As far as the evaluation team knows, this was implemented as designed, i.e. that one staff member would participate and that he would pass on what he had learnt to other staff members.

Reaching objectives

Previous to the participation of one staff member of FSCE in the Multi Stakeholder Processes (MSP) training, FSCE had developed its own Multi Stakeholder Processes approach. This was combined with the lessons learned from the MSP Training of CDI Wageningen and at the end of 2012 during an internal staff training workshop shared with all (project) staff of both HQ and Area Offices of FSCE. Since then all projects of FSCE follow more or less the Multi Stakeholder Processes approach. The short term objective seems to be achieved. It is difficult to assess to what extent the long term objective has been achieved,

since this objective was not defined as a SMART objective (also not the purpose of this evaluation), although it can be said that the organisation has adapted its MSP approach since the end of 2012

1. *Life skills and facilitation training for community and social workers with stakeholders in 2013 (26)*
2. *Leadership training for community and social workers with APOs management and stakeholders in 2013 (27)*
3. *Conflict management training for community and social workers with stakeholders in 2013 (28)*

Design
These interventions were not mentioned as planned for during the baseline survey, but they were mentioned during the endline as MFS II interventions that took place in 2013. Details about the specific design are not known, but that wasn't the focus of this evaluation. Also, these trainings were not only meant for staff but also for community, social workers and other stakeholders. The intention of these trainings was to improve knowledge and skills to create, strengthen and engage CBOs.

This kind of knowledge was not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. But the fact that they were specifically mentioned at the endline workshop indicates that they have been important for improving staff competences.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives since this wasn't the purpose of this 5C evaluation.

Implementation
These interventions were conducted in 2013 for FSCE area office and APO management staff but also for community, social workers and other stakeholders. As far as the evaluation team knows, they were implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Not having objectives that were defined as SMART objectives makes it difficult to assess this issue, but these trainings were mentioned as having contributed to improved knowledge and skills to create, strengthen and engage CBOs.

5. *Guidance and counselling for child based community conversation for community and social workers with stakeholders in 2012 (29)*
This MFSII capacity development intervention was not mentioned as planned for during the baseline survey. So no details about design or objectives are known. However, it was mentioned during the endline workshop as having been important for staffs' improved knowledge and skills to apply Community Conversation techniques and enhance the participation of children. This technique plays an important role in creating, strengthening and engaging CBOs for child protection. Since no further details are known, this cannot be further analysed.

Attribution of observed results to MFS II capacity development interventions
The improved capacity to apply a Community Centred Multi Stakeholder (CCMS) approach was due to:

1. Improved knowledge and skills to apply multi stakeholder processes (MSPs) (5)
2. Improved knowledge and skills about creating, strengthening and engagement of CBOs for child protection (12)

(see 4.3.1)

The improved knowledge and skills to apply multi stakeholder processes can partly be attributed, and the improved knowledge and skills about creating, strengthening and engagement of CBOs for child protection (12) can to a large extent be attributed to MFSII supported capacity development interventions:

1. The improved knowledge and skills to apply Multi Stakeholder Processes (MSP's) (5) can be attributed to the improvement and streamlining of FSCE's own Community Centred Multi Stakeholder (CC MS) approach by means of MFSII funded capacity development interventions: previous to the MFS II supported capacity development intervention, FSCE had already developed its own Community Centred Multi Stakeholder (CC MS) approach, as a result of the decision taken to change its strategy from one issue projects to a more holistic strategy, i.e. a community based and location specific approach, after an internal Strategic Planning Workshop in 2011. One of the reasons for this planning workshop was the training on Multi-stakeholder programs in 2010, given by Kinderpostzegels Netherlands (KPN) at the start of the Child labor free zone (CLFZ) program, which also introduced the 13 child protection indicators developed by UNICEF to FSCE. The rationale for this was to improve the situation of children in difficult circumstances or at risk by involving all relevant actors in finding and creating a solution for the identified problems, adapted to local context. For that same reason FSCE specifically asked if, with MFS II funding, one staff member could participate at the Multi Stakeholder Processes (MSP) training at the Centre for Development Innovation (CDI), Wageningen University and Research centre in the Netherlands, in September 2012. This staff member passed on his knowledge and lessons learnt to other FSCE staff. As a result the existing approach was reinforced and is now applied at a larger scale in other FSCE programmes as well.

2. Improved knowledge and skills about creating, strengthening and engagement of CBOs for child protection can be attributed to a large extent to MFS II supported capacity development interventions like the leadership training; life skills and facilitation training and conflict management training for FSCE area office field and management staff, and community, social workers and other stakeholders; and guidance and counselling for child based community conversation for community and social workers with stakeholders in 2012.To some extent it can also be attributed to the experience in creating MS Child Protection structures in Adama (MSCPS) already present in the organisation.

On the whole, the changes that took place since the baseline in 2012 in terms of improved capacity of FSCE to apply a Community Centred Multi Stakeholder Approach can be largely attributed to MFS II supported capacity development interventions, notably the MSP training at the CDI in the Netherlands; life skills, facilitation leadership and conflict management training for FSCE area office staff, and community, social workers and other stakeholders; and guidance and counselling for applying a child based community conversation approach. However, it must be noted that these approaches were already initiated in the organisation before the baseline with the support of Kinderpostzegels since 2010. The additional trainings that took place since 2012 helped to strengthen the MSP approach as well as to increase the capacity of FSCE to create, strengthen and engage CBOs for child protection.

Improved M&E capacity using a Results Based Management (RBM) approach
The following MFS II capacity development interventions supported by Kinderpostzegels Netherlands (KPN)/ C&D Alliance were linked to the key organisational capacity change "Improved M&E capacity using a Results Based Management (RBM) approach":

1. MFSII Results Based Reporting formats in 2012 and the follow up on these (10)
2. Training on M&E with focus on reporting on outcome level, May 2014 (17)
3. RBM refresher and M&E training, June 2012 (18)
4. Close follow-up and supervision by MFS II partners (16)

(see also 4.3.1)

The numbers between brackets correspond to the numbers in the visual (causal map, see below this section).

The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives because the effects of these interventions were observed during the endline and they came up during document review, workshop, interviews and self-assessments.

1. *MFSII Results Based Reporting formats in 2012 and the follow up on these (10)*
This is not a capacity development intervention as such, but is was mentioned at the endline workshop as having contributed to developing and improving M&E tools and formats, focused on results: FSCE checklists and tools that were prepared in 2010, but were output oriented, were updated to comply with the MFS II requirements for RBM reporting formats. There was a close follow up and supervision by HQs staff to ensure the application of these rreporting formats. Since there are no specific objectives formulated for this intervention, it cannot be further assessed.

2. *Training on M&E with focus on reporting on outcome level, May 2014 (17)*
Design
This was a one day training, as part of the annual MFS II Partners Meeting in May 2014**.** The annual (C&D Alliance) partner meetings are planned for. During these Annual MFS II Partner Meetings partners share information, exchange experiences, work towards synergy of actions and plan joint activities. However, it was specified that capacity development interventions in 2014 and beyond still, like this M&E/outcome training, still needed to be specified at the time of the baseline. Details about the design cannot be provided, but this wasn't the focus of the evaluation. However, during the endline survey it was indicated that the objective of giving this one day training was to strengthen the capacities of the MFSII partners of the C&D Alliance, including FSCE, to report on output and outcome results. In the longer term this was expected to contribute to improvement of actions and strategies.

In general M&E training was mentioned as important at the capacity development ToC, as described in the baseline report, but reporting at outcome level was not mentioned in particular. However, being mentioned at the endline workshop indicates that it had relevance to FSCE.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically since this was in the objective of this 5C study.

Implementation
This one day training was given at the annual (Ethiopian C&D Alliance) partner meetings in May 2014. Three FSCE staff participated at this workshop. Topics dealt with are: baselines and base line data; indicators; data collection in M&E (methods and techniques); data quality and data flow charts; reporting on outcome level and reporting quality. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Since the objectives were not formulated in a SMART way, it is difficult to assess whether the objectives have been reached. However, related to the objective stated above, it can be said that staff knowledge and skills have been enhanced in terms of identifying and reporting on outcomes, as indicated in the PME causal map. Thereby, this objective has at least been partly met.

3. *RBM refresher and M&E training, June 2012 (18)*

Design

This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. However, the following immediate objective was indicated in the baseline report: "Staff has improved understanding of how to monitor and evaluate the results (at output and outcome level) of projects formulated according to the RBM-approach". The long-term objective was stated as "FSCE will be better equipped to monitor the results of the projects that are formulated according to the RBM approach". During the endline survey the immediate objective of this training was formulated as "to strengthen the capacities of FSCE in the field of Result Based Management, both with regards to project planning, as to reporting on output and outcome results" and the long term objective as "a better understanding of the importance and advantages of result based management of projects (compared to activity based)".

In general M&E training was mentioned as important at the capacity development ToC in the baseline, but RBM not in particular. However, being mentioned at the endline workshop indicates that also RBM had relevance to FSCE.

The objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but the evaluation team did not ask the CFA for SMART objectives specifically during the baseline.

Implementation

Two FSCE staffs participated at the workshop that was conducted in June 2012. The training workshop addressed topics like recap on Planning terminology and indicators; concepts and purposes of M&E; data collection and tools; developing a system for data compilation, analysis, reporting and communication; the sequence/ hierarchy of reporting, for making decisions and communicating them to different stakeholders; and using a participatory approach to establish clear roles and responsibilities for data collection, analysis and reporting. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

An immediate effect observed by the CFA was a better understanding of how to fill in the (output and outcome) results indicator forms of the MFSII Programme of the C&D Alliance. Staff mentioned that it enhanced their knowledge and skills in identifying and reporting on outcomes. It seems that the short term objective was more or less reached, particularly in terms of knowledge and skills for identifying and reporting on outcomes, but to what extent the long term objectives have been achieved cannot be assessed, not having SMART formulated objectives. Then again, this wasn't the objective of this 5C evaluation.

4. *Close follow-up and supervision by MFS II partners (16)*

This intervention is mentioned in the baseline survey as a bi-annual monitoring visit of the Program Officer or of the local advisor of Kinderpostzegels in Ethiopia. During these monitoring visits the progress of the project implementation and the project strategy are discussed as well as the institutional development of the organization, both at the level of the head office in Addis Ababa and at the level of FSCE's field office in Adama (project site). During these monitoring visits also technical assistance is given in the form of recommendations and advice. According to staff members present at the endline workshop this follow-up and supervision was mentioned at the endline workshop as having contributed to improved knowledge and skills to identify and report on outcomes, which was confirmed by the CFA. Since there are no specific objectives formulated for this intervention, it cannot be further assessed.

Attribution of observed results to MFS II capacity development interventions

The "Improved M&E capacity using a Results Based Management (RBM) approach" of FSCE staff was due to:

1. Improved M&E tools and formats (21)
2. Enhanced knowledge and skills in identifying and reporting on outcomes (3)
3. PME unit separate entity with clear authority/ responsibility since July 2014 (5)

The first two capacities can partly be attributed to MFSII supported capacity development interventions; the third one cannot be attributed to MFSII supported capacity development interventions:

1. The improved M&E tools and formats can on the one hand be attributed to updated tools and formats by FSCE itself, and on the other hand to the provision of MFS II Results Based Reporting formats in 2012 and the follow up on these. These formats were developed to help to get outcome oriented data according to MFS II requirements.
2. The enhanced knowledge and skills in identifying and reporting on outcomes can also be partly attributed to MFS II supported capacity development interventions, i.e. MFS II training interventions like the outcome oriented M&E training organised during the annual C&D Alliance partner meeting in May 2014 and the RBM refresher and M&E training in June 2012; and also close follow-up and supervision by MFS II partners on sharing experiences and outcome oriented planning and reporting. On the other hand these enhanced knowledge and skills can be attributed to training, coaching, supervision of FSCE HQ staff; and the biannual review meetings that identify gaps and action points, all non-MFS II related, internal affairs. However, the MFS II reporting formats are used for this bi-annual outcome based monitoring, which is carried out by HQs staff in the field. This monitoring is based on a checklist that observes the capacity on reporting, including differentiating between immediate and intermediate outcomes. These checklist based appraisals are further discussed in the bi-annual meeting where gaps and action points are identified.
3. The creation of a PME unit as a separate entity with clear authority and responsibilities cannot be attributed to MFS II capacity development interventions: this was the result of an organisational change process as a result of an organisational development study and donor demands in general. Before being organized as a separate entity, M&E was with the child resource development unit. In July 2014 it was organized as separate unit. This helped to give more emphasis and time for M&E. The unit has two staff at HQ level. However, at APO level it doesn't have this structure with a separate M&E unit. Donor demands have further influenced the decision to have a separate PME unit.

On the whole, improved M&E capacity for using RBM approach, can be partly attributed to MFS II capacity development interventions, such as providing formats for outcome reporting, M&E training with a focus on outcome reporting, and close follow-up by MFS II partners. However, there is also an important role for the organisation in developing its own M&E tools and formats, biannual monitoring meetings and establishing a separate PME unit.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 270-280.

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

FSCE - Assessment Results 2011 -Summary Sheet - Final (29.08.11).doc
FSCE- Final Score PCAT Assessment 2011 (29.08.11).doc
FSCE PCAT 5Cs 2011.doc
FSCE-Brief Assessment Report 2011 (29.08.11).doc
Financial Report 2013 Adama (July-Dec 2013) FSCE (18.01.14).pdf
Financial Report 2013 Adama (July-Dec 2013) FSCE (18.01.14).xls
Financiel Report Jan-June 2013 CLFZ project Adama FSCE (11.07.13).pdf
Financiel Report Jan-June 2013 CLFZ project Adama FSCE (11.07.13).xls
FSCE Adama CLFZ 2012 Annual Narrative Report (27.03.13)doc.doc
FSCE Adama CLFZ revised project budget plan for the year 2013 (Dec 6 2012).pdf
FSCE Adama CLFZ revised project budget plan for the year 2013 (Dec 6 2012).xls
FSCE Financial Report Jan-Dec 2012 Adama project (29.01.13) .pdf
FSCE Financial Report Jan-Dec 2012 Adama project (29.01.13) .xls
FSCE Monitoring Report May 2013 Amakelew (27.07.13)doc.doc
Narrative Action plan 2013 CLFZ project Adama FSCE Revised (12-26-2012).doc
Narrative Action plan 2014 for CLFZ project in Adama FSCE (17.12.13).doc
Number of direct and indirect targets for 2014-2016 FSCE Adama (17.12.13).pdf
Number of direct and indirect targets for 2014-2016 FSCE Adama (17.12.13).xlsx
Number of persons reached by thee project (2014-2016) (17.12.13).doc
Proceedings of the Annual MFS II Partners Meeting 2012 Final Revised Edition (20 12 12).pdf
RE__Aanvullende_documenten_FSCE.zip
Report Exchange visit to Ethiopia -Final - English (31.10.13).docx
Result Based Report Format 2012 gender based (01.01.13).pdf
Result Based Report Format 2012 gender based (01.01.13).xls
Results Based Management (CD 1) report.doc
Schedule of the RBM refreshment training June 2012.doc
teachers training programme on Active Learning (CD 6) Dec 2013.doc
Training Handout Workshop on CPP July 2012 (09.08.12).doc
2013 FSCE - 5C PCA Assessment Resutls-Feedback sheet (05.07.13).doc
2013 PCAT 5C's FSCE Scores (05.07.13).pdf
2013 PCAT 5C's FSCE Scores (05.07.13).xls
Actualized Targets 2013 FSCE (07 11 12).pdf
Actualized Targets 2013 FSCE (07 11 12).xls
Announcement letter to partners ref CPP training 5-6 July 2012 (02.05.12).doc
Announcement letter to partners ref RBM refreshment workshop June 2012 (19.04.12).doc
ANNUAL MFS-II PARTNERS' MEETING 2014 CDAlliance Ethiopia (CD 7).docx
Annual report 2012 CD alliance final (29.04.13).doc
Annual Report 2013 FSCE Adama CLFZ project 2013 (20.01.14).docx
Approved Budget 2013 CLFZ project Adama FSCE (02.01.13).pdf
Approved Budget 2014 for CLFZ project FSCE Adama (14.01.14).pdf
Approved Budget 2014 for CLFZ project FSCE Adama (14.01.14).xls
Budget Proposal 2014 for CLFZ project in Adama FSCE revised (17.12.13).pdf
Budget Proposal 2014 for CLFZ project in Adama FSCE revised (17.12.13).xls
CD Alliance Final Reserach Report Awareness Raising - Berhanu Berke- September 2013.pdf
CD3 - F - The Annual MFS II Partners Meeting was convened from October 3- Revised Edition (20.12.12).pdf
CD4 - Final Report Annual MFS II Partners Meeting 2013 (10 11 13) Final Version.doc
Contract of Gift 2013 CLFZ project Adama FSCE (02.01.13).pdf
Contract of Gift 2014 and Approved Budget 2014 CLFZ project FSCE Adama (14.01.14).pdf
CPP training minutes July 2012 final (13.08.12).doc
Evaluation Report Adama project FSCE Oct 2013 (CD 5).docx

Evaluation Report FSCE Adama CLFZ project Berhanu Berke final (29.10.13).docx
Feedback letter to FSCE ref findings field visit to Adama (29.10.12).doc
Field Monitoring Visit Report Amakelew FSCE- April 2012 (21.05.12).doc

Fieldwork data:

A_5c endline_assessment sheet_CDA_Ethiopia_FSCE_Kinderpostzegels_with_interview.docx
B_5C endline_support to capacity development sheet_CFA perspective Ethiopia FSCE Kinderpostzegels with_interview.docx
O_5c endline interview guide_subgroup_admin and HRM staff_selected indicators_FSCE-filled.docx
P_5c endline interview guide_subgroup_field staff_selected indicators_FSCE.docx
Q_5c endline observation sheet_Ethiopia_FSCE.docx
R_5c endline_observable indicators at SPO_Ethiopia_FSCE.docx
F_5c endline self-assessment sheet_management_Ethiopia_FSCE_completed.doc
G_5c endline self-assessment sheet_programme staff_Ethiopia_FSCE_completed.doc
H_5c endline self-assessment sheet_MandE staff_Ethiopia_FSCE_completed.doc
I_5c endline self-assessment sheet_admin HRM staff_Ethiopia_FSCE_completed.doc
J_5c endline self-assessment sheet_field staff_Ethiopia_FSCE_completed.doc
K. FSCE Casual map narration- EZ edited.docx
L_5c endline interview guide_subgroup_Management staff_selected indicators_FSCE -filled.docx
M_5c endline interview guide_subgroup_program staff_selected indicators_FSCE_filled.docx
N_5c endline interview guide_subgroup_M&E staff_selected indicators_FSCE-filled.docx
S_5c endline_overview_trainings_SPO_staff_Ethiopia_FSCE (PT).docx
T_5c endline_questionnaire_training_management_perspective_Ethiopia_FSCE_namemanager (PT).docx
U_5c endline_questionnaire_training_participant_perspective_Ethiopia_FSCE_nameparticipant (PT).docx
W_5C endline_Ethiopia_capacity development interventions implemented by KPZ since 2011 (FSCE).docx
PT - act & commit - CPP development.docx

List of Respondents

MFS II partners (Alliance/CFA):

No.	Name	Function
1	Henk van Zuidam	Programme officer Africa
2	Karin van den Belt	Programme Officer Terre des Hommes, Lead CFA van C&DA
3	Maaike Blom	Programme Officer Terre des Hommes
4		

FSCE staff:

No.	Name	Function in the organisation
1	Simret G/yes	Grant & Finance Officer
2	Meseret Bayu	Program Manager
3	Zebenay Atnafu	Senior Social Worker
4	Meseret Ashagre	HR Officer
5	Abubeker Nasir	Area Program Manager
6	Abebaw Bekele	Program Director
7	Temesgen Cherie	Social worker
8	Mateyos Begale	Social worker
9	Endale Demissie	Program Manager
10	Yared Degefu	Executive Director
11	Addis Tekle	Program Officer
12	Selamawit Zeyede	Grant & Finance Officer
13	Dereje Girmachew	PME & CRDC Coordinator
14	Mekonnen Seyoum	Finance resource Manager
15	Zemzem Jemal	Program Coordinator

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline

has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[2] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

[2] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o -2 = Considerable deterioration
   - o -1 = A slight deterioration
   - o 0 = No change occurred, the situation is the same as in 2012
   - o +1 = Slight improvement
   - o +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;

- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

Purpose of the fieldwork**:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

Self-assessments**:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.

Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.

Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based

on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[3]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[3] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and

then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on

climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.
The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

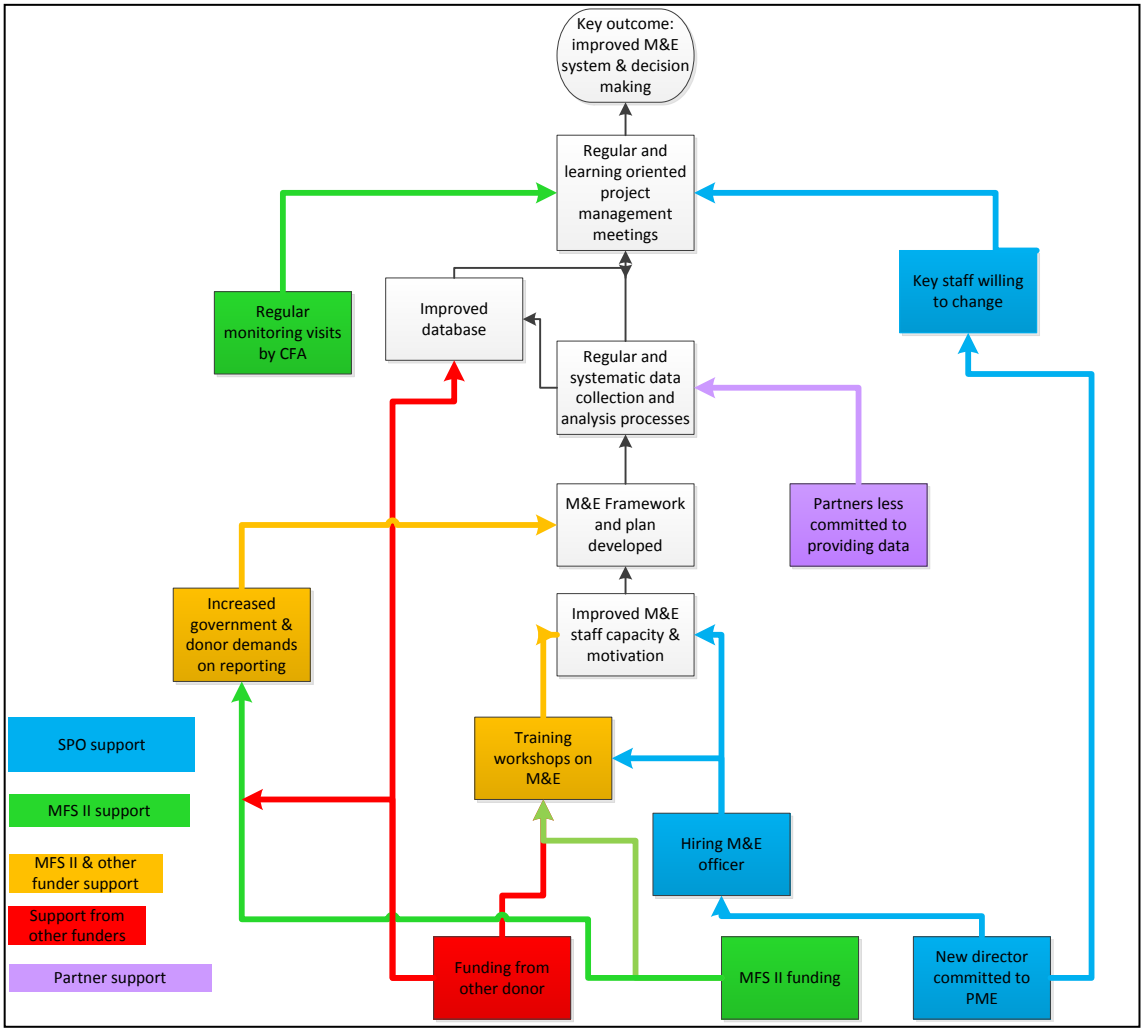


Figure 1 *An imaginary example of a model of change*

Step 5. Identify ***types of evidence*** *needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

*Step 6. **Collect data** to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

*Step 7. **Assess the quality** of data and **analyse data**, and develop the **final detailed causal map** (model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

- Confirming/ rejecting a causal relation (yes/no);
- Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
- Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation

and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people

change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

- **Capacity** is referred to as the overall ability of an organisation or system to create value for others;
- **Capabilities** are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);
- **Competencies** are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1. The capability to act and commit;
2. The capability to deliver on development objectives;
3. The capability to adapt and self-renew;
4. The capability to relate (to external stakeholders);
5. The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Results - changes in organizational capacity of FSCE - 5C indicators
Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'
This is about leadership within the organization (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organization.

Leadership has changed since the baseline. The existence of some internal problems, marked by poor collaboration and tensions between the Program department and the finance department, negatively affected the functioning of the organization both at Head Quarters level, as well as with regards to the relations between Head Quarter and Area Program Offices (APOs). Because of these internal problems in May 2013 FSCE governance with the Board initiated an organizational development (OD) study. Based on the findings and recommendations of this OD Study, changes were proposed and a new Director was appointed in March 2014. In May 2014 the new Director in consultation with the Board started a reorganization in order to improve the internal functioning of the organization and to ensure quality program development, implementation and reporting. So the organization is now in a change process based on the implementation of the OD findings in which a weak management in the decision making process was found to be the crucial problem of the organization.

Capable and committed leaderships are now hired including the Executive Director, and systems and formal communications are being developed. Some improvements have been observed since the baseline in-terms of staff meetings (management and staff meetings on weekly and monthly basis respectively) at head office level but only recently. It is too early to see other changes. Commitment of the board to initiate the OD assessment and change the previous management, MFS II support in providing training on organizational management, and support from other donors like Save the Children International who financed the OD study was recognized as positive contributions for the changes in leadership and organizational structure.

However, there is still frustration among staffs on the poor and unresponsive leadership of the management particularly the previous one. The internal problems with the previous management negatively affected the functioning of the organization which caused a reduction in funding sources. This budget reduction has led to staffs layoff. In that sense the situation is worse compared to the baseline. Some staffs noted an improvement for this indicator considering that the organization and leadership is on its way up again now. But this was all very recent at the time of the endline survey (May 2014) and more staff considered this indicator to have deteriorated compared to the baseline situation.

Score: from 4 to 3.5 (slight deterioration)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

The key change observed since the baseline in FSCE was the organizational development process (re-structuring or of FSCE in terms of organizational set up and leadership) based on the findings of the organizational development (OD) study conducted in May 2013, which was initiated and enacted by the Executive Board (EB) and the General assembly (GA) through establishing a Change Management Committee (CMC) to follow the process. A number of recommendations came out of the OD study, and previous leadership, who was blamed for problems of responsiveness in terms of timely decision making and communications, especially the Director, was laid off in February 2014 and a new Executive Director was hired in March 2014. Though the role/stimulus of the new leadership is not known yet, slight improvements appeared in terms of communication and team work after the change in leadership at the head office level, but not at the Area Program offices (FSCE has 3 regional and 2 city area offices). It requires time to translate changes to the lower level. This is due to that fact that the new Director, who was appointed just before the time of this survey (two months), didn't have enough time to play a big role in the change process of FSCE. FSCE has also slight improvements in program implementation specifically stopping child labour and promoting the area specific community based MS approach. The strategic plan was revised and validated, medical insurance policy improved and the Board has started guiding the HQs staff recently.

However, according to most staffs and the OD assessment report, since the baseline internal problems affected a good functioning of the organization both at Head Quarters level and the relation between Head Quarter and Area Program offices due to lack of on-time reporting to donors by FSCE. Some staffs also noted that implementation of the OD recommendations to restructure the organization was delayed which has led to frustration of staffs and some head office staff resigned the organization. FSCE has revised its strategic plan, but the document is not endorsed by the board yet and not communicated to all staffs. As a result, projects are designed in a conventional way rather than with clear strategic directions. Generally, the overall functioning of the organization was missing coordination, a formal flow of performing obligations and there was weak communication between branch offices and the head office as well as with donors. Meanwhile, according to some staffs, there was no interference by the board members in the day to day activities of the organization during and after the baseline which needs to be corrected in the baseline report.

Score: from 3.5 to 2.5 (deterioration)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

Since 2012, annual staff turnover in FSCE has increased due to the fact that especially the annual budget of the organization has declined, and some projects have phased out without having found new funds to substitute the phased out projects, particularly in the past two years. Consequently, the number of staffs has declined and some staffs have resigned the organization due to the low salary scale and the unconducive working environment during the previous management. Most of head office management staff has changed due to the recommendations of the OD study. In summary, there has been high staff turnover and layoff due to budget constraints, lack of competitive salary and/or an unconducive working environment. Staffs performance valuation is not well managed and there is no performance based annual salary increment in the organization.
On the other hand, some staffs stated that staff turnover did not alarmingly change compared to the baseline in FSCE and that salary scale adjustment and increments had a positive impact on staff turnover.

Score: from 3 to 2 (deterioration)

1.4. Organizational structure: 'Existence of clear organizational structure reflecting the objectives of the organization'

FSCE has an organizational structure that governs its operations with clear distinction of powers, roles and responsibilities. This was evident in the evaluation report of the Adama project by Kinderpostzegels (CFA) in October 2013, “FSCE has an organizational manual introduced in 2011 that defines and outlines organizational and relationship arrangements”. Staff has a copy of the organizational structure and are able to understand the objectives of the organization. Recently new staff arrangements have been made with distinction of roles and responsibilities.

Score: from 3 to 3.5 (slight improvement)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

FSCE had a strategic plan from 2010 to 2014 that served as mother document to guide the organization in developing operational plans, working manuals and procedures. This strategic plan was later revised to cover 2012-2014. Strategies are well articulated in the organization. Situation analysis and monitoring and evaluation are used to inform strategies. According to the alliance evaluation report on the Adama project, the monitoring practices of FSCE are based on the current management and operational structure and systems. FSCE assesses variations by comparing plans and performances. Variations are discussed and corrections are recommended at the end of quarterly monitoring and annual review meetings. Adjustments according to this feedback are followed during the next monitoring event, i.e. the next monitoring always starts by asking the progress on previous feedback and recommendations. Annual monitoring is also conducted together with a Kinderpostzegels representative.

Score: From 4 to 4 (no change)

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

FSCE has been guided by strategic plans in its organizational directions and operations. However, this strategic plan has been revised and is in the process of being endorsed. Hence, since FSCE is in a process of change at present, it is not possible to give any conclusive comments about changes. However, some staffs reflected that the day to day interventions are not in line with the strategic plan of the organization. Because some project interventions are not implemented under the original framework of the Strategic Plan E.g. EM, FGM, HTP, etc. There is also no strategy for Project Sustainability in the Strategic Plan document though recommendations were given by Kinderpostzegels to review the current Strategic Plan document and to incorporate strategies for Project sustainability.

Score: from 4 to 3.5 (slight deterioration)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

In this regard, conflicting views are given. According to some staffs, capacity and competence of staffs is gradually improved since the baseline. Staffs are improving their academic competence through trainings [organized by themselves] and experience. Little training is organized for staffs. Program management capacity of area program offices with regard to community based multi-stakeholder initiation has improved through experience. The organization also hired skilled and experienced staffs. However, others indicated that since there were no training opportunities for staffs, staff skills have not improved except by job experience. A staff development (capacity improvement) strategy in the

form of training, coaching and mentoring exists but has not changed (much) since 2012 according to these staffs. Other staffs noted that there is no relevant training opportunity and not all planned capacity building workshops were organized due to the 30/70 provision of the new NGO legislation. Therefore, the CSO law in which training costs must be counted as administrative expenses and the internal problems of the organization in terms of communication and authority have negatively affected staff skill improvement. Furthermore, since staff has left the organisation due to poor management, this has negatively affected the overall staff capacity in terms of available knowledge and skills.

Score: From 4 to 3.5 (slight deterioration)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO is offered appropriate training opportunities

Usually, FSCE conducts training need assessments. However, it mostly failed to conduct capacity building trainings as mentioned above. Some staffs noted that there are no well-structured and planned training opportunities based on need assessments in the organization. In fact, little training on selected thematic areas was organized for staffs since 2012. Training was given for Program managers and HRM and Finance in Addis by an external consultant. However, there is no adequate capacity building training for all staff of FSCE since the baseline, even though it was mentioned at monitoring feedback, review meetings and other means of communication. According to staff, the reason for this was that the organization has put less emphasis on getting training funds either by soliciting funds from donors or availing the training from administrative budget. Government CSO policy has also contributed for the decreasing training opportunities in FSCE.

Score: from 3.5 to 2.5 (deterioration)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

According to most staffs, provision of appropriate staff incentive mechanisms in FSCE has not changed since the baseline. A salary change was done during the baseline and there was no change after that except the provision of a transport allowance for staff. However, some staffs have illustrated that training opportunities have declined after the baseline and FSCE has no proper strategy and means to motivate and recognize staffs. The benefit package of the organization is very poor compared to other similar organizations and the working environment is becoming poor and not conducive.

Score: From 3.5 to 2.5 (slight deterioration)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

FSCE has longstanding experience and working relationships with different funding sources at international and local level. However, it is gradually deteriorating since the baseline with a decreasing annual budget of the organization. The total funding amount has slightly declined especially in 2013 and FSCE has lost partnership with major donors. The organization was not able to attract new funding sources and new proposals are not developed since the baseline. The reasons for declining funding sources are different. According to some staffs, it is due to the fact that FSCE has poor leadership and communication systems both at the head office and area program level, which led to lack of planning ahead and making necessary adjustments. Also, the organization has not assigned a specific unit or body to develop concept notes and proposals. For others, it is due to the interest of some donors to work in coalition rather than in individual partnerships. Besides, the restrictive NGO

legislation of Ethiopia has created difficulties or made it impossible for NGOs to engage in income generating activities, especially on local funding for rights and advocacy related interventions. Others perceived that the private sector in Ethiopia is not much interested in funding social activities of NGOs. On the other hand, some staffs feel that slight improvements can be observed particularly in 2014 where UNICEF has recently started to give financial support.

Score: From 4.5 to 3.5 (deterioration)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'
This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.
In this regard, FSCE has not changed since the baseline according to the response of most respondents. However, there is no clear fundraising system or procedures: this is not well organized and a proper partner management strategy is lacking. FSCE has not yet developed a resource mobilization guideline or manual (RMG/M) to clarify approaches adopted at different levels.
Score: from 3 to 3 (no change)

Summary of capability to act and commit
The key change observed since the baseline in FSCE was the change of leadership and the organizational development process (re-structuring of FSCE in terms of organizational set up) based on the findings from the organizational development (OD) study.In May 2013 this organizational development (OD) study was initiated, which was completed in Dec 2013. The previous leadership was blamed for lack of responsiveness in terms of timely decision making and solving internal communication problems. The director was laid off in February 2014 and a new Executive Director was appointed in March 2014. The overall functioning of the organization was missing coordination, a formal flow of performing obligations and there was weak communication between branch offices and the head office as well as with donors due to internal problems marked by poor collaboration and tensions between the program and finance department during the previous management. However, though the role/stimulus of the new leadership is not known yet, slight improvements have appeared in terms of communication and team work after the change in leadership, but at the head office level only. Despite these difficulties, FSCE managed to slightly improve program implementation, specifically in stopping child labour and promoting the area specific community based MS approach. FSCE has been guided by a strategic plan in its organizational directions and operations. This strategic plan has been revised and is in the process of being endorsed.
Some staffs are still frustrated because the implementation of the OD recommendation to restructure the organization was not immediately effective. Consequently, some staffs have resigned. Other staffs have resigned due to low salary scale and unconducive working environment, particularly during the previous management. Staff performance valuation is not well managed and there is no performance based annual salary increment in the organization. On the other hand, some staffs said that staff turnover has not alarmingly changed compared to the baseline in FSCE, and that (recent) salary scale adjustments and increments have brought a positive impact on staff turnover. Some staffs stated that training opportunities have declined after the baseline and that FSCE has no proper strategy and means to motivate and appreciate staffs. The benefit packages of the organization are very poor compared to similar organizations and the working environment has become poor and not conducive. FSCE conducts training need assessments; however, it mostly failed to conduct trainings as identified due to the provision of the 30/70 NGO legislation of the government. Only few trainings on selected thematic areas have been organized for selected staffs, but the organization has hired skilled and experienced staffs since 2012. FSCE has longstanding experience and working relationship with diversified funding sources at international and local level. However, it is gradually deteriorating resulting in a decreasing annual budget and losing partnerships with major donors. The organization was not able to attract new funding sources and new proposals were not developed.
Furthermore, there is no clear fundraising system or procedure: this is not well organized and a proper partner management strategy is lacking. FSCE has not yet developed a resource mobilization guideline or manual (RMG/M) to clarify approaches adopted at different levels

Score: from 3.6 to 3.0 (slight deterioration)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'
This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organizational).

As was the case at the time of baseline period, FSCE has well developed M&E guidelines and a participatory M&E system to ensure regular monitoring and evaluation. Hence, according to most staffs, in country team evaluators and the alliance responses, nothing has changed in this sense, neither for the better nor for the worse in this particular indicator.
Nevertheless, FSCE management at the head office has put greater emphasis on the importance of undertaking timely monitoring and reporting and taking the necessary corrective actions. Hence the monitoring work has become more consistent and regular, and feedback is well communicated and taken. This is complemented by in house training on monitoring and reporting provided in 2012. Because of this, especially the outcome oriented reporting improved and now APOs are undertaking both program and project level monitoring by developing the necessary checklists, and started to document the findings. Generally, there is improvement in implementing outcome measurement and frequent supervision and regular feedback processes are in place since the change in leadership. Some staffs noted that outcome oriented reports of the area program offices are manifestations of this change. Based on the findings and recommendations of this midterm evaluation of the Adama project, the M&E practice of FSCE in Adama has improved in outcome/impact level reporting instead of only output level reporting. However, there is no evidence that this improvement is observed in other project offices and at the head office level. According to some staffs, the organization has started collecting and following outcome level information and reporting system after getting training and exposure visits supported by MFS II. On the other hand, some staffs noted that there is no M&E framework with outcome indicators including how this will be collected, monitored and reported. They feel that in the baseline report of 2012 this was a bit exaggerated.
On the other hand, some staffs feel that FSCE is not properly implementing and documenting the planning and reporting of program interventions. There are cases in which FSCE didn't develop proactive program plans substantiated by benchmarks that led to measure outcomes and impacts at different levels. According to some staff the progress in the documentation system is gradually deteriorating, which is affecting the learning part. However, FSCE has established an M&E task force very recently since the hiring of the new Executive Director. This task force was established to undertake tasks identified and discussed during biannual review meeting. Practical change is not yet observed, but maybe that's too early to be expected taking the short time of the new establishment in to account. FSCE has an organizational monitoring system and practice at the head office rather than project-based monitoring. Monitoring and reporting by head office staff is done for all projects in aggregation rather than specifically for each project.

Score: from 4 to 4 (no change)

2.2.M&E competencies: 'Individual competencies for performing M&E functions are in place'
This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

Since 2013 FSCE has put more emphasis on reporting on results at outcome indicators level at the request of the C&D Alliance (Kinderpostzegels and Terre des Hommes). FSCE now has trained and experienced PME personnel that is better able to practice M&E. M&E at organizational and program level is more consistently and regularly practiced than ever before, including sharing of the findings timely. Moreover, staffs understand and appreciate the importance of M&E and act accordingly; and know what information to collect, how to process the information, and how to make use of the information to improve activities. The one day training on M&E with the focus on reporting at outcome

level given during the Annual MFS II Partners Meeting in May 2014 (of MFS II partners of the C&D Alliance in Ethiopia) where staff members of FSCE participated, was recognized as an one of the inputs for the change. Generally, there is improvement in implementing outcome measurement and frequent supervision and regular feedback processes are in place since the change in leadership. Some staffs noted that outcome oriented reports of the area program offices are manifestations of this change. However, according to some staffs, there is no M&E unit under the Area program office. Instead there is only a senior social worker. But, M&E is carried out by a team of experts from the head office twice a year (biannual) for all 7 area program offices. Starting from September 1, 2014 the three APOs at Addis Ababa merged into one APO and now FSCE has 5 APOs under it.

Score: from 3.5 to 4 (slight improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'
This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

FSCE has conducted a midterm project evaluation in 2013 executed by a local consultant. The M&E system of FSCE was one of the subjects of this midterm evaluation. Based on the findings and recommendations of this midterm evaluation of the Adama project, the M&E practice of FSCE in Adama has improved in outcome/impact level reporting instead of only output level reporting. However, there is no evidence that this improvement is observed in other project offices and at the head office level.
After the change in leadership very recently in 2014, FSCE has tried to establish a data base to be used by management and program staffs for their day to day decision making purposes. FSCE is now in the process of installing and configuring WAN (Wide Area Network) system in the organization to support the M&E system. Hence, the organization management is now using the findings of M&E at organizational and program level for making timely decisions, including the recommendation of the M&E task force to filter/review the communication process from the source to the end (data collection, coalition, analysis, reporting, sharing and documentation), preparation of workable guidelines and manuals for reporting on progress for proposal development and appraisal. However, according to some staffs, there are still issues that need attentions especially on the linkages between the head office and project level, where M&E is not applied for decision making purposes and the existing M&E is not systematized and consistent, except for M&E practices in Adama.

Score: from 3.5 to 4 (slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'
This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

According to most of the responses, there is a slight change in critical reflection where regular meetings on weekly and monthly basis are in place and as a result ideas and information are starting to be shared smoothly among each other. Especially after the change in leadership in FSCE attention was given to the monitoring feedback and timely corrective actions/decisions have started to be taken accordingly at all levels. Besides, Area Program staffs are undertaking meetings once a week for sharing of information. Volunteers like community conversation facilitators, peer educators, school clubs Non Formal Education Facilitators, Community workers including social workers have experience sharing meetings to take timely corrective action. However, this is all very recent since March 2014 and cannot reflect change yet. Others also noted that some area program offices are doing well, while this does not apply to all area program offices even under the new leadership. Generally, most of the respondents agreed that it was because of the previous leadership in FSCE not reacting well to some internal problems and/or tensions that prevented the occurrence of significant change in the performance of the organization compared to the situation of 2012. Because people were too occupied with these internal problems and the reorganization process and they have not improved in this area of attention.

Score: from 4 to 3.5 (slight deterioration)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives
This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

In this regard, frequency of meetings for the development of new ideas increased at present compared to the previous leadership. Some improvement is observed in cooperation and collaboration among program and finance staffs recently. However, due to the very short period of change observed (almost three months) and due to the organizational internal problems with leadership and communication during the previous management, things were worse than during the baseline period.

Score: from 4 to 3.5 (slight deterioration)

2.6. System for tracking environment: 'The organization has a system for being in touch with general trends and developments in its operating environment'
This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

FSCE works in partnership with different likeminded organizations and stakeholders in its operational areas. The organization has good relationships with stakeholders and partners and implements MFS II project interventions through MSCCPS as observed in the baseline. The organization scans the external environment to ensure timeliness and quality reporting.

Score: –from 3.5 to 3.5 (no change)

2.7. Stakeholder responsiveness: 'The organization is open and responsive to their stakeholders and the general public'
This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

FSCE uses MSCCPS as an overarching strategy to implement its program interventions. This allows FSCE to be responsive to stakeholders. This strategy also caused FSCE to have good relationships with stakeholders and to be open for the community and target children. The key stakeholders have been engaged in the community based multi-stakeholders child protection structures and a number of child protection issues are addressed in a holistic manner. The current shift of the stakeholder engagement process (of more community involvement in local level action planning) gives due attention to and makes use of the knowledge, expertise and experience of the target communities and authorities to initiate, implement and manage comprehensive program interventions of their locality in a sustainable way, as opposed to their previous involvements. The Multi-stakeholder Councils develop jointly Memoranda of Understanding (MOU), undertake baseline surveys on child problems, develop adaptive planning, shared duties and responsibilities and conduct reflective meetings weekly or bi-weekly. However, staffs noted that there is no change compared to the baseline in this regard hence FSCE still follows the multi-stakeholder approach to place child protection systems at the community level with good results. The approach helped FSCE to involve key stakeholders in monitoring. Day-to-day monitoring is not only done by project staff but the community and government structures are also involved as evidenced by the mid-term evaluation report of the Adama project.

Score: from 4 to 4 (no change)

Summary of capability to adapt and self-renew
FSCE has well developed M&E guidelines and participatory M&E systems to ensure regular monitoring and evaluation. There is improvement in outcome oriented reporting and now Area Program Offices (APOs) are undertaking both program and project level monitoring by developing the necessary checklists, and started to document the findings. According to some staff the documentation system is gradually deteriorating, which is affecting the learning part and there is no data base M&E system.

However, FSCE has established an M&E task force very recently since the hiring of the new Executive Director. There is improvement in implementing outcome measurement and frequent supervision and regular feedback processes are in place. After the change in leadership very recently in 2014, FSCE has established a data base to be used by management and program staffs for their day to day decision making purposes. The data base is now electronically installed and configured with the Wide Area Network (WAN) system in the organization to support the M&E systems. However, according to some staffs, there are issues that need attention, e.g. on the linkages between the head office and project level, where M&E is not applied for decision making purposes and the existing M&E is not systematized and consistent.
Since the change in leadership (March 2014) there is a slight improvement in critical reflection where regular meetings on weekly and monthly basis are in place and as a result ideas and information are shared smoothly among each other. Before this, this was weaker due to poor management. The frequency of meetings for the development of new ideas and an improvement in cooperation and collaboration among program and finance staffs have also been observed at present compared to the previous leadership. FSCE works in partnership with different likeminded organizations and stakeholders in its operational areas and this helps in scanning the environment. Key stakeholders are engaged in the community based multi-stakeholders child protection structures and a number of child protection issues are addressed in a holistic manner.

Score: 3.8 to 3.8 (no change)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organization has clear operational plans for carrying out projects which all staff fully understand'
This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

As it was during the baseline FSCE has clear operational plans at all level, and these plans are broken down in quarterly plans that are well communicated with the respective departments/work units. The gap that was observed in understanding and utilization of program guidelines during the baseline period is still a challenge for the full implementation of activities.

Score: from 3.5 to 3.5 (no change)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'
This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

Though the geographic location and target groups of FSCE are different, APOs are doing the same capacity building training at one place for stakeholders coming from different projects to minimize cost, time and better delivery of service. Moreover, the organization uses shared offices, facilities and other resources. FSCE's complementary project/ program interventions are found to be cost effective however some projects implemented in transit towns are not cost effective. There are also some fragmented project interventions that need extra leverage to be cost effective. Compared to the baseline situation, to be cost effective the organization is now developing guidelines on project proposal development, project appraisal, realignment of activities and budgets in the annual action plan, and is undertaking financial activities with deadlines and reviewing the M&E system and M&E application.
On the other hand some staffs mentioned that nothing has changed much compared to the baseline situation, that FSCE still has a comprehensive budget and budgetary control system in place, and that this is effectively used for control. They also pointed out that FSCE has a good financial system and is now using Peachtree Accounting software for recording and reporting its accounts.

Score: from 4 to 4.25 (very slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'
This is about whether the SPO is able to carry out the operational plans.

Almost all staff mentions that the situation is the same as in the baseline situation, FSCE still carries out its operational plans with minimum deviations from what has been planned. Some staff mention an improvement of planned versus accomplished activities and that the utilization of budget is getting better. But still there is a room for improvement of carrying out planned activities and bringing deliverables.

Score: from 4.5 to 4.5 (no change)

3.4. Mechanisms for beneficiary needs: 'The organization has mechanisms in place to verify that services meet beneficiary needs'
This is about how the SPO knows that their services are meeting beneficiary needs

Since 2010 the organization has followed a multi-stakeholder approach which is a holistic and comprehensive approach to address beneficiaries' needs. FSCE has become a model organization in Africa in leading children from labour to school and making local government responsible using the area based Child Labour Free Zone (CLFZ) approach. They learned this from an Indian SPO during a study tour before the baseline. As a result the organization was visited by a West African NGO to share their best practices and experiences in this regard. It was observed that the approach has brought and increased sense of ownership by the CBOs and that projects now working through existing community structures. However, further strengthening is needed to ensure the deliverables are meeting the needs of the beneficiaries through engaging different stakeholders in designing, implementing, monitoring and evaluation of the project activities.

Score: from 4.5 to 4.5 (no change)

3.5. Monitoring efficiency: 'The organization monitors its efficiency by linking outputs and related inputs (input-output ratios)'
This is about how the SPO knows they are efficient or not in their work.

As in the baseline period, projects are designed with logical framework tools, which is mostly donor's requirement. The projects have comprehensive budgets and expected outputs and outcomes. However, these days fully implementing and controlling projects with these variables set in the documents has become difficult. This is mainly because of turnover of well-trained staffs and limited orientation and capacity building invested in the newly hired staffs.
However, FSCE is in a process of change that may influence its organizational and operating systems and practices, including its management, planning, and monitoring systems. As the change is still underway, it is not possible to give any conclusive comments on this change. Measuring input output ratio would be needed in this regard. But, most staff agrees that since the process of change focuses on streamlining FSCE operations and enhancing its effectiveness and efficiency, it hoped that the current projects could benefit from the outcome.

Score: from 4 to 4 (no change)

3.6. Balancing quality-efficiency: 'The organization aims at balancing efficiency requirements with the quality of its work'
This is about how the SPO ensures quality work with the resources available

FSCE does not have clear program quality guidelines or indicators. It rather uses different program management guidelines as an input for program quality and efficiency together. It also uses different proxy indicators to measure quality of program/ project interventions. According to some staff, the organization has improved the quality of work in all regards through undertaking assessments, close follow up and the application of data base management electronically.
Other staff noted that nothing has changed since the baseline and FSCE still has no program guidelines. Instead procedures and work-tasks are used as proxy indicators to measure quality. As a

recommendation, they suggested that FSCE needs to have clear guidelines, standards and staffs capacity building trainings for balancing quality-efficiency.

Score: from 3.5 to 3.5 (no change)

Summary of capability to deliver on development objectives

As indicated in the baseline period, FSCE has a clear operational plan broken down on a quarterly basis; complementary project/ program interventions are found to be cost effective and the organization still has a comprehensive budget and budgetary control system. Besides, the organization still carries out its operational plans with minimum deviations from what has been planned and follows a multi-stakeholder approach to address beneficiaries' needs. Projects are designed with the logical framework based on donor requirements. In the last two years a better performance has been observed in utilization of budgets in terms of planned versus accomplished activities, and the organization has started to collect and follow outcome level information and reporting systems. FSCE doesn't have clear program quality guidelines or indicators. It rather uses different program management guidelines as an input for balancing program quality and efficiency

Score: from 4.0 to 4.3 (slight improvement)

Capability to engage

4.1. Stakeholder engagement in policies and strategies: 'The organisation maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organisation'
This is about whether the SPO engages external groups in developing their policies and strategies, and how.

FSCE has properly used stakeholder management guidelines in its program management. This helped FSCE to let different stakeholders participate in different program/ project interventions as well as in designing policies and guidelines. According to the self-assessment result FSCE continues to use the existing stakeholder management guidelines that help to involve various stakeholders at different levels, not only in making policies and strategies but also in implementation. The organization has also used MSCCPS to engage different stakeholders in the whole project/program process. Some area program offices have prepared child protection guidelines for CBOs and relevant actors, but the rest of the existing practices are unchanged. The most innovative approach of the Adama CLFZ project is its strong community based and location specific interventions, according to an evaluation. This model is a context-based adaptation of the Indian MV Foundation learned from the exposure visit organized by Kinderpostzegels. FSCE creatively adapted the approach to local context and facilitated and influenced the creation of the MSCPS which is composed of existing CBOs and government institutions which have stakes in the protection and education of children.

Score: from 4 to 4.5 (slight improvement)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'
This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

FSCE has a good track record and reputation that enables it to spearhead strong networks with other NGOs on issues of child labour and other child related activities. They also have good relationships with government and donors. As a result the organization has been a member of different networks and forums at local, national and international level. The organization has recently participated in a post millennium development goals development program for child labour related activities. However, some staffs noted that FSCE has not engaged in new networks since the baseline period but rather maintained their existing networks. Hence, very little or nothing has changed in this regard. The mid-term evaluation report of the CFA (Kinderpostzegels Foundation) in 2013, mentioned that networking

among the Alliance partners is not sufficient to enable adequate horizontal sharing of experiences, best practices, resources and information on the common agenda of awareness raising activities and provision of services to children.

Score: from 4 to 4 (no change)

4.3. Engagement with target groups: 'The organization performs frequent visits to their target groups/ beneficiaries in their living environment'
This is about how and when the SPO meets with target groups.

FSCE has good relationships with the community and is very close to its target beneficiaries. This is mainly due to the application of area based approaches and the establishment of MSCCPS as overarching strategy. Dedication and commitment of front line staffs and stakeholders was the key for progress. They visit them regularly and work together with the children/ beneficiaries. The management of the organization is undertaking bi-annual visits to target areas, bi-annual organizational review and reflection meetings, and quarterly review meetings with the technical staffs (program, finance and others) at the head office level. APO core staff undertakes regular follow up of target groups and additional visits are conducted based on the monitoring together with visitors and donors. However, this was already observed during the baseline period so nothing has changed but FSCE has maintained its good performance in engaging target groups.

Score: from 4 to 4 (no change)

4.4. Relationships within organization: 'Organizational structure and culture facilitates open internal contacts, communication, and decision-making'
How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

There is no free and open relationship between staffs in FSCE compared to the baseline. Relationships within the organization have deteriorated due to the change process and leadership problems at different levels. Because of the existence of internal problems some tensions and disturbed working relations occurred particularly between the Program and Finance unit at Head Office level and this contributed to declining availability of project funds for on time project implementation and reporting. However, after the findings and recommendations of the OD Study in 2013, in May 2014 the new Director in consultation with the Board started restructuring the organization in order to improve the internal functioning of the organization. Hence, regular staff meetings have created more information sharing and better communication among staffs at head office level recently, but this development has not yet reached the Area Program Offices (APOs).

Score: from 4 to 3 (deterioration)

Summary of capability to engage
FSCE continues to use the existing stakeholder management guidelines that helps to involve various stakeholders at different levels, not only in making policies and strategies but also in implementation. The organization has also used MSCCPS to engage different stakeholders in policies and strategies as well as program implementation. FSCE has a good track record and reputation that enables it to spearhead strong networking with other NGOs on issues of child labour and other child related activities and has also good relationship with government and donors. However, some staffs noted that FSCE has not engaged in new networks since the baseline period but rather maintained the existing networks. FSCE has maintained its good performance in engaging target groups. Relationships within the organization have deteriorated due to the change process and leadership problems at different levels. However, after the change in leadership in March 2014, regular staff meetings have created information sharing and better communication among staffs at head office level but this has not yet reached the Area Program Offices (APOs).

Score: from 4 to 3.9 (very slight deterioration)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organization'
This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

FSCE has revised its strategic plan in 2014. Also, the Mission and Vision statement were revised, and the core programs reviewed. Moreover, an organizational development process was undertaken with significant improvements in the organizational structure, program and finance management, communication and human resource strategies. These changes occurred after the change in leadership early 2014 based on the recommendations of the OD assessment in 2013. There was no change during the previous management in this regard. However, the organization has gaps in orienting staffs about the (new) strategic plan and learning from each other according to some staffs.

Score: From 4 to 4.5 (Slight improvement)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'
This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

Major changes are observed in FSCE since the baseline in this regard including the revision of the organizational structure, the development of a Human Resource Policy and Procedure, the Organizational Development (OD) assessment, the revision of the strategic plan, and the change in leadership. The reasons for these changes were diverse ranging from global and organizational dynamics, the need to stay in business [NGO Market], and the problems of responsiveness and communication, especially at the leadership position/level, to bring radical changes in FSCE in terms of timely decision making and communication. Review of the existing operational manuals and the development of new guidelines/directions is in progress after the change in leadership in March 2014. FSCE has all the necessary operational guidelines to help the organization with technical administration and HRM operations.
There is an organizational manual that covers the operational structures, functional responsibilities and operating procedures. The organization also uses a Planning, Budgeting, monitoring and evaluation manual. FSCE uses Peachtree Accounting software for recording and reporting its accounts. FSCE has a financial system that works well according to the Adama mid-term evaluation report in 2013. However, according to the same report updating the financial manual was necessary following recent developments in the technology. However, some staffs feel that FSCE has not shown change in this respect but rather maintained the existing operational guidelines. Other staff noted that the organization lacks orientation and introduction of policies, working manuals, etc. for new staffs. Not all staffs have access to the existing manuals and guidelines. The documents are not prepared in the local language i.e. Amharic Language, which would be friendlier for clerical staffs. According to these staffs, because of some internal problems, marked by poor collaboration and tensions between the program department and the finance department, the overall functioning of the organization is missing coordination and formal flows of performing obligations.

Score: from 4 to 4 (no change)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organization'
This is about whether the operations and strategies are line with the vision/mission of the SPO.

FSCE has been guided by its strategic plan in its organizational directions and operations. It had a strategic plan that defined its work for the duration of 2010-2014. However, this strategic plan has been revised and is in the process of being endorsed. The projects and associated operations are still in line with the vision and mission of the organization. However, realignment with the newly changed organizational level strategies and program categorization is required. Cascading slight changes and approaches of programs to area program offices are not done yet.

Score: from 4.5 to 4 (slight deterioration)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'
This is about whether the efforts in one project complement/support efforts in other projects.

Efforts are made to ensure complementarity of child protection projects by giving attention to prevention, promotion, rehabilitation and integration of children in need. The annual C&D Alliance partners meetings (MFS II) induced more collaboration and hereby complementarity of program activities. Initially FSCE didn't see the added value of participating but now they do and more synergy has been created by developing proposals together, exchange visits, joint strategies and new knowledge and insights.

Score: from 4 to 4(no change)

Summary of capability to achieve coherence
FSCE has revised its strategic plan in 2012 Hence, the Mission and Vision statements were revised also, and the core programs were reviewed. Moreover, an organizational development process was undertaken and improvements in the organizational structure, program and finance management, communication and human resource strategies have been observed. The organization has clear gaps in orienting staffs about the strategic plan and learn from each other. FSCE has revised its organizational structure, developed Human Resource Policy and Procedure, conducted Organizational Development (OD) assessment, revised its strategic plan, and changed leadership after the baseline. Review of the existing operational manuals and development of new guideline/directions is also in progress after the change in leadership in March 2014. FSCE has generally all the necessary operational guidelines which help the organization for technical administration and HRM operations. The organization has also been using a Planning, Budgeting, monitoring and evaluation manual. FSCE uses Peachtree Accounting software for recording and reporting its accounts. However, the organization lacks orientation and introduction of polices, working manuals, etc. to new staff. Though projects and associated operations are still in line with the vision and mission of the organization, realignment with the newly changed organizational strategy and program categorization is required. Cascading of changes and approaches of programs to area program offices is not yet done. Efforts are made to ensure complementarity of the child protection projects by giving attention to prevention, promotion, rehabilitation and integration. The organization uses shared offices, facilities and other resources and services and are mutually supportive according to some staffs.

Score: from 4.1 to 4.1 (no change)

Centre for Development Innovation
Wageningen UR

P.O. Box 88

6700 AB Wageningen

The Netherlands

T +31 (0)317 48 68 00

www.wageningenUR.nl/cdi

Report CDI-15-055

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

FOLLOW-UP REPORT: C3

An impact analysis of a project to protect Girls and Young Women against Violence in Addis Ababa and Adama towns, Ethiopia[1]

Elisabetta de Cao, Marloes Huis, Samson Jemaneh and Robert Lensink

PRELIMINARY: PLEASE DON'T CITE

[1] Part of the report is based on Huis, Suhlmann, Lensink and Hansen (2013).

Basic Information:

Sourthern Partner Organisation (SPO): FSCE (Forum on Sustainable Child Empowerment)

Name of Dutch organisation responsible for project: Defence for Children – ECPAT Netherlands

Name of Consortium: Child Rights Alliance

Name lead organization: Plan NL

Start Date project: 1 April 2011

End Date project: 31 December 2015

Selected MDG: MDG 3

1. Introduction

Violence against women is probably the most widespread form of abuse worldwide. According to DFID (2012), about one third of all women and girls in the world have been affected by violence. Therefore, it does not come as a surprise that all over the world programs, led by various institutions such as Women's Right Organizations and Microfinance organizations, have been developed to address violence and harmful practices against women and girls. Indeed, a reduction in violence against women and young girls is one of the key development goals. However, apart from some anecdotic evidence, and a few papers that provide practical guidelines about "what works" in terms of reducing violence against women (see, for instance DFID, 2012), there are almost no impact evaluations of programs addressing violence against women and young girls available.

This study reports the findings of an impact evaluation of a project conducted by the Ethiopian non-government and not-for profit making organization "Forum on Sustainable Child Empowerment" (FSCE). The project "Girl Power: Protection of Girls and Young Women against Violence in Addis Abeba and Adama towns" strives to offer protection, growth and development for children and young women. FSCE uses a so-called Multi-stakeholder child protection system (MSCPS) approach to establish child protection efforts in its child protection programming. In order to improve girls and young women's protection against gender-based violence, FSCE conducts a series of activities, which are meant to supplement each other. These activities focus at three levels (1) a reduction of gender-based violence against girls and young women at the individual level; (2) an increase in values in communities to ensure that girls and young women are better protected at the social-cultural community level and (3) to promote government acts for better protection of girls and young women. The activities include a broad list of interventions, such as awareness campaigns using media, community conversations, capacity building activities at school clubs (Girls Clubs) and Community Based Organizations –mainly via so-called IDDIRs-, and provision of protective services to girls and young women, such as the establishment of a temporary shelter for trafficked and migrated children as well as the development of a recovery and reintegration program for sexually abused and exploited girls.

The project is part of the broader country-wide "Girl Power Programme." Within the "Girl Power Programme" different MFS organisations and Southern Partner Organisations work together. The Girl Power Programme is designed by different partners in coordination and alignment. Sometimes activities of different projects within the "Girl Power Programme" are difficult to disentangle. For instance, the "Child Helpline" project (C2) is also part of the nation-wide "Girl Power Programme." Both projects have similar aims, which the SPOs try to achieve by different types of activities. These activities are meant to complement and strengthen each other. Since the C2 and C3 projects are both part of the same country-wide programme, the impact evaluations for C2 and C3 complement each other. Thus, to get a more complete picture of the impact of the activities conducted within the country-wide "Girl Power Programme" it may be relevant to also consider the evaluation report for project C2.

The amount and diversity of activities of FSCE make it impossible to consider all interventions in detail. Rather, the report focuses on the most important activities of FSCE, being the interventions directly related to Girls Clubs, IDDIRs, the recovery and reintegration program followed by street girls, and the temporary shelter. It also pays, although to a minor extent, attention to the community conversations. The complimentary report for the Child Helpline project (C2) will explicitly focus on the community conversations.

The study takes a mixed method approach by using both quantitative and qualitative information. Regarding the temporary shelter, we only conduct a qualitative evaluation because gathering follow-up information to enable a quantitative analysis is too complicated since the children leaving the temporary shelter often come from far and follow up would be too expensive. The project interventions take place in Addis Ababa and Adama. However, in order to make the evaluation attainable, we concentrate on the activities and beneficiaries located in Adama Town.

The analysis provides mixed results. The quantitative analyses focus on different indicators for abuse and female empowerment. While girls at girls clubs believe that FSCEs interventions have reduced violence, we do not find any quantitative evidence of improved outcome indicators that can be attributed to the interventions at the girls clubs. However, the study suggests significantly positive effects of the reintegration program of FSCE for street girls, and we provide some quantitative evidence that IDDIR members have changed their attitudes regarding abuse and female empowerment due to

interventions of FSCE. In addition, the qualitative analyses suggest that the temporary shelters of FSCE contribute to the goal of the Girl Power Program to fight injustice and violence against girls. Overall, the analyses suggest that the program of FSCE positively contributes to reducing violence against young women and girls.

The report is organized as follows. Section 2 presents the context of the evaluated project. This section will also provide some relevant findings from the literature. Section 3 describes the project. It will provide information about the different activities that are organized as part of the project, and it will present important project information. Section 4 explains the data collection. This section will also present descriptive statistics, explain data problems we were faced with, conducts a power analysis, and gives details about the attrition we were confronted with. Section 5 explains the analysis and presents the main results of the quantitative and qualitative impact analyses. Subsequently, Section 6 provides a discussion of the evaluation results. Section 8 concludes the report.

2. Context[2]

Ethiopia has been one of the fastest growing non-oil economies in the World, with an annual average growth rate of GDP of 5.19 percent from 1982 until 2013 (NBOE, 2014). Yet, Ethiopia is still one of the poorest countries in the world, with a GDP per capita of 513 USD in 2011/2012 (MWCY, 2014). While the percentage of people living below the total poverty line is improving (from 46% in 1995 until 30% in 2010/2011), it is still very high (MWCY, 2014). The same holds for the under- five mortality rates, which declined from about 20% in 1990 to 7% in 2012 (MWCY, 2014).

The federal government of Ethiopia enacted in 2001 a new Family Code based on the principal of gender equality (OECD Development Centre, 2014). This Code e.g. stipulates a minimum age for marriage at 18 years. However, early marriages are still common, especially in rural areas. Moreover, in parts of Southern and Eastern Ethiopia, kidnaping young women for marriage purposes still happens. Domestic violence is a criminal offence. Yet, violence against women remains widespread. Estimates suggest that around 70% of Ethiopian women suffered physical violence form their partner (OECD Development Centre, 2014). Moreover, it appears that many women are prevented from seeking legal

[2] This section is to a large extent similar to Section 2 in the evaluation report for the "Child Helpline"project (C2).

compensation if confronted with physical violence. There are no reliable figures available on the **actual** cases of rape and sexual assault since many women remain silent. However, official figures suggest that many women are suffering from rape - in 2005, there were 938 reported rape incidents in Addis Ababa- while only 103 offenders were punished. Female genital mutilation (FGM) is forbidden according to the new Penal Code. Yet, estimates suggest that still between 70%-80% of women is subject to FGM (OECD Development Centre, 2014). Despite the fact that women and men have equal rights officially, there is still a severe gender disparity in Ethiopia. In 2013, Ethiopia is ranked 118 (out of a total of 136 countries) in the Global Gender Gap index (World Economic Forum, 2014). This index provides country rankings on gender disparity based on economic, political, education and health criteria.

There are several official legal provisions that aim to protect children. Yet the abuse and exploitation of children is common practice in Ethiopia. For instance, Ethiopia belongs to the group of countries with the highest percentages of child labor. A survey in 2001 even suggested that approximately 80 percent of the children, of which a considerable percentage is below 15, are engaged in child labor activities. Most of these children originate from the rural areas. Even more problematic is the growing phenomenon of sexual abuse and exploitation of children in Ethiopia. Child sexual abuse and exploitation mainly takes place in the form of abduction, early marriage, FMG, rape, incest, and child trafficking. Estimates show that each year around 1.2 million children in Ethiopia are victims of trafficking (UNICEF, 2014). A baseline study from FSCE (2004), focusing on child abuse in Desse –a city in north-central Ethiopia- states that child prostitution, the seduction of schoolgirls for sexual purposes, and sexual offences against female students, is a major problem. This study also argues that child sex work on the street and in drinking places (bars and hotels) is increasing.

Particularly children from economically deprived families and street children are at risk. The term street child refers to a child who works on the streets to earn money for herself or her family, and to a child that lives on the streets and is homeless. Especially in urban areas there is an increasing number of street children. In 2011, the amount of street children in Addis Ababa and Adama amounted to 12,000 and nearly 4000, respectively (UNICEF, 2014).

In 1984/85 Ethiopia was affected by a severe drought in the country, especially in the Northern region of Wollo province. A major consequence was that many children were left parentless and forced to live in

the streets of major cities. This event was one of the reasons the "Forum for Sustainable Child Empowerment" (FSCE) was established in 1989 by Ethiopians.

3. Project description

3.1 Project Activities

The "girl power" project of FSCE focuses on protection against violence of girls and young women in Addis Ababa and Adama Town. Our analyses focus on the activities in Adama. In Adama, FSCE focuses on four target kebele's: 01, 05, 06 and 07. The project is part of a nationwide project in which different organisations work together, among which the non-governmental organisation "Enhancing Child Focused Activities"(ECFA) (project C2). The project started on April 1, 2011 and will end December 31, 2015. The project is funded by the Dutch Ministry of Foreign Affairs, via the Dutch NGO ECPAT Netherlands. FSCE is a southern partner organization of ECPAT. Total funds for the project amount Euro 323,000. For a breakdown of the budget in different activities, see 4.6 below.

In order to reduce violence against girls and women, FSCE conducts a broad series of activities, ranging from awareness campaigns, media performances, skills building initiatives, provision of (socio-legal) protective services to girls and young women, organising trainings and workshops for community based organizations, capacity building activities on school clubs and girls and young women associations to give live skills training; activities at community based organisations, etcetera. We focus here on the main activities, which we have grouped according to two levels: Individual level and the Socio-cultural community level. The "girl power project" also addresses the Institutional (government) level. The main objective is that the government acts for better protection of girls and young women. These activities, which mainly relate to lobby and advocacy measures, will not be considered in this evaluation.

We continue by briefly describing the main activities the paper focuses on.

A) Individual (household) level.

At the individual level, we address three categories of interventions: activities related to Girls Clubs, FSCE's recovery and reintegration program and FSCEs temporary shelter.

Girls Clubs

One of the most important interventions of FSCE refers to girls clubs inside and outside of schools. The girls' club activities focus on e.g.:

- Awareness creation using mini-media at the schools
- Promoting peer discussion/dialogue among the girls regarding gender based violence
- Calling parents to school and opening up discussion with club members
- Empowering educational capacity of the girls using mini-library established in the schools
- Tutorial support for the girls by school teachers

FSCE conducts activities in 4 primary schools in Addis Ketema, and in 5 primary schools and 2 high schools in Adama. In Addis Ketema, each school has 70 members, so in total 280 members. Per year there are 18 sessions organised per school. So in total over the project period, there were 18*4*4= 288 sessions at school clubs in Addis Ketema. In Adama, the 7 schools have 2178 school club members (of which 1701 are female), see the table below.

Table 1: Number of girls club members in Adama

Name of school	Male	Female	Total
Adama No. 1	14	51	65
Adama No. 2	196	545	741
Adama No. 3	122	285	407
Adama No. 5	69	299	368
Adama No. 6	20	200	220
Goro Secondary	50	220	270

Adama Secondary	6	101	107
Total	**477**	**1701**	**2178**

Per month there is a discussion organised at each school. These discussions took place 10 months per year, i.e. per year there are 7*7*10= 70 sessions organised at Girls clubs in Adama. There were also so-called mini-medias organised, were information is disseminated.

FSCE's recovery and reintegration program

FSCE operates a recovery and reintegration program for sexually abused or exploited girls. The goal of FSCE with regard to sexually abused or exploited girls is mainly to prevent them from being sexually or physically abused and to teach them better ways of life. Before the CSO legislation in 2009 (ICNL, 2012) FSCE offered a drop-in centre where the girls could come and leave and a safe home where they received trainings. However, nowadays the support offered for these girls is community-based and aims at reintegration. The main activities are as follows: (1) Identify children that require rehabilitation and reintegration; (2) Withdrawing the abused children from the environment that exposed them to difficult positions; (3) Providing physiological and psychological recovery and social reintegration services and (4) Providing vocational training and income generating activities and support to reintegrate them with society (FSCE, 2014). FSCE targets 80 vulnerable children per year. These children receive vocational skills training, and some initial start-up capital to start their own income generating activities. The recovery and reintegration program concentrates in Adama city.

It can be difficult to offer support for these girls because it is a hidden problem. Most girls have another job to cover up working in the sexual business; they for example sell items such as potatoes or eggs at night. However, most girls are identified while working in bars where they have a higher status than the girls selling items on the streets as the latter often don't know how to protect themselves and will get abused more. While these girls work on the streets they are defined as off-the-street-girls by FSCE. FSCE differentiates between on-the-street children, mostly boys, who spend their whole life on the streets

and off-the-street children who work on the streets but sleep at (a) home. FSCE focuses on off-the-street children, this account for most female street children who often work in the bars or hotels as sexual workers or sell items on the street at night but go home to sleep. These girls often end up working in this business due to financial reasons as they seek an income to survive and/or get an education. While other work, such as selling potatoes, can earn them about 10 to 15 birr per night they can earn 50 up to 100 birr per night by working in the sex industry. In most cases the girls are identified by kebele workers who bring them to FSCE, adding up to about 150 girls who are supported yearly. The goal of the recovery and reintegration program is to prevent sexual abuse, teach the girls how to earn money and start a new life. If the girl's family can be traced the girls will be placed back with their family, however if there is no family in the vicinity FSCE will rent a house for a group of two or three girls where they will stay for six months. Girls younger than fourteen years will be re-enrolled in school, up to third grade the girls can receive schooling from FSCE, after this FSCE will provide them with schoolbooks and uniforms to go to governmental schools. Children over the age of fourteen will be given vocational training and will receive a business starting capital to change their life. When they start with their new business they will receive 1000 birr and later they will receive the same amount again. However, providing these girls with a starting budget is often not sufficient. Therefore also services such as counselling and medical support are offered. In addition a coffee ceremony is organised for the community, and family if applicable, where the girl will live to ensure that they will be accepted in the community.

FSCE's temporary shelter

FSCE also operates a temporary shelter for trafficked, migrated, and physically abused children. The temporary shelter focuses on trafficked and migrated children and on children who have been domestically, physically or emotionally abused. The shelter focuses on both girls and boys. The aim of the shelter is to retain the child from the situation in which it finds itself, to offer guidance and counselling and take care of the children's immediate needs. In addition the family of the trafficked or migrated child is traced and the child is send back. Through the temporary shelter the children are thus protected against different kinds of abuse and reunified with their family. The children stay at the shelter for a maximum of three weeks; on average they however stay for only three or four days. The police play a rather important part in the work of the temporary shelter as they not only bring the

children to the temporary shelter but also return them to their families after the children have used the facilities of the temporary shelter when FSCE has paid for the costs of the re-unification. While occasionally children decide to come to the shelter after they experience the hard life of working on the street, in general the police will bring the children to the temporary shelter.

The temporary shelter consists of a boy's bedroom, two girl's bedrooms, bedrooms for the staff members, a kitchen, a living with games and a television, a courtyard, a bathroom, and the program office of the recovery and reintegration program. Around thirteen children can be accommodated at the shelter at the same time. Nowadays most children are trafficked or migrated, however, also abused domestic workers or girls who were abused at home can pass through the shelter. At the shelter the children receive food, shelter, medical services, counselling and the opportunity to share their experiences. The counselling is aimed at reunifying the children with their family again and preventing them from returning to the streets. The staff consists of four female community workers and two male guards. Both the community workers and the security guards work in shifts. The community workers facilitate food and counselling, take care of sanitation and provide medical service. When the children are ready to be reunified with their family FSCE provides the police with the financial support to facilitate the transport.

B) *Socio-cultural community level*. At social/community level the interventions are done mainly via community based organisations (CBOs), mainly via Iddirs, see below. Moreover, FSCE organises so-called community conversations.

<u>Iddirs</u>

IDDIRs are among the most widespread forms of Civil society organizations in Ethiopia. They exist both in urban and rural areas bypassing the boundaries of gender, generation, wealth, education, religion and ethnicity. Iddirs are associations established by members who mutually decide to contribute a fixed amount of money on constant intervals (mostly on a monthly basis), which is channelled to help cover for burial expenses when a spouse, a child or immediate relatives of a family passes away. Iddirs are

types of communal support associations organized voluntarily and originally formed by families who live in the same locality for the main and articulated purposes of reciprocal help in financial and service in times of funeral. The Iddir members are expected to take care of all practical matters relating to funeral, including announcing the death of one of its members, putting up the Iddir tent in the compound of house of the deceased or the vicinity, where the mourning family will be offered the respects and condolences from relatives and friends. The Iddirs also donate a specific amount of cash to the family of the deceased to cover miscellaneous expenses related to the funeral and related activities. Payments of monthly amounts of contributions are made to a member nominated as treasurer. The organizational structure of Iddir also includes a secretary that keeps the roster of members in addition to the treasurer and iddir chair person. Iddir at present are not found in their original purposes of establishment in most parts of the country, undergoing significant transformation and considerable degree of formalization. Iddir remained for some years, as a means of procuring substantial assistance mainly during the time of mourning of members. More recently, Iddirs have gained some attention from the government as well as NGOs in Ethiopia, as potential partners in development which can be attributed to the global paradigm shift in development theory that recognizes the role of civil society organizations as actors in development. They are progressively changing in scope and orientation over the years. Providing aid in the form of insurance and credit schemes in some cases in time of death and sickness has become a less important function, while development activities such as taking hand in building street or community development activities like schools, and above all providing security along with local authorities is assumed to be more central role.

FSCE in Adama works in partnership with Iniredada Iddir Coalition. According to available documents from FSCE , this iddir coalition was formed in 2003 by bringing together 10 primary iddirs which agreed to come together in to one umbrella association with a view to strengthen their role in the area of OVC care and support as well as extending care and support for elders. The coalition Ineredada Iddirs Association, (literally meaning ‘let’s support one other”) is legally registered by the Ministry of Justice in 2004. Following this, the Association has opened its own bank account. FSCE Adama Area Program Office has been working with this strong coalition of Iddirs since its establishment taking in to consideration the advantages of ensuring the active participation of the community and other stakeholders in its project implementation and in creating an enabling environment for the community

to be part of the development endeavours. As documents referred has shown, the Iddredada Iddirs Association has been supporting 130 orphans 68 male and 62 female, through their guardians, in the targeted Keeble's as of operation with the financial support of FSCE Adama Area Program Office. The support includes monthly financial support of Birr 80 per child, psychosocial support for the children and their guardians as well as provision of revolving funds for the guardians to ensure the sustainability of the support for the children.

Community conversations

The community conversation program by FSCE aims at awareness creation in the community with regard to children's and women's rights. Community conversations are organized for groups of 60-70 kebele members in the target kebeles of the organizations. Most of the participants are selected from different groups in the community because of their active role in the community and/or their believed ability to convince others. In addition some participants personally decide to participate. The facilitators try to include children in the community conversations to make the group representative of the kebele with an age range of 4 to 80 years old. The organizations are responsible for organizing the program, training the community conversation facilitators, providing coffee, tea, and bread, dispersing correct and good information, and providing certificates when the participants completed all sessions. FSCE organizes a session every 15 days for at least eight consecutive months per group of participants.

The overall aim of the community conversations is to create awareness and raise the key child protection indicators in the target kebeles. The community conversations offer participants the opportunity to increase their knowledge on children's and women's rights as well as child protection. In addition, the participants are trained to identify and refer cases of child abuse. At the first meeting the CC facilitator provides initial topics but the participants determine the specific topics that will be discussed based on the relevance of the issues in their kebele.

During the project period, 13 community conversation groups with 70 participants (so in total involving 910 community members, of which 50% are male) were organised in Addis Ketema. A total round of community conversations in Addis Ketema takes 9 months; per month there are two session. This implies that in Addis Ketema there were 2*9*13= 234 sessions per year. Over the project period, this

amounts to 4*234= 936 community conversation sessions in Addis Ketema. In Adama, there were 8 community conversation groups organised. Also in Adama there were two sessions per month. Per year, there were 12*16=192 sessions in Adama. Hence, over the entire project period there were about 4*192= 768 community conversations sessions conducted in Adama.

3.2 Objectives and outcome variables

The Girl Power Program aims to promote equal rights for girls and young women, and to support their participation in political, social, educational, and economic fields, and to fight injustice and violence against girls and young women. In general terms, the project aims to promote gender equality and empowerment of women.

The problem we are faced with is that there are neither rigorous evaluations of programmes addressing violence against girls and young women, nor is there consensus about the indicators that can be used to measure the impact of this type of programs (Bloom, 2008). Bloom (2008) provides an extensive survey of the literature, and develops a compendium of possible indicators. Our outcome indicators are based on this report. More specifically, we use indicators for violence (abuse), female circumcision, early marriage, female empowerment and paid sex. In line with several other studies, we differentiate between psychological, physical, and sexual abuse. Table 2 below briefly explains the main outcome indicators we use in this study. The full questionnaire on which these indicators are based can be obtained on request.

Table 2: Outcome variables

Psychological abuse	Have you been psychologically/emotionally abused (in whatever way) during the last year?
Physically abuse	During the last year did you get physically abused by anyone?
Sexual abuse	Have you been sexually abused in the last year?
Refuse female	FGM is a violation of human rights or FGM should stop

circumcision	
Continuation early marriage	Agree with continuation of early marriages
Female empowerment	A female empowerment index based on six questions. Higher means more female empowerment.
Money for sex	Have you been offered money or other material gifts in exchange for sex or sexual favors during the last year?

3.3 Theory of change

The different interventions of FSCE are meant to complement each other in terms of reducing violence against girls and young women. FSCE deliberately intervenes at the individual level and at the community level (and also at the government level). The activities at the individual level, such as the temporary shelter, the reintegration programme, and the girls clubs, aim to directly protect young women and girls (and for some interventions boys as well) against different kinds of sexual, psychological and physical abuse. These activities are also meant to teach them better ways of life, and to inform them about where to report cases of violence and how to seek justice. However, these individual measures will not become effective if social values, norms and attitudes at the community level are not changing. Indeed, one of the major barriers to reduce violence against girls and young women, are traditions, beliefs and norms within the communities (DFID, 2012). Therefore, the impact of the interventions crucially depends on the degree to which the program succeeds in affecting the values within the community. FSCE tries to tackle these barriers at the community level by e.g. organising community conversations, and by addressing IDDIRs. These interventions thus aim to address so-called harmful traditional practices (HTPs), a term that refers to practices and cultures which affect the health and well-being of women (Alem et al., 2013)). The community conversations, but also to interventions at IDDIRS, offer participants the opportunity to increase their knowledge on children's and women's rights as well as child protection. In addition, the participants are trained to identify and refer cases of child abuse. A simple diagrammatic presentation of the theory of change is given in Table 3.

Table 3: Theory of change

Intervention	Outputs	Outcomes	Final outcome
Temporary shelter Reintegration programme Girls Clubs Community conversations IDDIRs Community conversations	Amount of women/ girls/ boys that take part in different programmes; Amount of individuals that due to programmes are directly prevented against abuse; women/girls know their rights and where to report abuses; prevention and response mechanisms at all levels exist and are active	Values, beliefs and attitudes start to change; Violence against women is beginning to be seen as unacceptable Different forms of abuse/ violence against women start to reduce Women empowerment increases; early marriages decrease; women are less confronted with requests to provide sexual favours	Girls and young women are free from all forms of gender-based violence and the threat of such violence

4. Data collection

4.1 Description of the surveys

The full questionnaire can be obtained on request. The questionnaire is divided in the following blocks:
- Block 1, block 2 and block 14: should be answered by enumerator.

- Blocks 3, 4, 5, 6 and 7: should be answered by adults from iddirs; girls from school clubs/girls clubs and "street girls" (both controls and treatments). Block 3 aims to obtain back ground information from the respondents. Block 4 asks information about the marital status; Block 5 tries to obtain general information about FSCE; Block 6 gives general information about iddirs, girls clubs and street girls; and block 7 deals with female empowerment

- Blocks 8, 9, 10, 11, 12 and 13 deals with different forms of violence and abuse, employment and female circumcision. These blocks are only answered by girls from girls clubs and street girls that pass through the recovery and reintegration program.

4.2 Sampling design and sample sizes

We conducted a baseline and a follow up survey, and sampled three different groups of beneficiaries: (1) girls at girls clubs; (2) Adults who are member of an Iddir (funeral organizations) and (3) street girls from recovery and reintegration program.

During the baseline, we sampled 150 beneficiaries per group. The three groups of beneficiaries are taken from Kebeles (the smallest administrative unit of Ethiopia; a neighborhood) where FSCE is active. Details are provided in tables 4, 5 and 6 below. The different groups of "treatment" individuals were randomly selected using lists with members of Girls clubs, Idders (the funeral organizations) and street girls. Those lists were kindly provided by "FSCE" Our group of street girls is randomly selected from a list of girls –provided by FSCE- that have passed through the recovery reintegration program were. Control individuals are sampled in neighborhoods (kebeles) and girls clubs where FSCE is not active. During the baseline we also sampled "control" street girls, but it turned out to be impossible to sample them twice. The "control" street girls sampled during the baseline also turned out to be quite different from the "treated" street girls, who had followed the recovery and reintegration program. For these reasons we decided to entirely ignore the "control" street girls in the quantitative analyses, and perform a simple before-after analysis for this group, as will be explained before.

Table 4: sampling for girls clubs in baseline

Status	Name of school	No. of girls members	No. of girls selected
Treatment	Adama no. 1 elementary school	17	2
Treatment	Adama no. 2. elementary school	324	27
Treatment	Adama no. 3 elementary school	147	12
Treatment	Adama no. 5 elementari school	274	23
Treatment	Adama no. 6 elementary school	171	14

Treatment	Goro high school	426	35
Treatment	Adama high school	452	37
Control	Adama No. 4 elementary school	93	36
Control	Adama Boset school	160	60
Control	Burka Elementary school	80	30
Control	Dembela highschool	58	24

Table 5 : Sampling for IDDIRs in Baseline

Status	Kebele	Name of IDDIR	No. of members	No. selected
Treatment	1	54 and 31	300	34
Treatment	7	7	251	28
Treatment	1	55	287	33
Treatment	1	56	273	31
Treatment	1	57	215	24
Control	4	62	95	28
Control	14	Telehaymanot	135	44
Control	5	10	149	40
Control	14	70	128	38

Table 6 : sampling for Girls that followed recovery and reintegration programme

Status	Kebele	No of street girls selected
Treatment	6	88
Treatment	7	62

Since it turned out to be extremely difficult during the follow up survey to find girls, especially the "control street girls" that were sampled during the baseline, we were faced with serious drop outs (attrition). Table 6 below provides our actual sample sizes for the three groups, for the baseline and endline

Table 7 : Actual Sample sizes and attrition rates

	Girls clubs	IDDIR	Street Girls
Baseline: Treated	128	127	85
Endline: Treated	49	104	55
Attrition rate Treated	0.01*(128-49)/128= 0.62	0.18	0.38
Baseline: Control	126	128	0
Endline: Control	65	108	0
Attrition rate control	0.01*(126-65)/126=0.48	0.16	

The table shows that especially for girls from girls clubs attrition is high. Below we will give an explanation for the high rate of attrition.

4.3 Implication of power calculations

A potential concern of our evaluation is that we lack sample size to detect a real impact of one of the interventions in this project, resulting in a Type II error. Theoretically, a power analysis can assess whether this is a serious risk. However, it is not obvious how to perform power analyses for our analyses. Many simplifying assumptions need to be made in order to make the problem tractable. Moreover, we consider a broad range of outcome variables, and use different types of regression techniques. Our approach, therefore, will only be indicative and will provide some extremely rough estimates covering a range of contingencies. One of the main problems we are faced with is that we need to make an assumption of the effect size for the underlying population. Since there are virtually no quantitative studies available that can guide us in terms of expected effect sizes, we decided to follow Cohen's definitions of small, medium and large effect sizes (Cohen, 1988, chap. 9), and calculate minimum required sample sizes for the three assumed effect sizes, using the STATA program *powerreg,* which is specifically designed to do power calculations for multiple regression models. Results are given in Appendix D, Table D1.

It appears that required sample sizes vary dramatically depending on the expected effect sizes. By comparing minimum required sample sizes with the actual sample sizes, it seems as if we will be able to detect medium and large effects sizes. However, we will not be able to detect small effect sizes. Thus

there is indeed a risk that we will not be able to detect real impacts, as several interventions are not very intensive and are directed at a higher level (such as the interventions at IDDIRs and Girls clubs).

4.4 Other data problems

Attrition of respondents during the follow up survey conducted in June 2014 is attributed to various reasons. The attrition rate was particularly high on the Girls Clubs sample compared to IDDRs and Street Girls. This is attributed to a number of factors including lack of proper documentation of club members at schools, absence of girl's clubs coordinators who are knowledgeable about the program activities and who could have provided adequate information on locating the club members and other reasons. The fact that Girls club coordinators left schools, and files recordings of girls club members interviewed during the baseline were not readily available couple with lack of good knowledge about club memberships among teachers at the schools where the clubs were located and also poor documentation by schools. Besides, Girls Clubs members who used to be elementary school (less than Grade 8) students which constitute the majority of sample during the baseline data collection moved to high schools where the Girls clubs are no longer active and little information was available at these schools about girl's club activities. On the other hand, some of the girls interviewed during the baseline moved to high schools where the Girls Clubs were found. Nevertheless, tracing these girls which came from elementary schools had been a daunting task because the list of members in the high school was not updated.

For the IDDIRs, attrition is attributed to deceased IDDIR members, IDDIR members who changed location and respondents who traveled away for long period from area of residence. For Street Girls, we even had to sample a completely new control group since we had a very hard time to trace the control street girls interviewed during the baseline. Eventually, we even decided not to use "control" street girls in the quantitative analyses. To sum up, poor documentation of sampling frame by the pertinent institutions, mobility of respondents, and lack of organized lists of street girls are the major factors contributing to attrition during the End line survey.

4.6 Availability of financial data

The total budget for this project equals 323000 Euro. Table 8 below provides a breakdown of the project budget in different types of activities. The activities that we consider are part of 1 (Outputs at the individual (household) level and 2 (Outputs at Socio-Cultural (communities) level.

Table 8: Breakdown of project budget

	2011	2012	2013	2014	2015	Total
1: Outputs at Individual (households) Level	20.741	29.110	29.110	29.110	29.110	137.183
2: Outputs at Socio-cultural (communities) Level	19.151	18.458	18.458	18.458	18.458	92.983
3: Outputs at Institutional (government) Level	9.419	10.191	10.191	10.191	10.191	50.183
4: Outputs at Civil Society Level	2.939	3.991	3.991	3.991	3.991	18.903
5: Outputs at Country Steering Committee Level	950	950	950	950	950	4.750
6: Outputs at PME Level	3.800	3.800	3.800	3.800	3.800	19.000
Total	57.000	66.500	66.500	66.500	66.500	323.000

1: Outputs at Individual (households) Level- this includes activities like

- Media messages specifically targeted to girls and young women and/or boys to provide information on gender equality and women's rights (radio, TV etc.)
- Training & workshops on gender equality & rights and/or overall empowerment (life skills, leadership, participation etc.), including training of trainers
- Sport events or activities
- Support to victims of gender based violence (social, legal, counselling, medical referral etc.) through shelter facilities
- Support to victims of gender based violence (social, legal, counselling, medical referral etc.) at community level
- Setting up and supporting child helplines
- Provision of scholarships and/or material support for (post-) primary education
- Providing access to vocational skills trainings
- Saving & loans schemes

2: Outputs at Socio-cultural (communities) Level- this includes activities like

- Awareness raising/sensitization meetings & events (promotion of girl friendly attitudes and non-violence)
- Facilitate and support child welfare committees and other community based protection initiatives
- Meetings with traditional leaders in communities Girl Power issues
- Media messages specifically targeted at communities on gender equality and women's rights

3: Outputs at Institutional (government) Level- this includes activities like

- Training to government frontline professionals at local, district, province, regional or national level (health professionals, teachers, police)
- Lobby & advocacy activities on laws and policies related to girls empowerment, child rights and women's rights

4: Outputs at Civil Society Level- this includes activities like

- Capacity support to CSO's by partners
- Capacity support to girls' club & other grassroots organizations by partners
- Strengthening CSO networks
- Training media professionals on Girl Power issues
- Participation in local, regional, national or international lobby networks and initiatives

For our evaluation, the outputs at individual level (1) and the outputs at Socio-Cultural level (2) are relevant. Unfortunately, despite many requests, we did not receive a further breakdown of the financial budget in terms of the activities we consider.

4.7 Descriptive analysis

Appendix A reports descriptive statistics for the baseline and follow-up data. It should be noted that we lack pre-treatment information, implying that the baseline is not a real baseline. Baseline statistics simply reflect a first measurement moment. In line with the sampling strategy, we present baseline and endline tables for three groups, that is Girls Clubs, Iddirs and Street Girls. Regarding the Girls Clubs, the tables suggest that treated girls are somewhat older, followed a little bit more education, and are more psychologically and emotionally abused. Moreover, a higher percentage of the treated girls, as expected, does know FSCE. Concerning Iddirs, the tables suggest that, during the a baseline, a lower percentage of treated individuals followed post primary education, and is willing to report cases of sexual and or physical abuses and violence at the police station. It is remarkable that both during

baseline and endline, a lower percentage of treated individuals seems to agree with the statement that the circumcision of women and girls is a terrible violation of fundamental human rights. In line with the Girls Clubs, a higher percentage of treated individuals from Iddirs does know FSCE. Regarding street girls, we lack reliable information from a relevant control group during the baseline. Yet, we were able to obtain relevant information on treated and non-treated street girls during the follow-up survey. Street girls from the treatment area seem to be a bit older, and were confronted with more sexual abuse. Moreover, a considerably higher percentage of the street girls in treatment areas have heard about FSCE.

5. Analyses and results

This section explains the analyses and presents the results of the impact evaluation. Section 5.1 describes the approach we have used, and points out some of the caveats we were faced with. The main results, including some sensitivity analyses, are presented in Section 5.2.

5.1 Methodology

We use qualitative and quantitative impact evaluation techniques. Concerning the qualitative evaluation, we conducted several focus group discussions and in depth interviews. In addition to the qualitative evaluation we conducted a quantitative evaluation for the interventions related to Girls Clubs, Iddirs and street girls that have followed the recovery and reintegration program. Before giving more details about the methodology we have used for the quantitative evaluation, it is important to point at one of the main methodological caveats we were faced with, and that is that our baseline survey took place after the project had formally started. Since the treatment status does not change over time, we cannot conduct standard before-after analyses or standard difference-in-differences analyses to measure impact of the program. The analyses consider the development of outcomes in treatments and controls between two points of time - that is, in 2012 and about two years later. In fact, we consider the impact of being one additional time period -measured by the time between the baseline and follow up survey- in the program. It is also important to note that, with the exception of the street girls, we are not dealing with persons who have actually been treated, but with persons who participate in IDDIRs and/or Girls Clubs that have been treated. The quantitative evaluation may therefore also be thought of as an attempt to identify the intention to treat effect.

The quantitative impact evaluation methodology is as follows. We conducted a baseline survey and a follow up survey for IDDIRs, Girls Clubs and Street girls that have follow the reintegration programme. By using the data from the baseline and the follow up survey, we conducted a double-difference (DD) method in a regression framework for IDDIRs and Girls Clubs. Basically, we estimated the following model with ordinary least squares (OLS):

$$Y_{i,t} = \alpha Treat_i + \beta Time_t + \gamma Treat_i * Time_t + \delta Control_{i,t} + \varepsilon_{i,t}$$

Where *Y* refers to a vector of outcome variables; *Treat* is a dichotomous dummy variable with a one for individuals in the treatment group and a zero for individuals in the control group; *Time* is a time dummy, with a one for the baseline survey and a one for the follow up survey; *Control* is a (vector) of control variables and ε is an error term. The subscript *i* refers to individual, the subscript *t* to time. The coefficient of interest is *γ,* which measures the impact of the program. Note that the interactive term gives a zero for the "treatment" group in the follow survey and a zero otherwise. Since the baseline survey is not a "real" pre-intervention baseline, as it is not conducted before the program started, *γ* measures the *incremental* impact of the program, i.e. the impact of being "longer" in the program.

For the Girls Clubs and the Iddirs, we estimate the above given equation with a balanced and an unbalanced panel. For both the balanced and unbalanced estimates we estimate the models with and without control variables. The DD model using a balanced panel provides results that are similar to a normal difference-in-differences regression. It also is equivalent to a fixed effects model, including a time dummy, with fixed effects for the treatment status. As we interviewed the same individuals twice, the DD model, without additional control variables, is also equivalent to a fixed effects model using fixed effects at the individual level, including a time dummy. The advantage of a DD specification with a balanced panel is that "fixed effects" are taken into account, and hence that sample selection biases due to unobserved heterogeneity that does not change over time is controlled for. We estimate with and without controls to test the robustness of the results. If the parameter of interest *γ* does not change dramatically if controls are included, there is some confidence that the results are robust. Moreover, the degree to which the parameter *γ* changes gives some indication about the possible impact of sample selection bias due to unobserved time-varying heterogeneity. Finally, including control helps to improve

the precision of the estimates. The different estimates serve as sensitivity analyses regarding the impact of the different treatments.

Since we are confronted with serious attrition, i.e. some individuals are dropped from the sample in the follow up survey for various reasons, constructing a balanced panel implies that information from the baseline is lost, which lowers the sample to be used in the estimates, and hence the power of the estimates. Therefore, we also estimated the DD model on an unbalanced panel. The advantage is that a larger sample can be used to estimate the equation; the disadvantage is that the estimates do not fully control for unobserved heterogeneity that does not change over time.

For the street girls we followed another approach. Since street girls continuously move, and are not formally registered, it appeared impossible to sample the same "control" street girls during the baseline and the endline. For the "treated" streatgirls, however, we were able to follow the same street girls in the baseline and endline using information from FSCE. Therefore, we performed a simple before-after analysis for street girls. We realize that this may result in some sample selection biases since we were not able to compare changes over time with changes over time of a control group. Yet, we did not have much of another choice. Please also recall that our analysis does not measure the impact of the project as such, but the incremental effect, for our baseline survey took place after the project had been started. In case of the street girls, the "baseline" survey actually took place just after those girls had participated in the program. This implies that our estimates could be thought of as an attempt to measure the sustainability of the intervention. We estimated the following equation for street girls:

$$Y_{i,t} = \tau Time_t + \sigma Control_{i,t} + \varepsilon_{i,t}$$

The parameter of interest is in this case: τ

5.2 Results

This section presents, per intervention type, results of the impact evaluation.

FSCEs temporary shelter

Regarding the temporary shelter for trafficked, migrated, and physically abused children by FSCE, we only conducted a qualitative evaluation. A first insight in the work done by this shelter is offered through means of interviews with three important stakeholders in combination with a short small sample-questionnaire administrated to three girls who were at the temporary shelter at time of this study. The questionnaire was administered by the head of the temporary shelter in Adama.

The temporary shelter focuses on trafficked and migrated children and on children who have been domestically, physically or emotionally abused. The shelter focuses on both girls and boys, as is illustrated in an overview of the children who passed through the temporary shelter between 2009 and 2013 (Table 9).

Table 9: Overview of the children who have used the facilities of the temporary shelter per year between 2009 and 2013.

Year	Sex	Trafficked	Migrated	Sexually abused	Physically abused	Street Children	Others	Total
2009	M	6	2	3	-	-	2	13
	F	8	7	10	16	-	8	49
	T	14	9	13	16	-	10	62
2010	M							16
	F							37
	T							53
2011	M	10	24	-	4	2	1	41
	F	17	18	1	15	-	1	52
	T	27	42	1	19	2	2	93
2012	M	25	24	-	-	-	-	49
	F	27	21	2	23	-	-	73
	T	52	45	2	23	-	-	122
2013	M							

	F							
	T							
		93	96	16	58	2	12	330 277

Note: For the year 2010 no detailed information on the background of the children passing through the temporary shelter was available, therefore only the total number of beneficiaries is given.

A situation-description of one of the children who passed through the temporary shelter is offered below. This illustrates how most children end up in the temporary shelter; either by encounter with the police or through advice of citizens or community groups such as IDDIR's, trafficked, migrated or abused children are identified and brought to the temporary shelter by the police.

> *Ten children were taken from the countryside to stay in a small house in Adama city. They would only get one piece of bread and one cup of tea in the morning, during the whole day they would have to sell lottery tickets and at night they would again only get bread and tea. Sometimes, one of the children decides to leave and starts living on the street or sometimes this man [the trafficker] kicks them out because they used 1 birr to buy some food. When they start living on the street the police will bring them to the temporary shelter for trafficked and migrated street children."*

It is believed that FSCE's shelter has succeeded when the children are reunified with their family, however follow up is not possible because the children often come from far and follow up would be too expensive. Due to the lack of follow up it is difficult to estimate the success rate of the temporary shelter. However, of the one hundred twenty-two children who passed through the shelter in 2012 only three or four returned again, which might indicate that the reunification is rather successful. Sometimes children do however return to the shelter a second time, in most cases children leave their home again because their family still does not have the income to provide for them or to give them an education. If children would return a second time they would however not receive the support of the shelter again. While the work of the temporary shelter could be improved when a follow-up was part of the program,

the value of the shelter is evident. The shelter offers children a gateway to escape from abuse and directs them to safe ways of life through reunification with their family, which is highly valuable.

> *It helped me not to be on the street, I got food, clothing and shelter. -*
> *- 11-year-old girl*

> *It save me from street life, save me from physical abuse and I got food support.*
> *- 12-year-old girl*

By providing children with an opportunity to return home and hopefully have a better future than they had when they were admitted to the temporary shelter, FSCE contributes to the goal of the Girl Power Program to fight injustice and violence against girls.

FSCE's recovery and reintegration program

A first insight in the recovery and reintegration program is offered through means of interviews with three important stakeholders in combination with a short small sample-questionnaire administrated to seven girls who have been helped through the program. The questionnaire was administered by the head of the temporary shelter in Adama.

It appears that up to 70% of the girls succeeds to retain their new business when community workers follow up on them after one or two years. While it is not clear why these girls did succeed, their character and a supporting environment are identified as possible factors. For the girls who fall back financial factors might be a reason as they receive a low salary compared to what they earned working in the sex industry. It is believed that especially girls with no family around are prone to fall back because they don't receive the love, care and encouragement to continue their education or their new job. The help offered by FSCE for the sexually abused or exploited girls is seen as highly valuable by both the stakeholders and the beneficiaries. The seven girls who answered a short questionnaire about the support they received all indicated that FSCE had helped them to change their lives.

> *[I have learned] how to save and use money and it brought attitudinal change that if I work it is possible to change myself*
> *- 18-year-old girl.*

I am so happy to stop my previous work and start a new business and I see a different future now

- 18-year-old girl.

Also the stakeholders believe in the value of the program as it protects girls from sexual abuse and abusive environments, and offers them the opportunity to start a new life. In addition it is stressed that the support from the community is increasing since recently a fund raising resulted in the offer of free medical support for 150 girls and education and vocational training for a selected number. While the program is seen as valuable some possible improvements are suggested as well. It would be good to provide continuous life skill training, continuous business training and additional support.

In addition to the qualitative evaluation, we conducted a quantitative evaluation of a group of street girls that have passed through the recovery and reintegration program. As explained in the methodology section, we interviewed a group of street girls twice, just after they have completed the recovery and reintegration program, and about a year later. The quantitative analysis shows whether girls who have completed the program show improvement in terms of indicators for violence (abuse), female circumcision, early marriage, female empowerment and paid sex. Since it appeared to be impossible to survey a reliable control group, and since no information prior to entering the recovery and reintegration program is available, the quantitative results are only indicative for the impact of this program in terms of sustainability. The detailed results are presented in Tables B2, B4, B6, B9, B12, B15 and B17 in Appendix B. A summary of the results is provided in Table 10 below.

Table 10: Impact of *FSCE's recovery and reintegration program*

	Psychological Abuse	Physically Abuse	Sexual Abuse	Refuse Female Circumcision	Continuation Early Marriage	Female Empowerment	Money for Sex
Street Girls	SR	SR	SR	NI	NI	NI	SR

Notes: NI: no impact; NM: Not measured; SR: Significant reduction; SP: significantly positive. 1 only significant for the estimates using unbalanced panels.

The table shows that "street girls" who have passed through *FSCE's* recovery and reintegration program were less confronted with psychological, physical, and sexual abuse at the time of the end line survey as compared to the baseline survey. They were also less troubled by requests for paid sex. While it is not possible to unambiguously contribute these improvements in outcome indicators to only FSCEs treatments, it at the least suggests that the recovery and reintegration program contribute to reducing violence against street girls. Hence, it may be concluded that with regard to the Girl Power Program, the recovery and reintegration program works towards supporting girls and young women in their participation in society and in protecting them against injustice and violence.

Iddirs

Concerning IDDIRs , we interviewed adults, and primarily looked at indicators that signal behavioral changes. We did not focus on indicators that directly measure whether IDDIR members were confronted with violence/ abuse of any kind. A survey of the regression results regarding the main indicators is provided in Table 11 below. Detailed results are presented in Appendix B

Table 11: Impact of *FSCE's* interventions at IDDIRs

	Refuse Female Circumcision	Continuation Early Marriage	Female Empowerment
IDDIRs	SP	SR	SP

Notes: SR: Significant reduction; SP: significantly positive.

The table shows that attitudes and values regarding female abuse and gender issues of adult members of IDDIRs where interventions of FSCE took place are improving as compared to values of members of control IDDIRs. There is a significant increase in adults who find female circumcision a violation of human rights, and oppose the idea of early marriage. Moreover, female empowerment seems to be improving. These results suggest that FSCEs interventions at IDDIRs contribute positively to changes in values and attitudes that are important in terms of reducing violence and abuse against girls and young women.

Girls clubs

Regarding girls at girls clubs, we addressed the same outcome indicators as for street girls. A summary of the regressions results is given in Table 10. Detailed results are presented in Appendix B. The table below shows that *FSCE's* interventions at girls clubs did not succeed in a significantly different change in outcome indicators as compared to girls from control girls clubs. There only seems to be some difference regarding their ideas about early marriage.

Table 12: Impact of *FSCE's* interventions at girls clubs

	Psychological Abuse	Physically Abuse	Sexual Abuse	Refuse Female Circumcision	Continuation Early Marriage	Female Empowerment	Money for Sex
Street Girls	NI	NI	NI	NI	SR[1]	NI	NI

Notes: NI: no impact; NM: Not measured; SR: Significant reduction; SP: significantly positive. 1 only significant for the estimates using unbalanced panels.

In order to get better information about what "treated" girls at the girls clubs think about the treatments organized by FSCE, we asked several additional questions at the endline. The questions, to be answered by Yes or No, were as followed

Question 1: Do you think the activities by girls clubs helped to protect you and your peers from emotional abuses in and out of school? Question 8.3 in questionnaire

Question 2: Do you think the activities by girls clubs helped to protect you and your peers from physical abuses in and out of school? Question 9.4 in questionnaire

Question 3: Do you think the activities by girls clubs helped to protect you and your peers from sexual abuses in and out of school? Question 10.5 in questionnaire

Question 4: Do you think the activities by girls clubs helped to protect you and your peers from sexual exploitation in and out of school? Question 11.5 in questionnaire

Table 13 provides the analyses of answers to these questions. The table shows that, while we do not find significant positive impacts of the program in terms of changes of outcome indicators, girls at girls clubs believe that activities at girls clubs are very important to reduce violence against young women and girls. This provides some indication about the importance of the interventions at girls clubs

Table 13: What do girls at girls clubs think about activities organized by FSCE

	Amount surveyed	Percentage YES
Question 1	49	86
Question 2	49	92
Question 3	49	90
Question 4	49	94

6. Discussion

6.1 Methodological caveats

This is a notoriously difficult project to evaluate due to the vast amount of different activities, which complement each other, and are difficult to disentangle. Several interventions are also open to everybody (such as the media performances), which makes it likely that control groups are contaminated by the interventions as well. In addition, *FSCE* works together with other organizations as part of the nation-wide girl power program. These organizations not necessarily conduct the same interventions as FSCE, but the ultimate aim is the same. Since interventions by collaborating organizations (such as ECPA) sometimes take place in other areas (Kebeles), it may well be the case that our "control" groups are contaminated by similar interventions by other organizations. Moreover, the project focuses on changing attitudes and values, which are very difficult to measure. The combination of many different activities, outcome variables that can only be measured with huge measurement errors, probably small effect sizes since control groups may be contaminated by interventions by other organizations, and relatively small sample sizes, implies that the power of our estimates is low. This implies that we can only identify medium or large impacts, probably larger than to be expected. Even more problematic is that our first measurement was done a significant period after the start of the project, and hence does not provide real baseline information. The implication is that we were not able

to rigorously measure the **average** impact of the project as such; we could only measure the **additional** impact of the project during the post-first measurement period. For one of the interventions considered –the impact of the recovery program – we were even not able to sample a reliable control group. Hence, the quantitative analysis faces several serious challenges. It is precisely for this reason that we added several qualitative analyses, such as small focus group discussions, and in depth interviews with some beneficiaries from the program.

6.2 Did the project reach its objectives?

The main aim of this project is to reduce violence against girls and young women. Since we have not analysed all components within this project, we cannot give an overall assessment. Yet, by considering some of the main interventions we are able to value the project. Our analyses suggests that the project contributes to the main objectives as street girls are less confronted with sexual, physical and psychological abuse. Moreover, FSCEs interventions at IDDIRs appear to contribute positively to changes in values and attitudes that are important in terms of reducing violence and abuse against girls and young women. We, however, did not find significant impacts of the interventions at girls clubs. Further research needs to be done to find out how the differences in impact can be explained. It needs to be recalled, that regarding the quantitative analyses related to street girls, the group for which we found the most positive results, we were not able to select a valid control group. This makes the street girls analyses less rigorous as compared to the other analyses, partly suggesting that impact results become bigger the less rigorous the analysis is. Hence, while it seems as if street girls benefit substantially from FSCEs interventions, it may be the case that the rather positive impact results are not attributable to FSCE interventions. On the other hand, as we have pointed out several times, we were faced with severe methodological caveats, which may (partly) explain why we did not find any impact of the interventions at Girls clubs.

6.2 How relevant are the results?

A reduction in violence against women and young girls is one of the key development goals at the moment. Hence, the issues that this project addresses are extremely important. So projects with similar

objectives seem to be relevant and welcome. However, it seems worthwhile to further investigate whether it is relevant to upscale some of the activities, and to downscale others, for our analyses points at significant impacts of the "recovery and reintegration program", while the interventions at Girls Clubs seem less effective.

6.3 How efficient was the project?[3]

The project has a five years budget of EURO 323.000. The activities spread out over many interventions, at the individual, community and government level. Due to the variety of interventions within this project, and the absence of any benchmark data for most of these interventions, we are not able to assess the efficiency of the entire project. Moreover, FSCE targets vulnerable children and families directly (for which we have some data), but also indirectly (via others), for which we lack any data. Yet, by considering some of the interventions separately, we may be able to conduct a partial efficiency analysis.

Concerning the community conversations, during the project period, 13 community conversation groups where organized in Addis Ketema, with 70 participants, and 8 community conversation groups in Adama, with 60 participants. This implies, that over the entire project period 1390 persons have been "treated" by community conversations. Concerning Iddirs. the Adama Iddir coallition has 11 individual iddirs with a total of nearly 3000 members. If we assume that In Addis Ketema the same amount of

[3] It should be noticed that a detailed financial efficiency analysis is not possible for we were not able to obtain a breakdown of the budget in terms of the main activities we consider in this report (i.e. we don't know which parts of the budget are spent on girls clubs, community conversations and IDDIRS). We also lack a financial breakdown of activities in Addis Ketema and Adema. Therefore, the financial efficiency analysis should be seen as indicative for the cost-effectiveness only.

individuals were member of an Iddir, the total amount of Iddir members would amount to 6000. Hence, in total approximately 7390 subjects have either been treated via community conversations, or via Iddirs. The total budget for at the socio-cultural level equals 92983. This would imply that per capita, around 12.5 euro has been spent on Iddirs and/or community conversations, assuming that the major part of the socio-cultural budget has been used to finance community conversations and activities at Iddirs. This per capita costs is in the range of per capita costs 8.25 US dollar and 19. 24 USD (taken from , AIID, 2014, p.18), cost efficiency therefore seems to be reasonable.

Regarding "girls clubs" the outputs are as follows. In Addis Ketema, directly and indirectly there are 280 children influenced by FSCEs activities; in Adama even 2178 children. So in total, 2458 children are treated by FSCE interventions at Girls Clubs. The total budget for outputs at the individual level equals Euro 137183. If we assume that about 50% of this budget is used to finance activities at girls clubs, the cost per girl treated equals around 27.5 Euro. We lack a good benchmark for Girls clubs, but can use costs associated with the cost of youth training in Ethiopia, which range between 4.5 USD and 59 USD per child, depending on the focus of the activities. The per capita costs for the girls clubs therefore seem to be within the range of costs related to costs of youth training.

Next we consider the reintegration program. Before the CSO legislation in 2009 (ICNL, 2012) FSCE offered a drop-in centre where the girls could come and leave and a safe home where they received trainings. However, nowadays the support offered for these girls is community-based and aims at reintegration. The reintegration program targets 80 vulnerable children directly per year (FSCE, 2014). If we assume that indeed 80 children are directly treated via this programme component, about 5*80=400 children are treated. Another major activity concerns the reintegration program. In total 330 individuals passed through the reintegration program during the project period (see Table 9). Hence, around 750 individuals benefited from either the temporary shelter or the reintegration program. If we assume that around 50% of the budget for outputs at the individual is used for these activities, the per capita costs equal around 900 euro, which seem high. But then again, the assumptions we have made may not hold.

7. Conclusion

This report documents an impact assessment of a project implemented by FSCE and funded by ECPAT Netherlands. The project is part of a nationwide project in which also "Enhancing Child Focused Activities"(ECFA) (project C2) participates. The main aim of the project is to reduce violence against girls and women. In order to contribute to this aim, FSCE conducts a broad series of activities, such as awareness campaigns, media performances, skills building initiatives, provision of (socio-legal) protective services to girls and young women, trainings and workshops for community based organizations, and capacity building activities on school clubs. The evaluation focused on the main activities, which we have grouped according to two levels: Individual level and the Socio-cultural community level.

The main findings are as follows: 1) the recovery and reintegration program seems to help supporting girls and young women to participate in society and to protect them against injustice and violence; 2) FSCEs interventions at IDDIRs seem to contribute positively to changes in values and attitudes that are important in terms of reducing violence and abuse against girls and young women and 3) While girls at girls clubs believe that activities at girls clubs are very important to reduce violence against young women and girls, we were not able to detect significant positive impacts of the interventions at girls clubs in terms of changes of outcome indicators.

Overall, while we realize the impact evaluation caveats we were faced with, and the difficulties in rigorously evaluating this program, we are positive about the contents and quality of the interventions that are conducted by FSCE in terms of the Girl Power project. The impression we achieved from the interviews with beneficiaries from the program, and the results from the quantitative and qualitative analyses, suggests that the interventions contribute to a change in values and attitudes, and help to reduce violence against women.

Because of the many methodological caveats, the evaluation results should be taken with some caution. Yet, the evaluation suggests that the project was well-designed and suitable for the environment in which it was implemented. Given the enormously important issues that this project aims to address - reducing violence against girls and young women- funding of this type of projects seem recommendable. However, the evaluation also signals that some interventions are more successful than others. We signaled quite positive effects from the recovery and reintegration program. However, we were not able to provide quantitative evidence for substantial impacts of the interventions at girls clubs. It seems therefore valuable to assess whether some activities should be upscaled, while others could be downscaled.

We end this report by valuing the program in terms of the main evaluation questions.

Table 14: Valuing the program

Statement (How much do you agree with the following statements?)	Score 1 = not at all 10 = completely
The project was well designed	8
The project was implemented as intended	9
The project reached all its objectives	6
The observed results are attributable to the project interventions	5[1]
The observed results are relevant to the project beneficiaries	9
The project was implemented efficiently	6/7[2]

[1] : due to the many methodological caveats, the evaluation is not "rigorous" in terms of identifying causal effects. So, we cannot be sure that the observed results are attributable to project interventions.

[2] we only considered some of the broad range of project interventions, and the break- up of the budget in terms of the activities we consider turned out to be tedious. It seems as if the project was cost-effective, but we lack cost information about other interventions aiming at similar outcomes so that a full scale efficiency analysis is impossible.

References

AIID (2014), **MFS II Joint Evaluations Literature Survey Efficiency: Unit cost benchmarks.**

Alem, E., E. Hailu, H.L. Siyoum, I. Sesay, L. Mitik, M. Suyama, M. Kibur and R. Pearson, 2013, Evaluation of progress with using community conversation as a strategy to encourage district level abandonment of female genital mutilation and/or cutting in 10 districts in Ethiopia, http://www.aejonline.org.

Bloom, Shelah, 2008, *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*, USAID-East Africa.

Cohen, J., 1988, *Statistical Power Analysis for the Behavioral Sciences (2nd ed),* Hillsdale, NJ: Erlbaum

DFID, 2012, Violens against Women and Girls, CHASE Guidance Note Series, Guidance Note 2, May 12 2012.

Forum on Street Children- Ethiopia (FSCE), 2004, Baseline Survey: Sexual Abuse and Exploitation of Children in Desse City Administration. Downloadable from: http://africanchildinfo.net/documents/BS%20PDF1.pdf

Forum on Street Children- Ethiopia (FSCE), 2014, *Profile of the Adama Area Program Office*.

Huis, Marloes, Suhlmann, Michèle, Lensink, Robert and Nina Hansen, October 2013, Qualitative social impact assessment of two developmental aid projects in Ethiopia. Research report written for WOTRO NWO and the Dutch government as part of the MFI II evaluation.

International Center for Not-for-Profit Law (ICNL). (2012). NGO law monitor: Ethiopia.

Retrieved July 3rd from http://www.icnl.org/research/monitor/ethiopia.pdf.

Ministry of Women, Children and Youth Affairs (MWCY), March 2014, *Facts on Children&Women in Ethiopia,* downloadable from http://www.unicef.org/ethiopia/Facts_on_children_and_women_in_Ethiopia.pdf

National Bank of Ethiopia (NBOE), downloadable from (http://www.tradingeconomics.com/ethiopia/gdp-growth-annual), website consulted on September 30, 2014.

OECD Development Centre, 2014, Social Institutions and Gender Index, downloadable from: http://genderindex.org/country/Ethiopia (website approached at 30 September 2014).

Unicef, 2014, *Child Protection*, Downloadable from: http://www.unicef.org/ethiopia/Chapter_4_(72dpi).pdf, downloaded at September 30, 2014.

World Economic Forum, 2014, *The Global Gender Gap Report 2013*, downloadable from: http://reports.weforum.org/global-gender-gap-report-2013

Appendix A: Descriptive tables

Table A1: Descriptive statistics Baseline Girls Clubs

BASELINE	***- Girls Club CONTROL -***	***- Girls Club TREATED -***	**Diff-in-means**
	Mean	*Mean*	*t-test/Chi2*
	SD	*SD*	*SE*
Indicators/Variables	***N=126***	**N=128**	
Descriptive Indicators			
Age	14.603	15.422	-0.819***
	1.798	1.782	0.000
Religion (Christian=0, Muslim=1)	0.190	0.148	0.042
	0.394	0.357	0.374
Ever married (yes=1)	0.087	0.086	0.001
	0.283	0.281	0.969
Ethnic group			
(Oromo=0;	43.65%	42.97%	10.737*
Amhara=1;	31.75%	35.94%	0.013
Gurage=2;	16.67%	5.47%	
Other ethnic groups=3)	7.94%	15.62%	
Post-primary education degree (Q3.9; yes=1)	0.167	0.409	-0.243***
	0.374	0.494	0.000
Uniform Indicators			
Have you been psychologically/emotionally abused during the last year (Q8.1; yes=1)	0.373	0.578	-0.205**
	0.486	0.496	0.001
Have you been physically abused by anyone last year (Q9.1; yes=1)	0.238	0.250	-0.012
	0.428	0.435	0.826
Have you been sexually abused by anyone last year (Q10.1; yes=1)	0.384	0.465	-0.081
	0.488	0.501	0.197
Would you ever report cases of sexual and or physical abuses and violence at the police station (Q6.11; yes=1)	0.738	0.688	0.051
	0.441	0.465	0.375

Do you agree that the circumcision of women and girls a terrible violation of fundamental human rights (Q6.22; yes=1)	0.960	0.922	0.038
	0.196	0.269	0.195
Index female empowernment (Q7.1-Q7.6; values from 0 to 6; lowest empowernment=0; highest empowernment=6)	4.746	4.867	-0.121
	1.011	1.173	0.379
Have you been offered money or other material gifts in exchange for sex or sexual favours during the last year (Q11.1; yes=1)	0.167	0.195	-0.029
	0.374	0.398	0.555
Specific Indicators			
Do you know the Forum on Sustainable Child Empowerment (FSCE) (Q5.1; yes=1)	0.206	0.570	-0.364***
	0.406	0.497	0.000
Have you ever participated in any Multi-Stakeholder Child Protection structure established in their area (Q5.16)	0.137	0.104	0.033
	0.345	0.306	0.425
Do you know where to report sexual/physical abuse (Q6.9; yes=1)	0.944	0.961	-0.016
	0.230	0.195	0.538
Are you circumcised (Q13.1; yes=1)	0.233	0.242	-0.009
	0.424	0.430	0.868
Note: ordinal categorical variables have been transformed in dummy variables			

Table A2: Baseline statistics Iddirs

BASELINE	***Iddir CONTROL***	***Iddir TREATED***	**Diff-in-means**
	Mean	*Mean*	*t-test/Chi2*
	SD	*SD*	*SE*
Indicators/Variables	***N=129***	**N=127**	
Descriptive Indicators			
Age	48.558	49.551	-0.993
	14.868	16.516	0.614
Gender (female=1)	0.574	0.717	-0.143*

	0.496	0.452	0.017
Religion (Christian=0, Muslim=1)	0.225	0.024	0.202***
	0.419	0.152	0.000
Ever married (yes=1)	0.969	0.953	0.016
	0.174	0.213	0.505
Ethinic group			
(Oromo=0;	28.68%	42.86%	28.954***
Amhara=1;	34.88%	48.41%	0.000
Gurage=2;	27.13%	4.76%	
Other ethnic groups=3)	9.30%	3.97%	
Post-primary education degree (Q3.9; yes=1)	0.357	0.185	0.171**
	0.481	0.390	0.002
Uniform Indicators			
Would you ever report cases of sexual and or physical abuses and violence at the police station (Q6.11; yes=1)	0.744	0.584	0.160**
	0.438	0.495	0.007
Do you agree that the circumcision of women and girls a terrible violation of fundamental human rights (Q6.22; yes=1)	0.867	0.627	0.240***
	0.341	0.486	0.000
Index female empowernment (Q7.1-Q7.6; values from 0 to 6; lowest empowernment=0; highest empowernment=6)	4.367	3.407	0.961***
	1.505	1.402	0.000
Specific Indicators			
Do you know the Forum on Sustainable Child Empowerment (FSCE) (Q5.1; yes=1)	0.211	0.410	0.463***
	0.717	0.452	0.000
Have you ever participated in any Multi-Stakeholder Child Protection structure established in their area (Q5.16)	0.156	0.361	-0.206***
	0.364	0.482	0.000
Do you know where to report sexual/physical abuse (Q6.9;	0.946	0.921	0.025

yes=1)			
	0.227	0.271	0.424
Note: ordinal categorical variables have been transformed in dummy variables			

Table A3: Baseline statistics Street girls

BASELINE	***Street girls TREATED***
	Mean
	SD
Indicators/Variables	**N=85**
Descriptive Indicators	
Age	17.012
	2.131
Religion (Christian=0, Muslim=1)	0.047
	0.213
Ever married (yes=1)	0.188
	0.393
Ethinic group	
(Oromo=0;	30.59%
Amhara=1;	38.82%
Gurage=2;	23.53%
Other ethnic groups=3)	7.06%
Post-primary education degree (Q3.9; yes=1)	0.310
	0.465
Uniform Indicators	
Have you been psychologically/emotionally abused during the last year (Q8.1; yes=1)	0.576
	0.497
Have you been physically abused by anyone last year (Q9.1; yes=1)	0.435
	0.499
Have you been sexually abused by anyone last year (Q10.1; yes=1)	0.600
	0.493
Would you ever report cases of sexual and or physical abuses and violence at the police station (Q6.11; yes=1)	0.729
	0.447

Do you agree that the circumcision of women and girls a terrible violation of fundamental human rights (Q6.22; yes=1)	0.952
	0.214
Index female empowernment (Q7.1-Q7.6; values from 0 to 6; lowest empowernment=0; highest empowernment=6)	4.857
	1.318
Have you been offered money or other material gifts in exchange for sex or sexual favours during the last year (Q11.1; yes=1)	0.376
	0.487
Specific Indicators	
Do you know the Forum on Sustainable Child Empowerment (FSCE) (Q5.1; yes=1)	0.894
	0.310
Have you ever participated in any Multi-Stakeholder Child Protection structure established in their area (Q5.16)	0.367
	0.485
Do you know where to report sexual/physical abuse (Q6.9; yes=1)	0.906
	0.294
Are you circumcised (Q13.1; yes=1)	0.305
	0.463
Note: ordinal categorical variables have been transformed in dummy variables	

Table A4: Descriptive statistics endline Girls Clubs

ENDLINE	***- Girls Club CONTROL -***	***- Girls Club TREATED -***	**Diff-in-means**
	Mean	*Mean*	*t-test/Chi2*
	SD	*SD*	*SE*
Indicators/Variables	***N=65***	**N=49**	
Descriptive Indicators			
Age	15.569	17.122	-1.553***
	1.311	1.148	0
Religion (Christian=0, Muslim=1)	0.215	0.102	0.113
	0.414	0.306	0.110
Ever married (yes=1)	0.000	0.000	
Ethinic group			

(Oromo=0;	35.38%	38.78%	1.838
Amhara=1;	35.38%	42.86%	0.607
Gurage=2;	23.08%	14.29%	
Other ethnic groups=3)	6.15%	4.08%	
Post-primary education degree (Q3.9; yes=1)	0.000	0.102	-0.102**
	0.000	0.306	0.008
Uniform Indicators			
Have you been psychologically/emotionally abused during the last year (Q8.1; yes=1)	0.092	0.265	-0.173*
	0.292	0.446	0.014
Have you been physically abused by anyone last year (Q9.1; yes=1)	0.077	0.102	-0.025
	0.269	0.306	0.642
Have you been sexually abused by anyone last year (Q10.1; yes=1)	0.062	0.082	-0.020
	0.242	0.277	0.681
Would you ever report cases of sexual and or physical abuses and violence at the police station (Q6.11; yes=1)	0.538	0.592	-0.053
	0.502	0.497	0.574
Do you agree that the circumcision of women and girls a terrible violation of fundamental human rights (Q7.15; yes=1) (only half of the sample, question related to the list experiment)	0.840	0.875	-0.035
	0.374	0.338	0.733
Index female empowernment (Q7.1-Q7.6; values from 0 to 6; lowest empowernment=0; highest empowernment=6)	4.769	4.694	0.075
	1.235	1.158	0.741
Have you been offered money or other material gifts in exchange for sex or sexual favours during the last year (Q11.1; yes=1)	0.062	0.143	-0.081
	0.242	0.354	0.148
Specific Indicators			
Do you know the Forum on Sustainable Child Empowerment (FSCE) (Q5.1; yes=1)	0.369	0.857	-0.488***
	0.486	0.354	0

Have you ever participated in any Multi-Stakeholder Child Protection structure established in their area (Q5.16)	0.015	0.020	-0.005
	0.124	0.143	0.841
Do you know where to report sexual/physical abuse (Q6.9; yes=1)	0.800	0.755	0.045
	0.403	0.434	0.570
Are you circumcised (Q13.1; yes=1)	0.113	0.319	-0.206**
	0.319	0.471	0.008
Note: ordinal categorical variables have been transformed in dummy variables			
Note: the sample may not be exactly the same as in baseline			

Table A5: Descriptive statistics endline Iddirs

ENDLINE	***Iddir CONTROL***	***Iddir TREATED***	**Diff-in-means**
	Mean	*Mean*	*t-test/Chi2*
	SD	*SD*	*SE*
Indicators/Variables	***N=108***	**N=105**	
Descriptive Indicators			
Age	51.426	51.714	-0.288
	15.212	15.291	0.890
Gender (female=1)	0.556	0.752	-0.197**
	0.499	0.434	0.002
Religion (Christian=0, Muslim=1)	0.231	0.019	0.212***
	0.424	0.137	0.000
Ever married (yes=1)	0.944	0.952	-0.008
	0.230	0.214	0.795
Ethinic group			
(Oromo=0;	29.63%	35.24%	23.549***
Amhara=1;	36.11%	56.19%	0.000
Gurage=2;	25.93%	3.81%	
Other ethnic groups=3)	8.33%	4.76%	
Post-primary education degree (Q3.9; yes=1)	0.065	0.058	0.007
	0.247	0.234	0.8299
Uniform Indicators			
Would you ever report cases of sexual and or physical abuses and violence at the police station (Q6.11; yes=1)	0.528	0.448	0.08
	0.502	0.500	0.244
Do you agree that the circumcision of women and girls a terrible violation of fundamental human rights (Q7.15; yes=1) (only half of the sample, question related to the list experiment)	0.942	0.918	0.024***
	0.235	0.277	0

Index female empowernment (Q7.1-Q7.6; values from 0 to 6; lowest empowernment=0; highest empowernment=6)	4.370	4.277	0.093
	1.028	1.176	0.5422
Specific Indicators			
Do you know the Forum on Sustainable Child Empowerment (FSCE) (Q5.1; yes=1)	0.463	0.838	-0.375***
	0.501	0.370	0
Have you ever participated in any Multi-Stakeholder Child Protection structure established in their area (Q5.16)	0.120	0.143	-0.022
	0.327	0.352	0.6292
Do you know where to report sexual/physical abuse (Q6.9; yes=1)	0.991	0.952	0.038
	0.096	0.214	0.0915
Note: ordinal categorical variables have been transformed in dummy variables			
Note: the sample may not be exactly the same as in baseline			

Table A6: Descriptive statistics endline Street girls

ENDLINE	***Street girls CONTROL***	***Street girls TREATED***	**Diff-in-means**
	Mean	*Mean*	*t-test/Chi2*
	SD	*SD*	*SE*
Indicators/Variables	**N=99**	**N=55**	
Age	14.515	19.145	-4.630***
	2.187	2.391	0.000
Religion (Christian=0, Muslim=1)	0.232	0.036	0.196**

	0.424	0.189	0.001
Ever married (yes=1)	0.051	0.182	-0.131**
	0.220	0.389	0.008
Ethinic group			
(Oromo=0;	51.52%	27.27%	15.714**
Amhara=1;	22.22%	34.55%	0.001
Gurage=2;	10.10%	29.09%	
Other ethnic groups=3)	16.16%	9.09%	
Post-primary education degree (Q3.9; yes=1)	0.010	0.018	-0.008
	0.101	0.135	0.674
Uniform Indicators			
Have you been psychologically/emotionally abused during the last year (Q8.1; yes=1)	0.202	0.127	0.075
	0.404	0.336	0.245
Have you been physically abused by anyone last year (Q9.1; yes=1)	0.162	0.145	0.016
	0.370	0.356	0.793
Have you been sexually abused by anyone last year (Q10.1; yes=1)	0.051	0.145	-0.095*
	0.220	0.356	0.043
Would you ever report cases of sexual and or physical abuses and violence at the police station (Q6.11; yes=1)	0.566	0.717	-0.151
	0.498	0.455	0.068
Do you agree that the circumcision of women and girls a terrible violation of fundamental human rights (Q6.22; yes=1)	0.864	0.920	-0.056
	0.347	0.277	0.489
Index female empowernment (Q7.1-Q7.6; values from 0 to 6; lowest empowernment=0; highest empowernment=6)	4.606	4.564	0.043
	1.346	1.385	0.853
Have you been offered money or other material gifts in exchange	0.081	0.164	-0.083

for sex or sexual favours during the last year (Q11.1; yes=1)			
	0.274	0.373	0.118
Specific Indicators			
Do you know the Forum on Sustainable Child Empowerment (FSCE) (Q5.1; yes=1)	0.040	0.945	-0.905***
	0.198	0.229	0.000
Have you ever participated in any Multi-Stakeholder Child Protection structure established in their area (Q5.16)	0.010	0.055	-0.044
	0.101	0.229	0.100
Do you know where to report sexual/physical abuse (Q6.9; yes=1)	0.778	0.673	0.105
	0.418	0.474	0.156
Are you circumcised (Q13.1; yes=1)	0.247	0.296	-0.049
	0.434	0.461	0.520
Note: ordinal categorical variables have been transformed in dummy variables			
Note: the sample may not be exactly the same as in baseline			

Appendix B: Tables with estimates for main outcome variables

Table B1: Psychological abuse; sample Girls Clubs

GIRLS CLUBS	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
Year	-0.292***	-0.281***	-0.357***	-0.326***
	[0.0708]	[0.0564]	[0.0887]	[0.0679]
Treat	0.166	0.205***	0.116	0.191**
	[0.0941]	[0.0617]	[0.106]	[0.0641]
Yeartreat	0.00659	-0.0321	0.0248	-0.00548
	[0.119]	[0.0955]	[0.123]	[0.101]
Age			0.0267	0.00864
			[0.0229]	[0.0157]
Oromo			0.046	-0.00533
			[0.0693]	[0.0562]
Gurage			-0.11	-0.119
			[0.0920]	[0.0792]
Other ethnic groups			-0.112	-0.0418
			[0.113]	[0.0883]
Educ			-0.0494	-0.0753
			[0.0787]	[0.0673]
Religion			0.0511	0.0695
			[0.0808]	[0.0662]
Evermarried			-0.0634	-0.124
			[0.153]	[0.104]
_cons	0.385***	0.373***	0.0622	0.337
	[0.0609]	[0.0433]	[0.321]	[0.232]
N	228	368	228	368

Table B2: Psychological abuse; sample Street Girls

	1	2	3	4
	Balanced panel	Balanced panel	Balanced panel	Balanced panel
Year	-0.500***	-0.481***	-0.463***	-0.472***
	[0.0808]	[0.100]	[0.101]	[0.103]
Age		-0.000714	-0.00621	-0.00286
		[0.0173]	[0.0173]	[0.0177]
Oromo		-0.15		-0.159
		[0.113]		[0.116]
Gurage		-0.037		-0.0696
		[0.108]		[0.111]
Other ethnic groups		-0.0944		-0.103
		[0.134]		[0.139]
educ		0.058	0.0664	0.0662
		[0.0894]	[0.0861]	[0.0901]
religion			0.164	0.143
			[0.245]	[0.251]
evermarried			0.0365	0.0596
			[0.0971]	[0.0991]
_cons	0.630***	0.664*	0.661*	0.689*
	[0.0663]	[0.304]	[0.314]	[0.306]
N	108	108	108	108

Table B3: Physically abuse; sample Girls Clubs

Sample: GIRLS CLUBS	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	-0.169**	-0.161**	-0.138	-0.170**
	[0.0634]	[0.0506]	[0.0739]	[0.0612]
treat	-0.0421	0.0119	-0.00119	0.0145
	[0.0792]	[0.0542]	[0.0822]	[0.0563]
yeartreat	0.0672	0.0132	0.0514	0.0258
	[0.0964]	[0.0770]	[0.101]	[0.0822]
age			-0.0262	-0.00904
			[0.0148]	[0.0122]
Oromo			-0.0169	0.0184
			[0.0571]	[0.0476]
Gurage			-0.11	-0.0505
			[0.0585]	[0.0608]
Other ethnic groups			-0.0013	0.00743
			[0.113]	[0.0821]
educ			0.0234	-0.000334
			[0.0674]	[0.0602]
religion			0.0163	0.059
			[0.0686]	[0.0606]
evermarried			-0.252***	-0.218***
			[0.0484]	[0.0529]
_cons	0.246***	0.238***	0.639**	0.380*
	[0.0539]	[0.0382]	[0.226]	[0.187]
N	228	368	228	368

Table B4: Physically abuse; sample Street Girls

	1	2	3	4
	Balanced panel	Balanced panel	Balanced panel	Balanced panel
year	-0.241**	-0.299**	-0.265**	-0.271**
	[0.0808]	[0.0970]	[0.0955]	[0.0995]
age		0.007	-0.00488	-0.0043
		[0.0182]	[0.0198]	[0.0199]
Oromo		-0.0722		-0.0991
		[0.107]		[0.110]
Gurage		0.00198		-0.00942
		[0.112]		[0.114]
Other ethnic groups		0.08		0.0577
		[0.158]		[0.169]
educ		-0.127	-0.0934	-0.0987
		[0.0990]	[0.101]	[0.106]
religion			-0.12	-0.148
			[0.199]	[0.212]
evermarried			0.184	0.195
			[0.130]	[0.133]
_cons	0.370***	0.384	0.512	0.542
	[0.0663]	[0.321]	[0.337]	[0.339]
N	108	108	108	108

Table B5: Sexually Abuse; Sample Girls Clubs

	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	-0.292***	-0.322***	-0.371***	-0.343***
	[0.0670]	[0.0530]	[0.0802]	[0.0623]
treat	0.104	0.0806	-0.0197	0.0371
	[0.0941]	[0.0624]	[0.102]	[0.0648]
yeartreat	-0.0844	-0.0605	-0.0411	-0.0756
	[0.106]	[0.0796]	[0.107]	[0.0804]
age			0.0550**	0.0324*
			[0.0208]	[0.0162]
Oromo			0.00791	-0.00264
			[0.0624]	[0.0543]
Gurage			-0.167*	-0.157*
			[0.0681]	[0.0648]
Other ethnic groups			0.0188	0.0243
			[0.104]	[0.0880]
educ			-0.0318	0.016
			[0.0659]	[0.0629]
religion			0.0637	0.0966
			[0.0707]	[0.0641]
evermarried			0.135	-0.032
			[0.157]	[0.113]
_cons	0.354***	0.384***	-0.388	-0.0929
	[0.0598]	[0.0437]	[0.297]	[0.238]
N	227	366	227	366

Table B6: Sexually abuse; Sample Street Girls

Sample: STREET GIRLS	-1	-2	-3	-4
	Balanced panel	Balanced panel	Balanced panel	Balanced panel
year	-0.426***	-0.384***	-0.375***	-0.378***
	[0.0836]	[0.105]	[0.104]	[0.107]
age		-0.0108	-0.016	-0.0151
		[0.0185]	[0.0196]	[0.0198]
Oromo		-0.0385		-0.043
		[0.107]		[0.111]
Gurage		0.015		0.0527
		[0.111]		[0.121]
Other ethnic groups		-0.0101		-0.0125
		[0.132]		[0.135]
educ		0.0665	0.0759	0.0733
		[0.0941]	[0.0988]	[0.101]
religion			-0.237	-0.293
			[0.176]	[0.195]
evermarried			0.043	0.0436
			[0.101]	[0.104]
_cons	0.574***	0.712*	0.787*	0.779*
	[0.0679]	[0.311]	[0.325]	[0.324]
N	108	108	108	108

Table B7: Refuse circumcision; Sample Girls Clubs

	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	-0.129	-0.12	-0.0748	-0.12
	[0.0773]	[0.0759]	[0.0792]	[0.0753]
treat	-0.0509	-0.0384	-0.0109	-0.0316
	[0.0452]	[0.0296]	[0.0482]	[0.0297]
yeartreat	0.0859	0.0734	0.0491	0.0767
	[0.111]	[0.105]	[0.101]	[0.103]
age			-0.0153	-0.000716
			[0.0170]	[0.00861]
Oromo			-0.0873	-0.0882*
			[0.0458]	[0.0346]
Gurage			-0.137*	-0.0549
			[0.0693]	[0.0434]
Other ethnic groups			-0.187	-0.0812
			[0.105]	[0.0534]
educ			-0.00633	-0.0483
			[0.0755]	[0.0429]
religion			0.147**	0.0563
			[0.0559]	[0.0297]
evermarried			0.0605	0.0228
			[0.0363]	[0.0486]
_cons	0.969***	0.960***	1.225***	1.045***
	[0.0217]	[0.0175]	[0.212]	[0.114]
N	163	303	163	303

Table B8: Refuse circumcision; Sample Iddirs

Sample: IDDIR	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	0.0719	0.0751	0.0825	0.0918
	[0.0460]	[0.0444]	[0.0498]	[0.0473]
treat	-0.243***	-0.235***	-0.215***	-0.201***
	[0.0581]	[0.0528]	[0.0604]	[0.0540]
yeartreat	0.219**	0.211**	0.217**	0.200**
	[0.0774]	[0.0735]	[0.0803]	[0.0756]
age			-0.000327	-0.000371
			[0.00163]	[0.00154]
sex			-0.0752	-0.101*
			[0.0481]	[0.0449]
Oromo			-0.0456	-0.00824
			[0.0491]	[0.0469]
Gurage			-0.0322	-0.0279
			[0.0631]	[0.0626]
Other ethnic groups			-0.0359	-0.0672
			[0.103]	[0.0952]
educ			0.0444	0.0448
			[0.0521]	[0.0485]
religion			0.0154	0.0477
			[0.0680]	[0.0598]
evermarried			0.0343	0.102
			[0.113]	[0.111]
_cons	0.870***	0.867***	0.896***	0.822***
	[0.0325]	[0.0302]	[0.141]	[0.136]
N	311	354	310	353

Table B9: Refuse circumcision; Sample Street Girls

	1	2	3	4
	Balanced panel	Balanced panel	Balanced panel	Balanced panel
year	-0.0645	-0.0422	-0.0417	-0.0427
	[0.0602]	[0.0684]	[0.0669]	[0.0669]
age		-0.021	-0.0187	-0.0208
		[0.0143]	[0.0165]	[0.0163]
Oromo		0.0108		0.0112
		[0.0670]		[0.0672]
Gurage		0.073		0.0761
		[0.0577]		[0.0600]
Other ethnic groups		0.103		0.104
		[0.0707]		[0.0713]
educ		-0.0138	-0.0128	-0.0143
		[0.0651]	[0.0650]	[0.0671]
religion			0.0253	-0.0154
			[0.0431]	[0.0411]
evermarried			0.00232	-0.00345
			[0.0844]	[0.0838]
_cons	0.981***	1.324***	1.316***	1.322***
	[0.0189]	[0.222]	[0.245]	[0.247]
N	77	77	77	77

Table B10: Continuation early marriage; Sample: Girls Clubs

	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	-0.0308	-0.0238	-0.0114	-0.00761
	[0.0217]	[0.0137]	[0.0251]	[0.0148]
treat	0.0509	0.0543*	0.0429	0.04
	[0.0451]	[0.0275]	[0.0514]	[0.0270]
yeartreat	-0.0509	-0.0543*	-0.0605	-0.0731*
	[0.0451]	[0.0275]	[0.0488]	[0.0320]
age			-0.00363	0.00276
			[0.0105]	[0.00528]
Oromo			0.0456	0.0256
			[0.0263]	[0.0227]
Gurage			0.012	-0.0133
			[0.0184]	[0.0192]
Other ethnic groups			0.176	0.116
			[0.0987]	[0.0642]
educ			0.0307	0.0444**
			[0.0175]	[0.0143]
religion			-0.00889	-0.0106
			[0.0363]	[0.0324]
evermarried			-0.0552	-0.0555**
			[0.0300]	[0.0185]
_cons	0.0308	0.0238	0.0293	-0.0649
	[0.0217]	[0.0137]	[0.137]	[0.0734]
N	178	318	178	318

Table B11: Continuation early marriage; Sample: Iddirs

	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	0.0429	0.0451	0.0274	0.0304
	[0.0478]	[0.0467]	[0.0463]	[0.0452]
treat	0.237***	0.208***	0.215***	0.181***
	[0.0512]	[0.0451]	[0.0522]	[0.0445]
yeartreat	-0.255***	-0.226**	-0.244**	-0.217**
	[0.0763]	[0.0723]	[0.0754]	[0.0714]
age			-0.000256	-0.00118
			[0.00144]	[0.00132]
sex			0.0203	0.0138
			[0.0422]	[0.0380]
Oromo			0.05	0.0397
			[0.0445]	[0.0412]
Gurage			0.0771	0.0722
			[0.0606]	[0.0578]
Other ethnic groups			-0.0353	-0.0261
			[0.0511]	[0.0457]
educ			-0.0763	-0.0780*
			[0.0424]	[0.0381]
religion			-0.0736	-0.103**
			[0.0409]	[0.0362]
evermarried			0.0278	-0.0653
			[0.0794]	[0.0992]
_cons	0.0642**	0.0620**	0.0618	0.212
	[0.0236]	[0.0214]	[0.118]	[0.129]
N	324	367	323	366

Table B12: Continuation early marriage; Sample: Street Girls

	1	2	3	4
	Balanced panel	Balanced panel	Balanced panel	Balanced panel
year	-0.0778	-0.138	-0.13	-0.134
	[0.0545]	[0.0894]	[0.0897]	[0.0891]
age		0.0167	0.0129	0.0143
		[0.0135]	[0.0123]	[0.0123]
Oromo		0.00434		0.00316
		[0.0615]		[0.0622]
Gurage		0.103		0.125
		[0.0821]		[0.100]
Other ethnic groups		-0.0574		-0.0573
		[0.0527]		[0.0566]
educ		-0.0928	-0.084	-0.0849
		[0.109]	[0.111]	[0.116]
religion			-0.0696	-0.16
			[0.0456]	[0.0932]
evermarried			0.0349	0.0103
			[0.0956]	[0.101]
_cons	0.111*	-0.125	-0.0382	-0.0893
	[0.0433]	[0.268]	[0.230]	[0.245]
N	84	84	84	84

Table B13: Female empowerment: Sample Girls Clubs

	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	-0.0462	0.0232	-0.0885	-0.0473
	[0.200]	[0.177]	[0.224]	[0.189]
treat	0.205	0.121	0.264	0.151
	[0.197]	[0.138]	[0.244]	[0.149]
yeartreat	-0.28	-0.197	-0.295	-0.2
	[0.299]	[0.263]	[0.311]	[0.266]
age			0.00333	0.0243
			[0.0544]	[0.0392]
Oromo			0.0633	0.127
			[0.168]	[0.134]
Gurage			-0.0118	0.165
			[0.241]	[0.193]
Other ethnic groups			-0.676*	-0.365
			[0.330]	[0.241]
educ			-0.101	-0.119
			[0.214]	[0.171]
religion			0.264	0.18
			[0.217]	[0.168]
evermarried			0.187	0.321
			[0.234]	[0.168]
_cons	4.815***	4.746***	4.821***	4.397***
	[0.128]	[0.0902]	[0.752]	[0.586]
N	228	368	228	368

Table B14: Female empowerment: Sample Iddirs

	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	0.0833	0.00318	0.134	0.0834
	[0.179]	[0.166]	[0.181]	[0.170]
treat	-0.897***	-0.961***	-0.805***	-0.867***
	[0.203]	[0.184]	[0.218]	[0.198]
yeartreat	0.804**	0.868***	0.767**	0.820***
	[0.254]	[0.239]	[0.257]	[0.242]
age			-0.00361	-0.00574
			[0.00525]	[0.00493]
sex			-0.248	-0.142
			[0.149]	[0.139]
Oromo			0.133	0.0971
			[0.146]	[0.139]
Gurage			0.109	0.135
			[0.241]	[0.232]
Other ethnic groups			0.062	0.126
			[0.276]	[0.259]
educ			0.182	0.248
			[0.163]	[0.153]
religion			-0.00379	-0.0464
			[0.242]	[0.228]
evermarried			-0.00307	0.0101
			[0.330]	[0.329]
_cons	4.287***	4.367***	4.422***	4.498***
	[0.149]	[0.133]	[0.524]	[0.494]
N	417	460	416	459

Table B15: Female empowerment: Sample Street Girls

	1	2	3	4
	Balanced panel	Balanced panel	Balanced panel	Balanced panel
year	-0.0778	-0.138	-0.13	-0.134
	[0.0545]	[0.0894]	[0.0897]	[0.0891]
age		0.0167	0.0129	0.0143
		[0.0135]	[0.0123]	[0.0123]
Oromo		0.00434		0.00316
		[0.0615]		[0.0622]
Gurage		0.103		0.125
		[0.0821]		[0.100]
Other ethnic groups		-0.0574		-0.0573
		[0.0527]		[0.0566]
educ		-0.0928	-0.084	-0.0849
		[0.109]	[0.111]	[0.116]
religion			-0.0696	-0.16
			[0.0456]	[0.0932]
evermarried			0.0349	0.0103
			[0.0956]	[0.101]
_cons	0.111*	-0.125	-0.0382	-0.0893
	[0.0433]	[0.268]	[0.230]	[0.245]
N	84	84	84	84

Table B16: Money for Sex: Sample: Girls Clubs

	1	2	3	4
	Balanced panel	Unbalanced panel	Balanced panel	Unbalanced panel
year	-0.0769	-0.105*	-0.133*	-0.116*
	[0.0527]	[0.0449]	[0.0662]	[0.0541]
treat	0.0656	0.0286	-0.047	-0.0232
	[0.0724]	[0.0485]	[0.0788]	[0.0504]
yeartreat	0.0157	0.0527	0.03	-0.0103
	[0.0932]	[0.0760]	[0.0951]	[0.0790]
age			0.0486**	0.0476***
			[0.0182]	[0.0133]
Oromo			0.0672	-0.00526
			[0.0544]	[0.0458]
Gurage			-0.160**	-0.140**
			[0.0521]	[0.0472]
Other ethnic groups			0.0114	-0.0421
			[0.108]	[0.0709]
educ			0.0307	0.0697
			[0.0555]	[0.0442]
religion			0.0683	-0.0106
			[0.0718]	[0.0517]
evermarried			0.0018	-0.0278
			[0.119]	[0.0889]
_cons	0.138**	0.167***	-0.579*	-0.559**
	[0.0432]	[0.0334]	[0.249]	[0.186]
N	228	368	228	368

Table B17: Money for Sex; Sample: Street Girls

Sample: STREET GIRLS	-1	-2	-3	-4
	Balanced panel	Balanced panel	Balanced panel	Balanced panel
year	-0.185*	-0.214*	-0.231*	-0.238*
	[0.0832]	[0.104]	[0.104]	[0.105]
age		0.0272	0.0380*	0.0383*
		[0.0185]	[0.0183]	[0.0187]
Oromo		-0.156		-0.132
		[0.110]		[0.111]
Gurage		-0.144		-0.153
		[0.114]		[0.114]
Other ethnic groups		0.0775		0.0965
		[0.188]		[0.180]
educ		0.0895	0.0675	0.0638
		[0.103]	[0.100]	[0.103]
religion			0.2	0.264
			[0.259]	[0.267]
evermarried			-0.202	-0.177
			[0.102]	[0.106]
_cons	0.352***	-0.103	-0.342	-0.262
	[0.0656]	[0.338]	[0.325]	[0.330]
N	108	108	108	108

Appendix C: power calculations

Table C1 shows minimum required sample sizes for different assumptions regarding effect sizes and power. We used the STATA program *powerreg*.

Table C1: Minimum required sample sizes

	Power=0.8	Power=0.9
Small effect size	390	516
Medium effect size	46	61
Large effect size	17	22

Note: We assume a model without additional controls, implying that r-squared of the reduced model (r2r) = 0; The r-squares for the full model (r2f) equal 0.02, 0.15 and 0.35, for small, medium and large effect sizes, respectively. Finally, we assume an alpha (significance level) of 0.05.

Endline report – Ethiopia, HOA-REC MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Elias Zerfu [2]
Derbew Kefyalew [2]
Bram Peters [1]
Nicky Buizer [1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-058

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, B. Peters, N.N. Buizer, 2014. *Endline report Ethiopia, HOA-REC. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI- 15-058. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, HOA-REC. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI- 15-058

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **7**

1.1 Purpose and outline of the report 7
1.2 Brief summary of analysis and findings 8

2 Context and General Information about the SPO – HOA-REC **11**

2.1 General information about the Southern Partner Organisation – HOA-REC 11
2.2 The socio-economic, cultural and political context in which the partner operates 11
2.3 Contracting details 12
2.4 Background to the Southern Partner Organisation 13

4 Results **22**

4.1 MFS II supported capacity development interventions 22
4.2 Changes in capacity and reasons for change - evaluation question 1 and 4 23

5 Discussion and conclusion **32**

5.1 Methodological issues 32
5.2 Changes in organisational capacity 32

References and Resources **36**

List of Respondents **40**

Appendix 1 Methodological approach & reflection **41**

Appendix 2 Background information on the five core capabilities framework **66**

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators **68**

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation Horn of Africa Regional Environmental Organisation (HOA-REC) and the Co-Financing Agencies ICCO for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to HOA-REC, ICCO, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

AAU	Addis Ababa University
ACCA	Association of Chartered Certified Accountants
Causal map	Map with cause-effect relationships. See also ‘detailed causal map’.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CSO	Civil Society Organization
Detailed causal map	Also ‘model of change’. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
EDEI	Ethiopia-Dutch Energy Initiative
EPP	Environmental Partnership Programme
EU	European Union
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
GIS&RS	Geospatial Information System and Remote Sensing
HoA-REC	Horn of Africa Regional Environmental Organisation
ICCO	Interchurch organization for development cooperation
IFPRI	International Food Policy Research Institute
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MFS	Dutch co-financing system
MIS	Management Information System
MoFA	Ministry of Foreign Affairs
NGO	Non-Governmental Organisation
NICHE	Netherlands Initiative for Capacity development in Higher Education
NUFFIC	Netherlands organisation for international cooperation in higher education
OD	Organisational Development
PME	Planning, Monitoring and Evaluation
PRA	Priority Result Area
SPO	Southern Partner Organisation
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
WASH	Water, Sanitation and Hygiene
WB	World Bank
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

Achievement of Millennium Development Goals (MDGs) & themes;

Capacity development of Southern partner organisations (SPO) (5 c study);

Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: HOA-REC in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in chapter 4.2.2.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, improvements took place in all of the capabilities.

Over the last two years many small improvements and one slight deterioration took place in the indicators under the capability to act and commit. The management of HoA-REC/N is striving to be more responsive and to decentralise decision making. There are weekly management meetings and program officers have become more independent. There has been a slight improvement in the strategic guidance that management gives as they are strengthening program partnerships (to tap into new sources) and have pointed out six strategic objectives that will help HoA-REC/N better achieve its mission and vision. Staff turnover has increased among program and support staff, especially highly skilled staff and staff working in the remote areas. Since the baseline, the organisation has created an organisational structure with a new more decentralised grouping of programs and more clear roles and responsibilities. There has been a very slight improvement in staff skills especially in program design, implementation and M&E. Staff recruitment criteria have been revised and new staff that is hired is qualified in experience and education. Staffs have improved their skills due to more opportunities for trainings either in-house or abroad on technical topics such as climate change and carbon emissions as well as crosscutting topics like communication. HoA-REC/N now has a standard form to objectively assess staff performance and identify training needs. The incentives for staff to work at the organisation have improved very slightly because of the revised HR manual that has been put online, and staffs are now able to be informed about their entitlements. Over the last two years HoA-REC/N has diversified its funding with support from ICCO in developing proposals and improving their reporting capacity. The organisation now has a fundraising strategy in place and has assigned a consultant to liaise with the fundraising officer and identify calls for proposals, and develop proposals together.

In the capability to adapt and self-renew HoA-REC/N saw many improvements. The organisation has put in place M&E software application system (Akvo FLOW). Staff has had training on using this tool and also on outcome mapping with support from ICCO. The M&E unit has been strengthened and now has three fulltime and one part-time staff. Management also raised awareness about the importance of M&E among other staff. Staffs are now using the monitoring system and data has been collected on a timely basis. Through the M&E software application system management has quick access to M&E findings and is using this in decision-making for future strategies. Staff is encouraged to speak out new ideas especially concerning proposal development and is recognised for providing these ideas. A communications officer has been hired under the public relations (PR) and communications department, who tracks HoA-REC/N's operating environment and is in regular contact with program staff. Staff uses this information e.g. when preparing proposals and capacity building for the PR and communications unit. A revised organogram and newly recruited staff has further helped with this. Over the last two years HoA-REC/N has become more responsive to stakeholders because program staffs frequently communicate with and work closely together with them.

In terms of the capability to deliver on development objectives, HoA-REC/N also showed improvements in many indicators. The organisation has clear operational plans and budgets in place and technical staff now provide specification on each item for procurement in the project's budget. Now that HoA-REC/N has moved to its new premises, there is no longer a lack of offices and all staff

work together which saves costs in terms of time and transport. Reaching planned outputs has improved since the baseline. Because of an improved M&E system and a strengthened M&E unit, the M&E system is now working for almost all departments in the organisation and the M&E staff analyses reports on project input and output basis to monitor efficiency. HoA-REC/N has improved in balancing the quality and efficiency of its work because of the good functioning of the M&E unit that looks into this, updating of operational guidelines and ICCO recommendation to work with organisations that have the required structures and contacts in place for certain topics.

In the capability to relate, HoA-REC/N very slightly improved in engaging in networks. The organisation's expertise has always been in networking, but over the last two years they established new networks with TERI, IRC, the Stockholm Environmental Institute, and UMass Boston.

Finally, HoA-REC/N has improved in a few indicators under the capability to achieve coherence. HoA-REC/N has developed a strategic plan for the period of 2015-2020 and has revised its mission, vision and strategies with key staff, an external consultant and network partners. The organisation's vision and mission are now very well-articulated and project agreements have been amended based on the organisation's new vision and mission. Projects have become more mutually supportive because of better communication and synergy between programs and projects for example for the climate and WASH programs.

During the endline workshop the following key organisational capacity changes were brought up by HoA-REC/N's staff in the 'general causal map': increase in number and quality of staff; clear roles and responsibilities for staff and programme created; improved knowledge on development of implementation strategy; improved knowledge and understanding of logframe and preparation of M&E tools; improved report quality and time of reporting; improved knowledge of financial planning and budget management; and improved knowledge and understanding about procurement procedures. The evaluators considered it important to also note down the SPO's story about what they perceived as key organisational capacity changes since the baseline, as this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to HoA-REC/N staff, the number and quality of staff increased because they set a requirement to hire only experienced and qualified staff, who they were able to hire after the revision of the salary scale and staff benefits (with support of the Dutch Embassy) and because of HoA-REC/N's affiliation to the University (attracts staff that wants to be academician and practitioner at the same time). The number and quality of staff also increased because of the creation of clear roles and responsibilities for staff and programmes.
These clear roles and responsibilities were created because four thematic program areas were identified, which in turn was the result of developing a new organogram and more clarification on the organisational focus. These last developments both happened after a capacity assessment was carried out by PricewaterhouseCoopers (PWC) in 2012 (funded by the Dutch Embassy).

HoA-REC/N improved its knowledge on developing an implementation strategy because of their increased emphasis on looking for calls for proposals and the sharing and coaching on proposal development and project implementation because of deployment of expatriate staff for sharing and exposure through MFS II.. The organisation increasingly focussed on looking for calls for proposals because of a need for diversifying funding sources which was identified by the capacity assessment by PWC (funded by Dutch Embassy).

HoA-REC/N improved its knowledge and understanding of logframes and preparation of M&E tools because of sharing and coaching on proposal development and project implementation (funded by MFS II); and a training on M&E by MDF in 2013 (funded by the Dutch Embassy).
The organisation improved the quality and timing of their reporting because of the M&E training by MDF in 2013; the automation of the financial and monitoring system established by support of Nuffic and MFS II; and the training they received on project cycle management (PCM) in 2012 funded by Nuffic.

HoA-REC/N now has knowledge on financial planning and budget management because of the automation of the financial and monitoring system established by support of Nuffic and MFS II and the training on PCM they received in 2012 funded by Nuffic.

Finally, HoA-REC/N improved its knowledge and understanding about procurement procedures because of the same PCM training in 2012.

In general most of the capacity building initiatives that were implemented since 2012, were based on the recommendations of the capacity assessment carried out by PWC in 2012 with financial support from the Dutch embassy. According to HoA-REC/N, MFS II funded capacity development interventions have played a role in improved knowledge on development of implementation strategy; improved knowledge and understanding of logframe and preparation of M&E tools; improved quality and timing of reporting; and improved knowledge of financial planning and budget management. This was through sharing by expatriate staff and exposure through MFS II, the automation of the financial and monitoring system established with support of Nuffic and MFS II. However, internal factors like their affiliation to the university, development of a new organogram, deciding and clarification of organisational focus have also played an important role in the key organisational capacity changes that the HoA-REC/N staff considered important since the baseline in 2012. Support from other funders, like the Dutch Embassy and Nuffic, in terms of training and funding of revision of salary scales, has also been mentioned among the underlying factors for these changes.

2 Context and General Information about the SPO – HOA-REC

2.1 General information about the Southern Partner Organisation – HOA-REC

Ethiopia	
Consortium 1	WASH Alliance
Responsible Dutch NGO	ICCO
Project (if applicable)	Innovative WASH, water purification with Moringa (C12 MDG sample)
Consortium 2	ICCO Alliance
Responsible Dutch NGO	ICCO
Projects (if applicable)	1. Integrated approach to meet rural household energy needs 2. Sustainable energy project (C9 in MDG sample) 3. Carbon credit team and financial capacity building project
Southern partner organisation	Horn of Africa Regional Environmental Organisation (HOA-REC)

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

The Horn of Africa has faced an alarming rate of environmental degradation, which has produced famines, massive economic and social dislocations, and widespread resource-based conflicts. Over the last half a century the region's temperature has shown a rising trend while rainfall has had a decreasing trend. During the same time period large parts of the region, which are arid or semi-arid, have faced rapid rates of degradation, in the form of deforestation, loss of vegetation and biodiversity, increased soil erosion, desiccation, and desertification. While the causes for the worsening degradation may not be fully understood, they relate to global climatic changes and various types of local human activities. The actual effects and potential implications of the growing rates of degradation are also hard to map out accurately. There is little doubt, however, that they pose a growing threat to human security in the region.

In the Horn of Africa, increasing scarcity and degradation of natural resources seriously threatens human well-being. The population in the region (Ethiopia, Eritrea, Sudan, Djibouti, Somalia, Kenya and Uganda) has increased fourfold in the past 50 years and continues to grow rapidly. Farmers need to feed more mouths and extra areas of land are needed, at the expense of forest and pasture lands. With a high and stable number of pastoral communities and decreasing amount of pasture land, pressure on land and water grows. The mounting need for fertile soils and irrigated land is intensified by high international demands for food and energy. Investors from all over the world are ready to invest in commercial farming in Sudan, Kenya, Uganda and Ethiopia. With inadequate soil and water

management measures being taken, this growing pressure on natural resources leads to a decrease in the quality and quantity of soils, forests and water resources.

Not all protected areas are adequately guarded by the responsible authorities against the threats faced by increasing demands for land and wood, which seriously disturbs the hydrological, economic, social and cultural services these ecosystems provide. Land tenure systems, resource allocations and planning processes insufficiently take into account people's needs and this whole set of ecosystem services.

Overexploitation of wood, fish, farm lands and grazing lands can thus lead to tremendous forest degradation, biodiversity loss, land degradation and resource scarcity. This exacerbates food and water insecurity in many parts of the region. Deforestation, for instance, can heavily disturb climatic and hydrological regimes. This is demonstrated in the Mau Forest, Kenya's largest "water tower". Despite its official status as protected area, thousands of farmers entered the Mau forest in the past 20 years. Large parts of the forest were cut to prepare the land for cultivation.

In light of the above, the horn of Africa Regional Environment Centre and Network (HOA-REC/N) focuses on environmental concerns and sustainable development options with the Horn of Africa-in Sudan, Kenya, Ethiopia, Eritrea, Djibouti and Somalia. HOA-REC/N is an autonomous institution under the Addis Ababa University. It facilitates, strengthens and advocates for initiatives and activities relating to environmental conservation and natural resource management, including the promotion of sustainable energy and climate change adaptation and mitigation in the region. HOA-REC/N links these initiatives to its various partners-international organizations, government bodies and private enterprises in order to enhance environmental governance and management, contribute to sustainable development and improve livelihoods within the region.

HOA-REC/N programmatic areas include horn of Africa regional Environmental Centre, Gullele Botanic Garden, Friends of Gullele Botanic Garden, Horn of Africa Regional Environmental Network, Demand driven action Research, The Horn Re-engineering Program, Energy partnership program, environmental governance and education program, parks and buffer zone management program, Central Rift Valley Program, and Climate Change and adaptation program.

The Centre and Network aim to improve environmental governance and management by focusing on:

- Promoting and advocating environmental knowledge, awareness and behavioural change
- Influencing the adjustment of environmental policies and legislation based on enhanced and enlarged dialogues on environmental issues
- Building institutional and human capacity in the environmental sphere
- Stimulating and facilitating selected environmental programs of CBOs, NGOs, research institutions and academia.

With MFS II funding two HoA-REC programmes are supported:

1. The Fair Climate Programme – Sustainable Energy project – ICCO Allliance
2. The WASH Programme - Innovative WASH, water purification with Moringa project – WASH Alliance
3. Carbon credit team and financial capacity building project

For all Programmes ICCO is the implementing CFA.

2.3 Contracting details

When did cooperation with this partner start:
December 2009 (ICCO).

What is the MFS II contracting period:
Sustainable Energy project (ICCO Alliance): 2011-2014
Innovative WASH (WASH Alliance): January 2012 – December 2015
Carbon credit team and financial capacity building (ICCO Alliance): 2011-to date

Did cooperation with this partner end? YES/NO
Sustainable Energy project (ICCO Alliance): NO
Innovative WASH (WASH Alliance): NO
Carbon credit team and financial capacity building (ICCO Alliance): NO

If yes, when did it finish?
Sustainable Energy project (ICCO Alliance): N.A.
Innovative WASH (WASH Alliance): N.A.
Carbon credit team and financial capacity building (ICCO Alliance): N.A.

What is the reason for ending the cooperation with this partner:
Sustainable Energy project (ICCO Alliance): N.A.
Innovative WASH (ICCO-WASH Alliance): N.A.
Carbon credit team and financial capacity building (ICCO Alliance): 2011-to date

If not, is there an expected end date?
Sustainable Energy project (ICCO Alliance): December 2014
Innovative WASH (ICCO-WASH Alliance): December 2015
Carbon credit team and financial capacity building (ICCO Alliance): December 2015

2.4 Background to the Southern Partner Organisation

History

In cooperation with several Ethiopian environmental NGOs and with the Royal Netherlands Embassy in Ethiopia, the Addis Ababa University (AAU) has taken the initiative to establish the Horn of Africa Regional Environmental Center (HOA-REC) that supports a regional environmental network (HOA-REN). HOA-REC was established in 2006 with a vision of improving environmental governance and management in the horn of Africa. The organization's mission was to bridge the gap between CBOs on environmental governance. The strategy of the organization included capacity building, advocacy, networking and institution building. Its target groups were CBOs, and academic institutions in the horn of Africa. HOA-REC started operation with five persons including the executive director and the program coordinator with a budget of 2 million Euros from the Dutch government. It was pointed out that no capacity development activities took place in 2006 and as the organization was under Addis Ababa University. Lack of autonomy was experienced as an important factor during the period.

In 2008 both the centre and the network started functioning. The vision, mission, strategies and target group remained the same as it was during the establishment phase. The number of target groups increased in 2007. The staff number increased to 10, with two students and two graduates. The budget reached 3.5 million Euro with funding from the Dutch Government. Communication training for support staff was mentioned as the capacity strengthening activity conducted during the year. Lack of autonomy was indicated as an important factor that affected operations during the period.

In 2009/10, HOA-REC became autonomous and obtained a legal status. Its vision during this period included improving environmental awareness, protection and governance in the horn of Africa. The target group increased in number. The staff number reached 30 with staff for M&E, public relations, administration and finance, and climate change program. The budget in 2009 was about 2.1 million euros with funding from the Dutch government. Capacity strengthening activities during the period included MBA training for one staff and ACCA training for another staff. Extending partnership with Nuffic and EU were indicated as important influencing factors.

In 2011/12 HOA-REC became a fully integrated centre and AAU as a separate centre, funding sources diversified and the centre became accountable to the vice president of the University. The vision, mission, and strategies are under revision as a five-year strategic plan is under preparation. In Ethiopia, the organization is focusing on Gambella and Rift Valley to see the impact of the intervention. The staff number has reached 50 with addition of new project staff. The budget has increased to 6.3 million euro. The funding sources also got diversified including EU, ICCO, Dutch government, AAU, and Christian Aid. Capacity strengthening activities undertaken during the year included project management training and development of finance and administration system. The

new CSO legislation is reported to have positively affected the change in Dutch government funding priorities. This was indicated as important influencing factors and actors.

Nowadays HoAREC is a big organisation, implementing and coordinating many projects funded by different bilateral and multilateral donors. The Fair Climate and WASH programs are quite modest components of their big programmes in water, environment, fair climate, parks and buffer zones and food security etc.

The Horn of Africa Regional Environment Centre (HoA-REC) and the Horn of Africa Regional Environment Network (HoA-REN) were founded in 2006. They were established to help consolidate the efforts of environmental organisations operating in the HoA region and to establish a platform for collaboration between different stakeholders. The HoA region is comprised of Ethiopia, Eritrea, Djibouti, Kenya, Somalia, Sudan, South Sudan and Uganda.

HoA-REC is an autonomous institution within Addis Ababa University, and facilitates cooperation between member organisations and other environmental actors--including the private sector and government--to carry out activities “on the ground”. HoA-REC also serves as the secretariat for the larger HoA-REN. The Centre has several components, of which the most important ones are the partnership programmes, capacity upgrading and demand driven action research. Concerning the latter, HoA-REC aims to motivate students in environmentally-related fields by offering practice-oriented research options in field situations.

HoA-REN is a network of members and partners consisting of environmental CBOs, NGOs and higher learning institutes from all countries (Djibouti, Eritrea, Ethiopia, Kenya, Somalia and Sudan) in the HoA (Horn of Africa) region. Members of the network are indigenous civil society organizations and higher learning and research institutes. Partners of the network consist mainly of non-indigenous (international) organizations working on environmental issues in the region. The network promotes intensive cooperation among and exchange of information and experiences between endogenous NGOs, CBOs, research institutions and universities in HoA region. The network strives to facilitate experience exchange between the countries in the region because there is a great deal of untapped environmental knowledge in the region which is currently not utilized to its fullest potential. In addition, HoA-REN also partners with government bodies, businesses and international organizations to achieve an optimal impact on the ground. Over the past five years, HoA-REC/N has been working towards improving environmental governance and management at all levels within the HoA region.

Vision

The vision of the Horn of Africa Regional Environment Centre and Network is to contribute to:

- Sustainable development
- Environmental conservation
- Prevention of conflict escalation around access to natural resources in the Horn of Africa.

Mission

To attain the above stated vision, the Centre and Network have formulated the following mission:

- To improve environmental governance and management in the Horn of Africa Region, encompassing Ethiopia, Sudan, Djibouti, Kenya, Somalia and Eritrea.

Strategies

Ultimately, the Centre and Network aim to improve environmental governance and management by focusing on:

- Promoting and advocating environmental knowledge, awareness and behavioural change
- Influencing the adjustment of environmental policies and legislation based on enhanced and enlarged dialogues on environmental issues
- Building institutional and human capacity in the environmental sphere
- Stimulating and facilitating selected environmental programmes of CBOs, NGOs, research institutions and academia.

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[1].

[1] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia* (i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop

have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have

come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled

countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of HoAREC/N that have taken place since the baseline in 2012 are described. The information is based on the information provided by ICCO.

Table 1
Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
financial capacity strengthening and PME, and staff training.	- important for proper implementation and reporting - To be a strong regional institution that can increase adaptability of communities and increase their development using African solutions to challenges.	Finance officer (ICCO-Kampala) went to partners to teach financial staff on how to comply to financial formats and reporting to donors.	2012?	
Capacitating the carbon credit technical team	- To have them be able to develop bankable carbon projects - green development taking root in all communities where we work and improvement in livelihoods of farming communities	In Ethiopia and India: study tour for 2 staff + staff from Ministry of Energy	End of 2012	
On job training for the WASH coordinator on FIETS proofing of programs	- For Financial, Institutional, Environmental, Technical and Social (FIETS) sustainability of programmes -	The WASH coordinator was trained in looking at all aspects of sustainability: Financially, Institutional, Environmental, Technical and Social (FIETS) in various ways, e.g. financially by sending financial staff to ICCO Kampala Micro-finance staff (2012) and the budget tracking training to ensure that farmers can get the funds and are able to pay back loans ; institutional by ensuring sustainable management of water pumps; environmentally by using hand pumps for irrigation and doing research to the effects of moringa for water purification; technical by using local repairable techniques and social by the HRBA training in Kenya.		
Training on FLOW tool for M&E + training on outcome mapping	- To improve reporting and project cycle management - organisational improvement in reporting, data collection, communication and visibility of results		beginning of 2013	

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Training on Human Rights Based Approach (HRBA) in programming	- To increase communities' claim making power to duty bearers	4 days HRBA + 2 days budget tracking + field visit in Kenya		10.000 Euro including workshop costs, transport and consultancy fees from Ethiopia to Kenya (for all WASH partners?
Training on budget tracking to enable communities monitor budget allocation and expenditure after disbursement				
Exchange visit to WASH Alliance in Kenya to learn on how they carry out activities		*Two times:* *- H Rights Based Approach programming to general office beginning of 2013* *- Budget tracking first week of October 2014*		

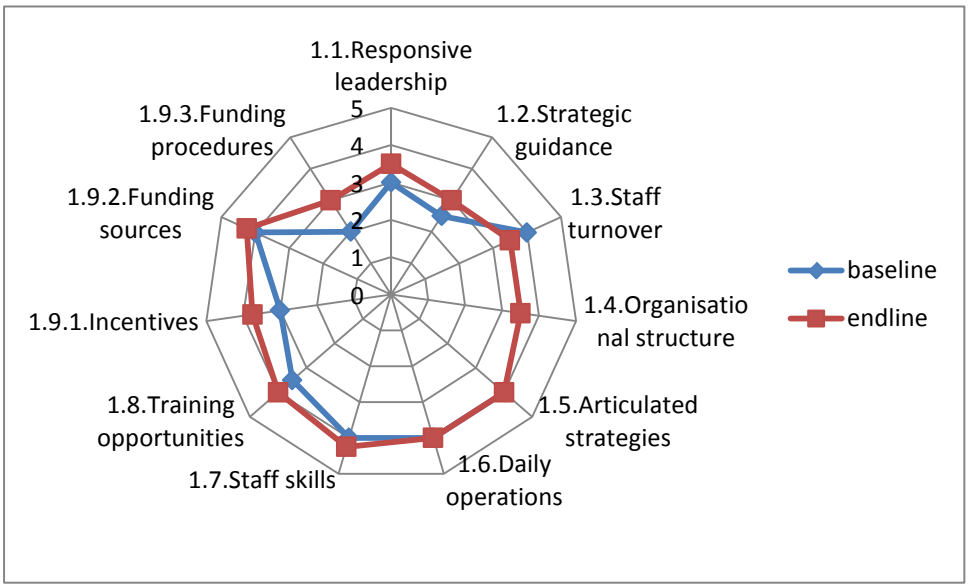
Source: B_5C endline_support to capacity development sheet_CFA perspective_HOAREC_ICCO_ICCO_Alliance; B_5C endline_support to capacity development sheet_CFA perspective_HOAREC_ICCO_WASH_Alliance

4.2 Changes in capacity and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in chapter 4.2.2.

4.2.1 Changes in the five core capabilities

Capability to Act and Commit



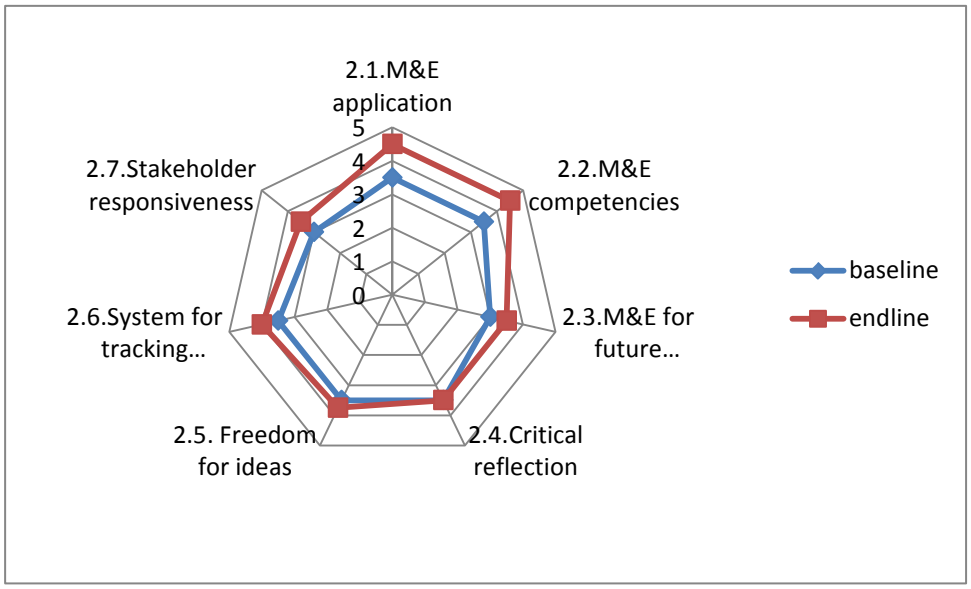
The Horn of Africa Regional Environment Centre and Network (HoA-REC/N) management is striving to provide more responsive and inspiring leadership. The management listens to the weekly program update reports and reacts accordingly. Though the management has indicated decision making has decentralized, some staffs noted that most of the decisions are still made by higher level and other staff members have not been involved in the decision-making process. Since the management has focused on strategic issues through strengthening programs partnership, the organization has implemented more projects from diverse sources. However, staff turnover is higher compared to the baseline in 2012, especially for highly specialized professions and finance and has particularly worsened in some areas such as Gambela because of the local situation, an area which is remote with a hot, humid climate and poor infrastructure. Whilst management indicated that staff salaries had improved with a salary revision, most staff indicated that the salary revision and benefits weren't sufficient compared to other organisations. HoA-REC/N has revised its HR manual and standardized the benefit packages for all staff, while the salary revision has given the staff better pay, though this was contested by other staff members.

Horn of Africa Regional Environmental Center and Network has moved its office to the newly established one and has developed an organizational structure with a new grouping of the programs and clarified their roles and responsibilities. However, the organization has not made any attempt to revise its strategic plan in the past years. Currently discussions are ongoing within the management to develop a new strategic plan, under facilitation by an external consultant. Meanwhile, the annual plan was in line with the strategic objectives, and project agreement provisions and an automated project monitoring system were put in place and are being used to keep track of implementation. For this to be effective, staff members now have better skills to carry out the program design and implementation and to do M&E work. This is because all staff members have been given training on project cycle management and shared experiences through exposure visits. More staff members have the opportunity to get trainings either in-house or abroad on various topics: ranging from technical job-related issues such as carbon emission reduction measures and climate change, to cross-cutting topics like communication, M&E and project management.. The organization has widened its funding sources after the baseline because new donors like the World Bank for CIC project, DFID for SCIP project, French Embassy for the water allocation plan project, NORAD and SIDA have become funding partners of the organization since the baseline in 2012. This was due to the fact that the organization developed a fundraising strategy,

assigned a capacity development consultant to identify calls for proposals, liaise with the fundraising officer and develop proposals together.

Score: from 3.4 to 3.7 (very slight improvement)

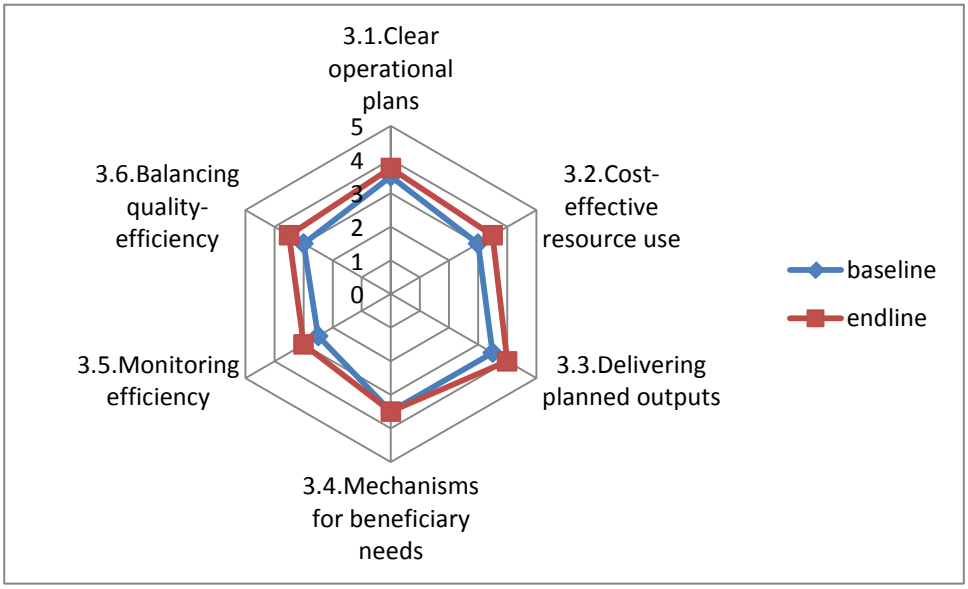
Capability to adapt and self-renew



HOA-REC/N has focused on a holistic participatory M&E approach and has put in place an effective, online accessible, M&E system (Akvo FLOW). Besides, program coordinators are familiar with the system and report to the M&E unit. The management also fully supports the M&E unit and has helped to raise awareness to all staff during coordination and staff meetings. Apart from the new M&E software application system, HoA-REC/N has hired qualified staff and provided full support for the M&E unit. Parallel to the organization's M&E system, external evaluations are conducted on behalf of donors, such as a Mid-Term Evaluation for the WASH Alliance in 2013, and a PWC assessment of the Dutch Embassy-supported project. The M&E competencies of the organization have improved due to the trainings on outcome measurement, planning and coordination provided in 2013 by MFS II budget support and in-house training on M&E organized for all program staff. As a result the organization has developed a M&E manual and a performance monitoring plan template that can be adopted to all projects coming to the center. This helped to standardize the usage of templates and checklists, using the new automated system as a minimum requirement. The information from the M&E system has also helped for decision-making for future strategies and also to see progress by the management. On the other hand, though staff members can reflect their ideas openly during the course of project implementation, there has not been any feedback from the management and there was a challenge of not acknowledging staff contributions by some program/project heads. In contrast with this, staff members were encouraged by the management to exercise their potential through free discussion and to come up with ideas. It was noted that some indicated that staff were more comfortable to raise issues in written form, rather than in discussion. HoA-REC/N has hired a communications officer under the PR and Communication department to assist in scanning the environment and promote the organization toward a wider audience locally and globally. Consultation with stakeholders in project development and implementation has improved since 2012. Furthermore, projects and program staff and stakeholders have frequently communicated and closely worked together.

Score: from 3.4 to 3.9 (slight improvement)

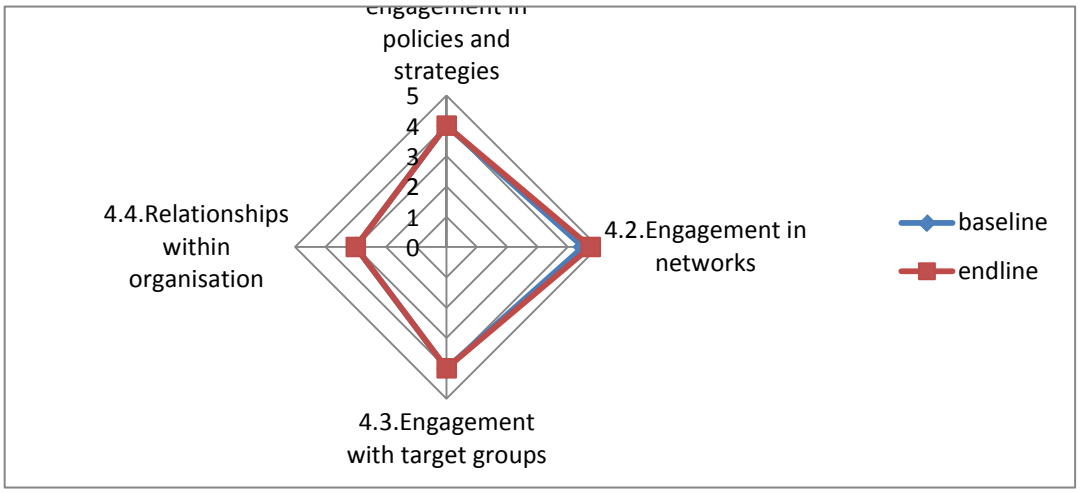
Capability to deliver on development objectives



The organization programs and projects have clear operational and budget plans, and the plans serve as a crucial source to implement the strategic plan. Technical staff are well aware of not only the preparation of operational plans with a budget, but also provide specifications on each item for procurement. HoA-REC/N has used resources in a cost-effective manner and this was evident in the annual consolidated audit report. Besides, the organization has moved to its new premises with sufficient space and the lack of offices for staff is no longer a problem and this has further enhanced using resources cost-effectively. The majority of the planned activities have been accomplished successfully though a few activities were still being processed due to extended procurement processes, mainly the bureaucratic procurement procedures by the University of Addis Ababa. HoA-REC/N has developed mechanisms to check beneficiary needs through frequent field visits to satellite or field offices where partners of HOAREC have daily interaction with the target groups and beneficiaries. Particularly, field offices are more close with beneficiaries and understand their needs better through participatory discussions at different stages of a project including design, implementation and evaluation. The SPO has developed an M&E system and recruited new staff members for the M&E unit. All projects are monitored as per the donors' requirement. Hence, the M&E unit is proactive and project staff and the M&E unit monitor the program performance regularly. Staffs try to address quality-efficiency issues during project design and implementations with the available budget. The M&E unit tried to look at the quality-efficiency of all programs under the organization. Besides, program staffs strictly follow the annual work plan, budget plan and performance monitoring plan to balance quality-efficiency. The M&E unit also measures efficiency, by looking at inputs and outputs.

Score: from 3.2 to 3.5 (slight improvement)

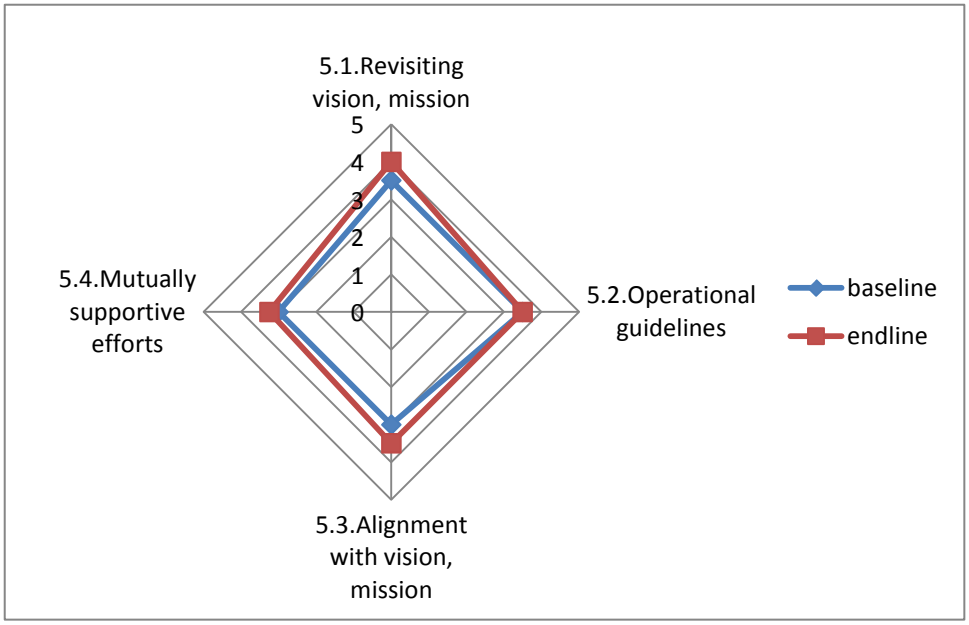
Capability to relate



HoA-REC/N participated with stakeholders during the strategic plan development through gathering information using questionnaires and organized workshop for network members. There is also strong collaboration with all stakeholders, and planning, workshops and field missions are still done with stakeholders. Networking is one of the core areas of HoA-REC/N, it has established good relations with many environmental organizations. For instance, HoA-REC/N has hosted TERI (The Environment and Resource Institute) India and established partnerships with other organizations including IRC (International Water and Sanitation) in the Hague, the Stockholm Environmental Institute, and UMass Boston. Moreover, HoA-REC/N made regular field trips to project sites to observe the status on project/program implementations. For this to be effective, administration makes available field vehicles as per request of respective programs/projects.. As a result according to the carbon credit project annual report in 2013, the project was able to bring about a remarkable change among the targeted local communities. Similarly, relationships within the organization have slightly changed due to the fact that staff capacity in communication, particularly electronic communication, has improved, which in turn was due to the training on communication provided for staffs by the Dutch partners. In contrast with this, some staff members noted that communication is still a major problem in HoA-REC/N, where staff meetings are not very regular, no group retreat is organized, there is no assigned formal body in the organization to receive any complaints, and projects have no room to receive any complaints.

Score: from 3.9 to 3.9 (no change)

Capability to achieve coherence



In this regard, HoA-REC/N has developed a strategic plan for the period of 2015-2020 and have revised its vision, mission and strategies with the participation of staffs, network partners and an external consultant. The organization's vision and mission are well articulated and ready for endorsement. All projects proposed by implementing partners were appraised and approved in consultation with the organization's vision, mission and strategic plan document. Besides, project agreements have also been amended based on the new organizations' vision and mission. According to the staff self-assessment, project strategies are designed in view of addressing local problems in a sustainable manner which is in line with the organization vision and mission. Moreover, there has been better communication and synergy between programs and projects where most projects were implemented with the involvement of different partners. HoA-REC/N has not developed new operational guidelines since the baseline in 2012 except the HR manual which is not yet finalized.

Score: from 3.2 to 3.6 (slight improvement)

4.2.2 Key organisational capacity changes - general causal map

Below you can find a description of the key changes in organizational capacity of HOAREC since the baseline as expressed by HOAREC staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on HOAREC from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how HOAREC has changed since the baseline.

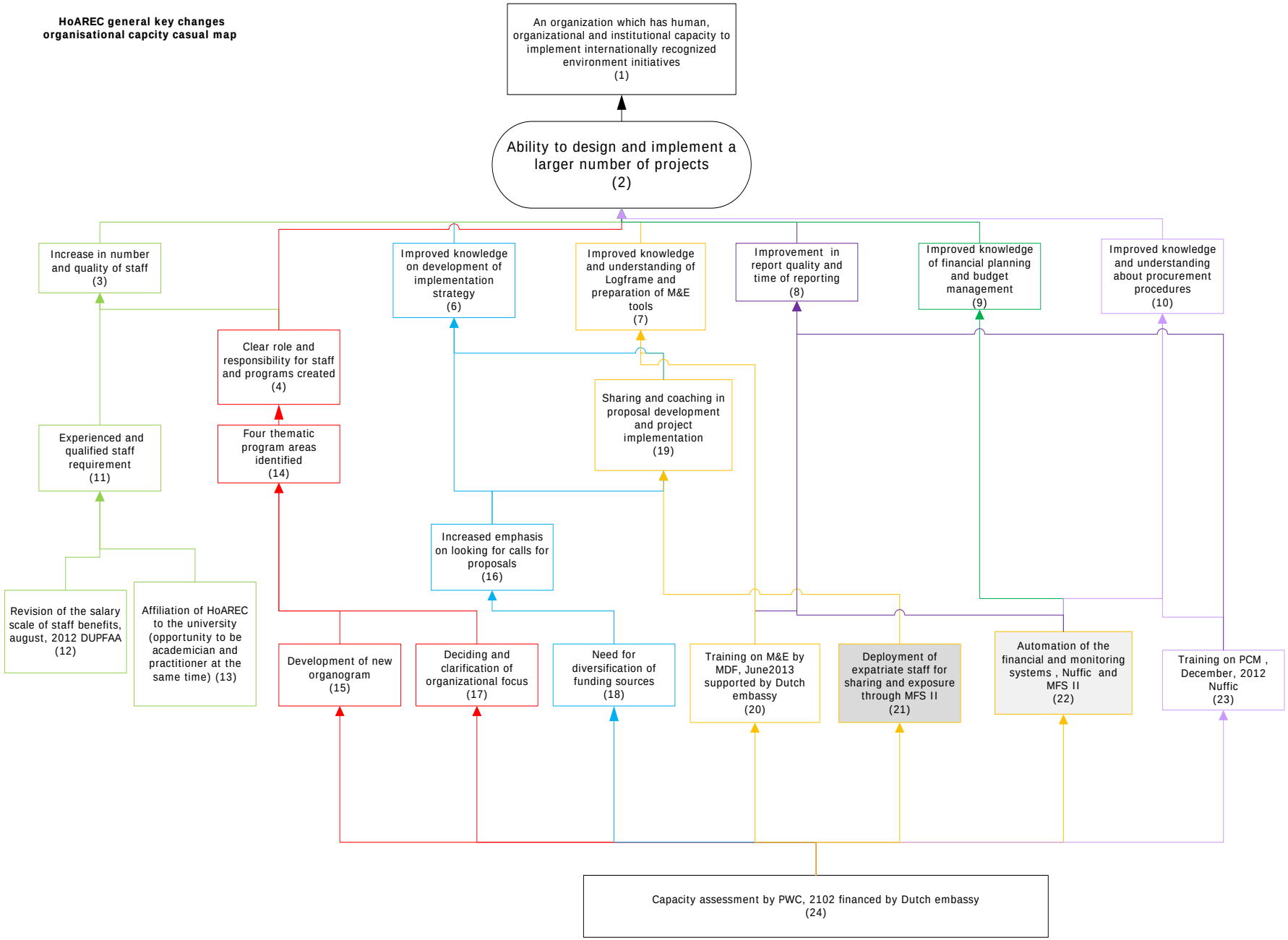
The endline workshop was conducted on November 12, 2014, at HOAREC headquarters in Addis Abeba. nine HOAREC staff of five job categories participated: management, program, M&E, field and administration, and finance staff. Following the self-assessment on November 20, 2014 staff brainstormed about and developed a causal map for the key changes that happened in HOAREC since the MFS II baseline survey in 2012 in the area of organizational capacity.

At the endline workshop it was clarified that the overall organizational capacity goal of HOAREC **an organization which has human, organizational, and institutional capacity to implement internationally recognized environment initiatives** (1). HoAREC as an organization took a big stride in reorganizing itself to become a well-functioning organization starting 2012. In this process the organization has developed an ability to design and implement more number of projects (2) since 2012. This happened as a result of the following:

- Increase in number and quality of staff (3)
- Clear roles and responsibilities for staff and programme created (4)
- Improved knowledge on development of implementation strategy (6)
- Improved knowledge and understanding of logframe and preparation of M&E tools (7)
- Improved report quality and time of reporting (8)
- Improved knowledge of financial planning and budget management (9)
- Improved knowledge and understanding about procurement procedures (10)

Each of these key organizational capacity changes is further explained below. The numbers correspond to the numbers in the visual.

HoAREC general key changes organisational capcity casual map



Increase in number and quality of staff (3)
After creating clear roles and responsibilities for staff and programs (4) HoAREC went ahead to fill the vacant as well as the newly created positions with experienced and qualified staff (11). They were able to get and hire experienced people because they managed to pay a competitive salary due to the favorable condition created as a result of the revised staff salary and benefit in 2012 (12) with the support of the support of the Dutch embassy in Addis Ababa. In addition, the affiliation of HoAREC to Addis Ababa University helped to attracted experienced professionals who would like to be academicians and practitioners as same time (13). Partly professionals working in the other departments of the university also wanted to transfer to HoAREC due to this opportunity.

Clear roles and responsibilities for staff and program created (4)
The roles and responsibilities for staff and programmes have been clarified as a result of identifying for programme thematic areas (14), which in turn was the result of developing a new organogram (15) and more clarification on the organizational focus (17). The capacity assessment that was carried out by PWC in 2012 informed these changes. Earlier HoAREC had a blurred role and responsibility in the University.

Improved knowledge in development of implementation strategy (6)
HoAREC now has a better capacity to develop implementation strategies dealing with environmental issues. This happened as a result of the knowledge staff built through the sharing and coaching in proposal development and project implementation (19) by the expatriate staff deployed in the organization (21). The expatriate deployment is associated to the MFS II funding and the expatriates involve local staff while preparing proposals, implementing projects and in day to day operational issues. In the process the capacity of local staff in all aspects of project design and implementation is improved.
This also coincided with the HoAREC's emphasis to seriously look for calls for proposals (16) in order to diversify funding sources (18) avoid the reliance on the Dutch Embassy alone.

Improved knowledge and understanding of logframe and preparation of M&E tools (7)
HoAREC staff had limited knowledge on using logframes for planning as well as M&E. However, since 2012 they acquired this skill and have also started using it. This happened because of two interventions. One, the sharing and coaching by the expatriate staff (19) deployed with MFS II funding (21) and two the three days training on M&E by MDF (Dutch consultancy firm) in June 2013 given for 32 staff members of HoAREC working on different projects with the financial support of the Dutch Embassy (20).

Improved report quality and time of reporting (8)
The training (20) mentioned above (on M&E by MDF in June 2013) helped in improving reporting quality and timing (8). In addition, the automation of the financial and monitoring system established by the support of NUFFIC and MFS II (22) and the training they received on project cycle management (PCM) organized in 2012 by Nuffic (23) played a role. HoAREC feel that, now, the comments coming from the recipients of the report have reduced and they are also able to send reports timely.

Knowledge of financial planning and budget management (9)
One other area which showed improvement according to staff present at the endline workshop, was the knowledge in financial planning and budget management (9). This relates to the way HoAREC developed its annual work plan and budget. The organization is able to clearly show the plans of every activity and also attach the related budget. This was the result of the automation of the financial and monitoring systems established through the support of the Nuffic and MFS II (22) and the training they received on Project Cycle Management (PCM) organized in 2012 by Nuffic (23).

Knowledge and understanding about procurement procedures (10)
Since the HoAREC started to become operational as an autonomous body after the baseline period, most of the management operation were refined to suit the new organizational structure and organogram. This required new knowledge and understanding about procurement procedures (10). In this regard the training organized on PCM in 2012 helped in creating the required knowledge.

In general most of the capacity building initiatives that were implemented since 2012 were based on the results of the capacity assessment carried out by PWC (PricewaterhouseCoopers, a multinational professional services network) in 2012 with financial support from the Dutch embassy. They identified the gaps that should be filled for the success of HoAREC.

5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited HoAREC staff in the organizations HQs in Addis Ababa and explained the purpose and the process of the 5C end line assessment. During the visit, both teams agreed on the workshop dates including the type and number of staff who will attend the workshop. In addition, the assessment team also gave the "support to capacity development sheet" to be filled by HoAREC staff. The Ethiopian 5C assessment team conducted the assessment in three visits. First visit, to conduct the self-assessment workshop with a total of seven staff members and ask the staff to fill the self-assessment form in their respective five subgroups (management (2); program(2); M&E (1); and field (2)).

This was followed by a second visit to carry out a brainstorming session and develop a general causal map that explains the key organisational capacity changes that have occurred in HoAREC since the baseline in 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessment and to better understand the change in HoAREC's capacity since the baseline in 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms. Some of the interviews were done through emails because respondents were busy and this method was thought to be flexible so that they fill the form when they feel it is convenient for them.

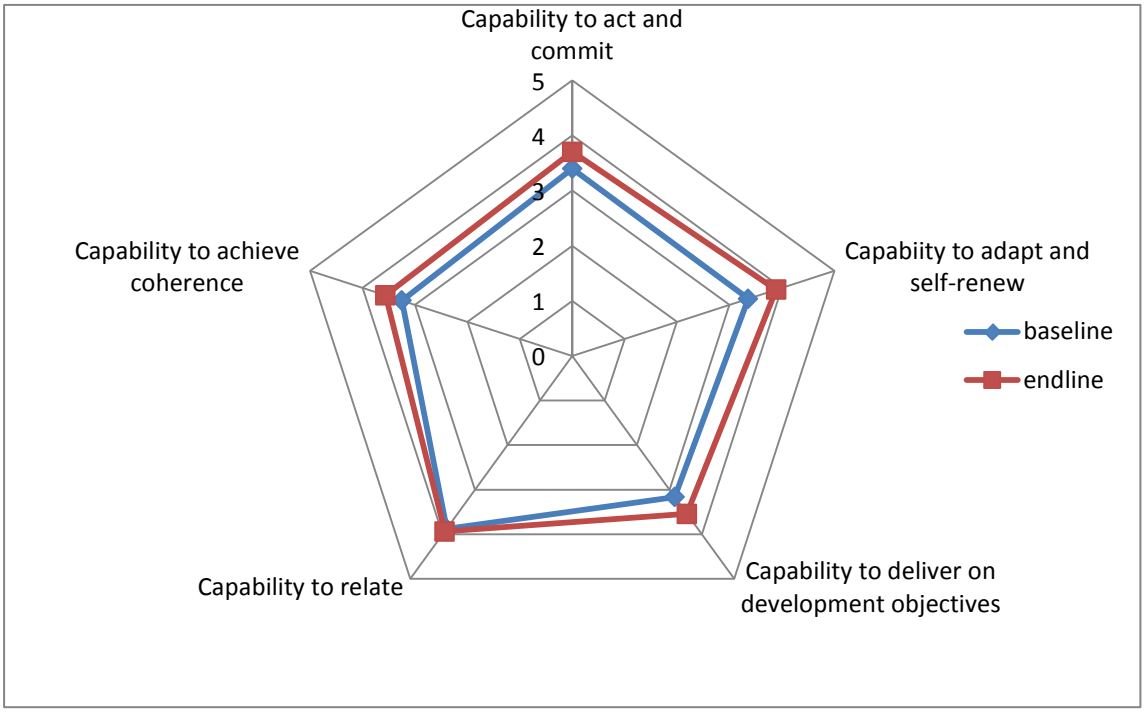
The plan of the evaluation team to also conduct two interviews with HoAREC partners didn't materialize because the interview overlapped with other activities that were to be carried out by the self-assessment team in the SPO. In addition, the attempt to interview OD consultants also didn't materialize because there was not much work done by OD consultants for HoAREC. Therefore, it was not possible to get OD consultants knowledgeable about the 5C indicators.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years many small improvements and one slight deterioration took place in the indicators under the capability to act and commit. The management of HoA-REC is striving to be more responsive and to decentralise decision making. There are weekly management meetings and program officers have become more independent. There has been a slight improvement in the strategic guidance that management gives as they are strengthening program partnerships (to tap into new sources) and have pointed out six strategic objectives that will help HoA-REC better achieve its mission and vision. Staff turnover has increased among program and support staff, especially highly skilled staff and staff working in the remote areas. Since the baseline, the organisation has created an organisational structure with a new more decentralised grouping of programs and more clear roles and responsibilities. There has been a very slight improvement in staff skills especially in program design, implementation and M&E. Staff recruitment criteria have been revised and new staff that is hired is qualified in experience and education. Staff have improved their skills due to more opportunities for trainings either in-house or abroad on technical topics such as climate change and carbon emissions as well as crosscutting topics like communication. HoA-REC now has a standard form to objectively assess staff performance and identify training needs. The incentives for staff to work at the organisation have improved very slightly because of the revised HR manual that has been put online, and staff are now able to be informed about their entitlements. Over the last two years HoA-REC has diversified its funding with support from ICCO in developing proposals and improving their reporting capacity. The organisation now has a fundraising strategy in place and has assigned a consultant to liaise with the fundraising officer and identify calls for proposals, and develop proposals together.

In the capability to adapt and self-renew HoA-REC saw many improvements. The organisation has put in place M&E software application system (Akvo FLOW). Staff has had training on using this tool and also on outcome mapping with support from ICCO. The M&E unit has been strengthened and now has three fulltime and one part-time staff. Management also raised awareness about the importance of M&E among other staff. Staff are now using the monitoring system and data has been collected on a timely basis. Through the M&E software application system management has quick access to M&E findings and is using this in decision-making for future strategies. Staff is encouraged to speak out new ideas especially concerning proposal development and is recognised for providing these ideas. A communications officer has been hired under the public relations (PR) and communications department, who tracks HoA-REC's operating environment and is in regular contact with program staff. Staff uses this information when e.g. preparing proposals and capacity building for the PR and communications unit, a revised organogram and newly recruited staff has further helped with this. Over the last two years HoA-REC has become more responsive to stakeholders because program staff frequently communicate with and work closely together with them.

In terms of the capability to deliver on development objectives, HoA-REC also showed improvements in many indicators. The organisation has clear operational plans and budgets in place and technical staff now provide specification on each item for procurement in the project's budget. Now that HoA-REC has moved to its new premises, there is no longer a lack of offices and all staff work together which saves costs in terms of time and transport. Reaching planned outputs has improved since the baseline. Because of an improved M&E system and a strengthened M&E unit, the M&E system is now working for almost all departments in the organisation and the M&E staff analyses reports on project input and output basis to monitor efficiency. HoA-REC has improved in balancing the quality and efficiency of its work because of the good functioning of the M&E unit that looks into this, updating of operational guidelines and ICCO recommendation to work with organisations that have the required structures and contacts in place for certain topics.

In the capability to relate, HoA-REC very slightly improved in engaging in networks. The organisation's expertise has always been in networking, but over the last two years they established new networks with TERI, IRC, the Stockholm Environmental Institute, and UMass Boston.

Finally, HoA-REC has improved in a few indicators under the capability to achieve coherence. HoA-REC/N has developed a strategic plan for the period of 2015-2020 and has revised its mission, vision and strategies with key staff, an external consultant and network partners. The organisation's vision and mission are now very well-articulated and project agreements have been amended based on the organisation's new vision and mission. Projects have become more mutually supportive because of better communication and synergy between programs and projects for example for the climate and WASH programs.

During the endline workshop some key organisational capacity changes were brought up by HoA-REC's staff in the 'general causal map': İncrease in number and quality of staff; clear roles and responsibilities for staff and programme created; improved knowledge on development of implementation strategy; improved knowledge and understanding of logframe and preparation of M&E tools; improved report quality and time of reporting; improved knowledge of financial planning and budget management; and improved knowledge and understanding about procurement procedures. The evaluators considered it important to also note down the SPO's story about what they perceived as key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to HoA-REC staff, the number and quality of staff increased because they set a requirement to only hire experienced and qualified staff, who they were able to hire after the revision of the salary scale and staff benefits (with support of the Dutch Embassy) and because of HoA-REC's affiliation to the University (attracts staff that wants to be academician and practitioner at the same time). The number and quality of staff also increased because of the creation of clear roles and responsibilities for staff and programmes. These clear roles and responsibilities were created because four thematic program areas were identified, which in turn was the result of developing a new organogram and more clarification on the organisational focus. Both these last developments happened after a capacity assessment was carried out by PricewaterhouseCoopers (PWC) in 2012 (funded by the Dutch Embassy). HoA-REC improved its knowledge on developing an implementation strategy because of their increased emphasis on looking for calls for proposals and the sharing and coaching on proposal development and project implementation because of deployment of expatriate staff for sharing and exposure through MFS II (funded by MFS II). The organisation increasingly focussed on looking for calls for proposals because of a need for diversifying funding sources which was identified by the capacity assessment by PWC (funded by Dutch Embassy).

HoA-REC improved its knowledge and understanding of logframes and preparation of M&E tools because of sharing and coaching on proposal development and project implementation (funded by MFS II); and a training on M&E by MDF in 2013 (funded by the Dutch Embassy). The organisation improved the quality and timing of their reporting because of the M&E training by MDF in 2013 (funded by the Dutch Embassy); the automation of the financial and monitoring system established by support of Nuffic and MFS II; and the training they received on project cycle management (PCM) in 2012 funded by Nuffic. HoA-REC now has knowledge on financial planning an budget management because of the automation of the financial and monitoring system established by support of Nuffic and MFS II and the training on PCM they received in 2012 funded by Nuffic. Finally, HoA-REC improved its knowledge and understanding about procurement procedures because of the same PCM training in 2012. In general most of the capacity building initiatives that were implemented since 2012 were

based on the results of the capacity assessment carried out by PWC in 2012 with financial support from the Dutch embassy.

According to HoA-REC, MFS II funded capacity development interventions have thus played a role in improved knowledge on development of implementation strategy; improved knowledge and understanding of logframe and preparation of M&E tools; improved knowledge of financial planning and budget management. This was through sharing by expatriate staff and exposure through MFS II, the automation of the financial and monitoring system established with support of Nuffic and MFS II. However, internal factors like their affiliation to the university, development of a new organogram, deciding and clarification of organisational focus have also played an important role in the key organisational capacity changes that the HoA-REC staff considered important since the baseline in 2012. Support from other funders, like the Dutch Embassy and Nuffic, in terms of training and funding of revision of salary scales, has also been mentioned among the underlying factors for these changes.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 **270-280.**

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

13_044824 Letter of Reminder Reporting in English.DOC
13_044824 Planned dates for new evluation report.DOC
13_051568 ProjectPlan Considerations in English.DOC
13_059056 ProjectPlan Basic Information in English.DOC
13_059621 Specific Contract Terms and Conditions in English.DOC
13_059624 Contract General Terms Conditions in English.DOC
14_022083 ProjectPlan Basic Information in English.DOC
14_022087 ProjectPlan Considerations in English.DOC
14_024885 Carbon_Credit_Project_Annual_Report_2013_Submitted.pdf
14_036737 Feedback letter on progress reporting in English.DOC
75-01-01-009 Confirmation 2013.pdf
2011 Financial report.xlsx
Annual project update Jan 2013.doc
Approval to start implementation.doc
Budget.xlsx
Closure of project file letter.doc
formats in Word - reporting Planning 2011-2012-2 (Annual report update).docx
Icco letter- budget adjustments.jpg
Letter of Co-financing Agreement in English 13_060258.DOC
Letter of confirmation 2014 ICCO C-75-01-01-009.pdf
minutes of our meet.xls
Operational budget 2012 to 2015.xls
Operational budget 2013.xls
O-scan.xlsx
Proposal and budget.docx
Scan for annual report.doc
Scan Letter of Confirmation 2012.pdf
Scanned SFeedback Letter.doc
Signed feedback letter 75-01-01-009.doc
Signed feedback on progress reporting 75-01-01-009.doc
12_005278 Letter of Reminder Reporting.DOC
12_005515 Year-end letter without reports.DOC
12_013613 Letter for Closure Project.DOC
12_015324 Letter of Reminder Reporting in English .DOC
12_037142 Letter of Reminder Reporting in English.DOC
12_047632 Letter of Reminder Reporting in English.DOC
12_050938 Feedback Letter on the reports in English.DOC
13_024100 Feedback letter on progress reporting in English.DOC
13_033491 Feedback letter on progress reporting in English.DOC
13_044822 Note on evaluation report.doc
SCIP Due Diligence Findings with HoA-REC&N Reflection.pdf
Signed Contract 75-01-01-034.pdf
Signed contract one page missing second signature.pdf
Strategic plan ToR (HoA-REC&N - 2014-2018).pdf
STRONGBOW Annual report (2012).pdf
STRONGBOW_Project_2013_Annual_Report.pdf
STRONGBOW_Project_2014_Detail_Budget_Plan.xlsx
Sustainable_Development_Project_Biannual_Report_(July_1_2013-December_31_2013)_HoA-REC&N.pdf
ToR for carbon credit team leader.docx
WASH Project Report (2012).pdf
WaSH_Project_Activity_and_Budget_Plan_2013-14.xlsx
WASH_Project_Annual_Report_2013_Submitted.pdf
Weekly Update Report Template.docx

3rd-Interim Narrative Report.pdf
2013 09 01 First draft calculation on cost and credits.xls
2013 Operational Budget Assessment AT.doc
A Baseline Survey Report for the Sustinable Development of G-O and CRV landscape_Draft.pdf
Annual project update.doc
Annual report_2013.pdf
Bi-annual WASH Project Update Report -2013.pdf
BMP_Budget_Plan_EU+IGAD.xlsx
Carbon_Credit_Annual_Activity_Plan_2014.xlsx
Carbon_Credit_Project_Annual_Report_2013_Submitted.pdf
Carbon_Credit_Project_Jan-June_2013 (Bi-annual Report).pdf
CCT & WASH project Financial Report.xlsx
Consolidated financial audit report-HoA-REC&N.pdf
EKN_Activity_and_Budget_Plan_2014.xlsx
EKN_Project_Financial_Summary_Report_January-December 2013.pdf
EKN_Project_Planned_vs_Acheived_Analysis_Report_M&E_Unit_March 2014.pdf
ESACCAP Project - Indicator Tracking Sheet.xlsx
ESACCAP Q1 Report.pdf
ESACCAP Q2 Report.pdf
EU_Energy_Project_4th_Intrim_Report_(Feb. - Aug., 2013).pdf
EU_Energy_Project_Activity_and_Budget_Plan_2014-2015.xlsx
EU-Energy Project Evaluation Report_Geninfo.pdf
Finacial Report for Establishing a carbon credit team & F&A.xlsx
Final Final Carbon Credit 2013 budget AT.xls
First draft calculation on cost and credits.docx
FY`14 annual operational plan and budget.xls
FY`14 annual operational plan draft budget.xls
HoA-REC&N Carbon Training Programme report.pdf
HoA-REC&N M&E system Manual.pdf
HoA-REC&N Staff Capacity Building Draft Policy.pdf
HoA-REC&N_Bi-annual_Narrative_Report_(January - June 2013).pdf
HoA-REC&N_Partners'_Reporting_Template.pdf
HoA-REC&N_RBM&E Manual (June 2013).pdf
HoA-REC&Ns Training Impact Evaluation Form.pdf
HoARECN Final Evaluation Report.pdf
HoAREM VI Regional Meeting Feedback Summary.pdf
M&E training report - Aug 2013.pdf
Narrative report Dec. 11 2012.doc
Page with signature of contract.pdf
Partner_Organizational_Capacity_Assessment_Template_HoA-REC&N.pdf
Scanned copy of auditor's report.pdf
Report on EWA workshop planning reporting ToC report 25 Feb.-1 Mar. 20032013 NL.doc
WASH 2013-14 Revised Project Annual Budget Plan.xlsx
WASH PROJ-Fin Rep-Jan to Dec 2013.xls
WASH_Project_Annual_Report_2013_Submitted.docx
WASH Project Annual Performance Report (2013)_Submitted.xlsx
Final Revised HOAREC WASH Progress Report format_final210113_2.xls
Final Updated Narrative Report of HOAREC 2012 WASH Project.doc
Final 2012 Annual Plan vs Result.xls

Fieldwork data:
A_5c endline_assessment sheet_ICCO-WASH_Ethiopia_HOAREC_ICCO_completed_with interview.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_HOAREC_ICCO_ICCO_Alliance-with interview2.12.2014.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_HOAREC_ICCO_WASH_Alliance_with interview2.12.2014.docx
Annex C. 5C end-line - support to capacity development sheet_HoAREC_WaSH_Project.docx

ETHIOPIA ICCO-OCA WASH.xlsx
Annex C. 5C end-line - support to capacity development sheet_HoAREC_Carbon_Credit_Project.docx
Annex C. 5C end-line - support to capacity development sheet_HoAREC_STRONGBOW_Project.docx
F. 5c endline self-assessment of the SPO on organisational capacity – management (HOAREC.doc
G_5c endline self-assessment sheet_programme staff_Ethiopia_HOAREC 1.docx
H_5c endline self-assessment sheet_MandE staff_Ethiopia_HOAREC_November_10_2014.doc
J. 5c endline self-assessment of the SPO on organisational capacity – field staff (HOAREC).docx
O Scan HOAREC.xls
Q_5c endline observation sheet_Ethiopia_HOAREC -el.docx
R_5c endline_observable indicators at SPO_Ethiopia_HOAREC-el.docx

List of Respondents

Alliance / CFA officers:

No.	Name	Function
1	Rachel Kyozira	Program Officer ICCO, Central & eastern Africa regional Office
2	Dieneke de Groot	Planning, Monitoring & Evaluation advisor; Secretary ICCO Alliance
3		
4		

HOAREC staff:

No.	Name	Function in the organisation
1	Araya Asfaw (PhD)	Executive Manager
2	Almaz Tadesse (PhD)	Programe coordinator
3	Michael Abera	PME coordinator
4	Kasahun Bedane	WASH Project Officer
5	Adane Kebede	CCP Coordinator
6	Etsub Assefa	Energy Project Officer
7	Rawda Seman	STRONGBOW

Others:

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline

has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[2] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

[2] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - -2 = Considerable deterioration
   - -1 = A slight deterioration
   - 0 = No change occurred, the situation is the same as in 2012
   - +1 = Slight improvement
   - +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*

3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;

- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

***Purpose of the fieldwork*:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

***Self-assessments*:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

- Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.
- Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.
- Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for

different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[3]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[3] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and

then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.

The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

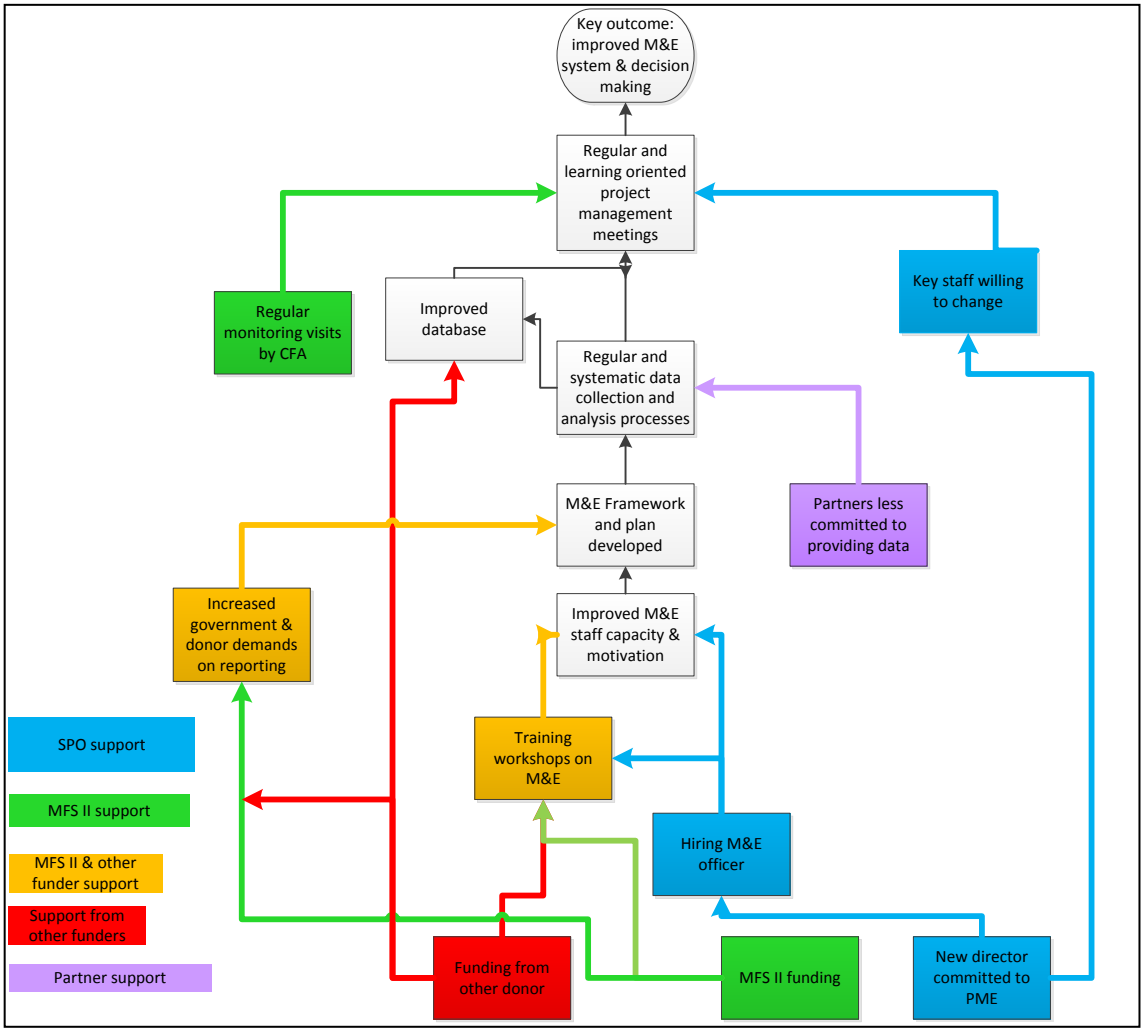


Figure 1 *An imaginary example of a model of change*

Step 5. Identify ***types of evidence*** *needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

*Step 6. **Collect data** to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

*Step 7. **Assess the quality** of data and **analyse data**, and develop the **final detailed causal map** (model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

Confirming/ rejecting a causal relation (yes/no);
Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation

and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people

change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

Capacity is referred to as the overall ability of an organisation or system to create value for others;

Capabilities are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);

Competencies are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1. The capability to act and commit;
2. The capability to deliver on development objectives;
3. The capability to adapt and self-renew;
4. The capability to relate (to external stakeholders);
5. The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organisation (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organisation.

The Horn of Africa Regional Environment Centre and Network (HoA-REC/N) management is striving to provide more responsive and inspiring leadership. The management listens to the weekly program update reports and reacts accordingly. There are monthly coordination meetings plus quarterly all staff meetings to facilitate organizational learning and to discuss any other staff welfare or other issue related to the organisation. Regarding information and communication, more advanced IT system in place for internal communication. Gender mainstreaming at program level and internal communication within the organization have improved. HoA-REC/N has managed to bring female staff on board who are also in management. According to management gender considerations are made in the recruitment places and there are plans to hir a gender expert. Reports from programs are submitted more timely than before but financial reporting is not up to standards due to staff turnover. To tackle this issue, the SPO has hired new staff members and has caught up on most of the pending financial reports according to the CFA assessment. Some staff members noted that most of the decisions are still made by the higher level, that other staff are not involved in the decision making process, and that gender mainstreaming has not yet reached all levels. Besides, there is weak administration and centralized decision-making in the organization. However, the management indicated that decision-making has been decentralized and there are weekly management meetings to address issues. Decentralization seems to mean that program officers are more independent in developing projects and securing budgets. These program officers report to management and the M&E department. The management indicated that gender is mainstreamed in all projects though there is no gender focal person in the organization. According to the observation by the evaluators, since the leadership is still associated with academic work it may be difficult to follow up the day to day work. However, as a result of its autonomy given by the university in some of the operations there could be some changes.

Score: from 3 to 3.5 (slight improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

The self-assessment indicated that decision making has been decentralized as mentioned in the baseline. Furthermore, the management has focused on strategic issues through strengthening programs partnership. This has resulted in more projects from diverse sources. Most of the current

projects now are Ethiopia-focused, therefore the center is focusing on regional projects based on the strategic plan of the network. It was observed that the management also seemed mostly preoccupied by academic issues. At the moment the management leads the process of developing the next five-year strategic plan (2012 - 2015) and it is going to be launched on November 26, 2014 during the HoA-REM 7 regional meeting. The process included consultation of program/project staff, partner organizations, donors, the board, network members and other relevant stakeholders. The management is now focusing to provide strategic directions by pointing out six strategic objectives that help to better achieve its mission and vision. This strategy development process was facilitated by an external facilitator.

Score: from 2.5 to 3 (Slight improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

In this regard, staff turnover has increased both in program and support areas according to the self-assessments. Staff turnover is higher especially for highly specialized professions and finance, and is particularly worse in some areas such as Gambela because of the local situation, where the area is very remote with a very hot, humid climate and no or insufficient infrastructure. Staff turnover is also influenced by the fact that the organization has had no salary and benefit package improvement and is not attractive as compared to other similar organizations. Besides, the benefit packages are not clearly stated for the whole staff according to most of the self-assessment response. Some staff members have also indicated that there was no access to training, unequal training opportunities among staff, low promotion of staff, and no incentives and awards by the organization in general. However, the management indicated that the new salary revision helped to maintain staffs. The attachment of the SPO to the university has attracted some staff members who would like to work in development and academics. Nevertheless, the annual report of the carbon trading project in 2013 indicated that some of the challenges faced during project implementation included the work burden to accomplish project activities due to a delayed start of the project; staff turn-over; and lack of skilled manpower in the areas of the carbon project.

Score: from 4 to 3.5 (Slight deterioration)

1.4. Organizational structure: 'Existence of clear organizational structure reflecting the objectives of the organization'

Observable indicator: Staff have copy of org structure and understand this

As a result of its improved autonomous structure and also the move to diversify its funding sources, the organization has created an organizational structure with a new grouping of the programs and clarified their roles and responsibilities. Horn of Africa Regional Environmental center and Network has moved its office to the newly constructed premises. The decentralized structure means that program officers are more responsible for their respective tasks, even though most of the leadership decisions are still made at the management level. Program officers are now more focused on program implementation, resource mobilisation and monitoring and evaluation.

Score: From ? to 3.5

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

HoA-REC/N have a strategic plan for the period of 2010-2015 and the organization has not made any attempt to revise it during that time. Currently discussions are ongoing about the new strategic directions for after 2015. However, additional funding has been accessed for carbon trading and as indicated in the baseline the programs are always based on a proper context analysis.

Score: from 4 to 4 (No change)

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

The organization has improved slightly in this regard, and project implementation delays have become less except for some projects that require international procurement, which usually depend on the university's pace. The annual plan was in line with the strategic objectives and project agreement provisions. The management has put an automated project monitoring system in place that is being used to keep track of implementation. Management mentioned that this has helped very much - monthly monitoring reports help to see which projects need an intervention when not performing as planned. Project implementations have been in line with the organization strategic plan, although some staff still mentioned that high work volumes, lengthy financial procedures and the lack of logical frameworks impact the daily operations. Although most of the planned activities have been executed within planned program/project period, some activities still lagged behind the schedules. The organization has generally made considerable improvements in fast tracking implementation of projects and programs and this was manifested in their WASH performance in the whole alliance in 2013.

Score: from 4 to 4 (no change)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

The staff now have better skills to carry out program design and implementation, and also doing M&E work. The expatriates who came as a result of MFS II support have helped in building staff capacity through coaching and working together. All staff members have been given training on project cycle management and share experience through exposure visits. Monitoring and Evaluation trainings have been provided. More staff members have gotten the opportunity to have trainings either in-house or abroad on various topics, from technical job-related topics such as Climate change and Carbon emission mitigation measures, to cross-cutting topics such as communication, M&E and project management. There have also been trainings on WASH, accounting, Human Rights based Approach (HRBA) in programming, and budget tracking. The staff recruitment criteria were revised since 2012 and the new staffs are qualified both in education and experience. However, some staff members noted that it is difficult to say whether staff skills on Program Cycle Management has improved or not because HoA-REC/N is not often involved in program/project implementation, since it mainly works in partnership with other implementing partners and provide budget, and technical assistance through mentoring, coaching, training and M&E. A few projects are being implemented by HoA-REC/N such as the carbon project. Usually when there is a call for a concept note/proposal, program/project coordinators are assigned to execute the task. Capabilities of staff members in program

implementation has greatly improved due to coaching and training of staff and this was observed where staff is able to develop pro-poor carbon projects and get insight on how to access international carbon markets. Besides, the way staff report, monitor and implement project shows that they have learnt a lot on project cycle management and also they have more networks from which they learn and strengthen their capabilities.

Score: from 4 to 4.25 (very slight improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO are offered appropriate training opportunities

More staff members have gotten the opportunity to have trainings either in-house or abroad on various topics, from technical job-related topics such as Climate change and Carbon emission mitigation measures, to cross-cutting topics such as communication, M&E and project management. In 2013 HoA-REC/N initiated the development of a standard template to objectively assess staff performance and to fill gaps through recommended trainings in an organized manner. As a result, different trainings like PCM training, WASH training, accounting training for finance staff supported by the Dutch embassy, training on Human Rights based Approach (HRBA) in programming, and training on budget tracking to enable communities to monitor budget allocation and expenditure after disbursement, (by external consultant) etc. to mention a few were given to staff. There was also a field visit in Kenya in 2014 to share experiences and best practices. In sum, the organization has made attempts to enhance staff skills by organizing various relevant training programs. However, the budgets for such training programs are still limited according to the self-assessment. Some staffs noted that the organization does not have mechanisms to evaluate the impact of the trainings, assessment has not been conducted for further trainings, and a mechanism to make good use of the resources allocated for training is lacking.

Score: from 3.5 to 4 (slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

Since 2012, HoA-REC/N revised its HR manual and standardized, but not improved, benefit packages for all staff regardless of the project they are involved in. The revised HR manual is shared via internet and is now more transparent and staff members are better aware about their entitlements. Hence, the salary revision has made the staff to get better pay, although according to some staffs, it is still not comparison with other organisations. Some staffs fell that benefit packages of staffs are still the same particularly provident (e.g. pension) fund or any other similar schemes are still missing. HoA-REC/N does not remit any pension contributions for its employees as required by law on Private Organization Employees' Pension Proclamation No. 715/2011 dated 24 June 2011. The organization also lacks a scheme for staff promotion and reward for best performing staff. Nevertheless, there is an enabling environment in terms of having freedom at work, and the organisation.

Score: from 3.5 to 3.75 (very slight improvement)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

The organization has diversified its funding sources. Apart from the existing donors, World Bank for CIC project, DFID for SCIP project, French Embassy for the water allocation plan project, NORAD and SIDA have become funding partners of the organization. Besides, discussions with the Japanese government on possible collaboration is underway. ICCO has supported HoA-REC/N on fundraising and helped in proposal development particularly for EU funding that makes HoA-REC/N the first Ethiopian organization to get EU funds. ICCO also contributed in developing a financial management system with WB funding, and supported the development of an M&E system for the energy projects with a volunteer from the Netherlands. This has improved the organization's reporting and also fundraising capacity for bigger donors. Furthermore, improved capacity of the organization in project management, communication and good reputation have helped a lot in this regard. Focus on carbon credit schemes has also turned out to be a good move- many donors have an interest in carbon reduction schemes.

Score: From 4 to 4.25 (Very slight improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

Horn of Africa Regional Environmental Center and Network (HoA-REC/N) has developed a fundraising strategy and assigned a consultant to liaise with the fundraising officer and identify calls for proposals, and develop proposals together. In the evaluation report from 2012 for the carbon project, the recommendation showed that HoA-REC/N needs a resource mobilization strategy and to develop a long term plan for the future. The organization has improved communication, partnership and networking capacity, and the partnership programs based on the strategic plan clearly articulate the mission and vision of the Centre (HoA-REC/N). Hence, the SPO has shared information through partners, and created a strong collaboration with implementing partners. The Centre provides basic funds for proposal development. Program/project staff are involved in looking for funding opportunities and staff are free to take their own initiative to look for new funding sources in consultation with program/project heads. However, the culture of such initiative is not well developed.

Score: From 2 to 3 (improvement)

Summary of capability to act and commit

The Horn of Africa Regional Environment Centre and Network (HoA-REC/N) management is striving to provide more responsive and inspiring leadership. The management listens to the weekly program update reports and reacts accordingly. Though the management has indicated decision making has decentralized, some staffs noted that most of the decisions are still made by higher level and other staff members have not been involved in the decision-making process. Since the management has focused on strategic issues through strengthening programs partnership, the organization has implemented more projects from diverse sources. However, staff turnover is higher compared to the baseline in 2012, especially for highly specialized professions and finance and has particularly worsened in some areas such as Gambela because of the local situation, an area which is remote with a hot, humid climate and poor infrastructure. Whilst management indicated that staff salaries had improved with a salary revision, most staff indicated that the salary revision and benefits weren't sufficient compared to other organisations. HoA-REC/N has revised its HR manual and standardized

the benefit packages for all staff, while the salary revision has given the staff better pay, though this was contested by other staff members.

Horn of Africa Regional Environmental Center and Network has moved its office to the newly established one and has developed an organizational structure with a new grouping of the programs and clarified their roles and responsibilities. However, the organization has not made any attempt to revise its strategic plan in the past years. Currently discussions are ongoing within the management to develop a new strategic plan, under facilitation by an external consultant. Meanwhile, the annual plan was in line with the strategic objectives, and project agreement provisions and an automated project monitoring system were put in place and are being used to keep track of implementation. For this to be effective, staff members now have better skills to carry out the program design and implementation and to do M&E work. This is because all staff members have been given training on project cycle management and shared experiences through exposure visits. More staff members have the opportunity to get trainings either in-house or abroad on various topics: ranging from technical job-related issues such as carbon emission reduction measures and climate change, to cross-cutting topics like communication, M&E and project management.. The organization has widened its funding sources after the baseline because new donors like the World Bank for CIC project, DFID for SCIP project, French Embassy for the water allocation plan project, NORAD and SIDA have become funding partners of the organization since the baseline in 2012. This was due to the fact that the organization developed a fundraising strategy, assigned a capacity development consultant to identify calls for proposals, liaise with the fundraising officer and develop proposals together.

Score: from 3.4 to 3.7 (very slight improvement)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organizational).

HOA-REC/N has focused on a holistic participatory approach and has a strong monitoring system. The organization has put in place an effective, online-accessible, M&E system (Akvo FLOW) and the section is equipped with professionals who manage the system. Hence, all donor-required reports are consolidated in the M&E unit. This unit is now strengthened and has three full-time and one part-time staff. In addition the unit helped to mainstream M&E within programs/projects and managed to develop the M&E system. Program coordinators are familiar with the system and report to the M&E unit regularly, while the M&E unit compiles the reports and presents these during regular meetings. Besides, refresher trainings were provided to all staff on how to use the new M&E system, and also intensive coaching, and follow up was carried out. The management also fully supported the M&E unit and helped to raise awareness to all staff members during coordination and staff meetings. Therefore, the M&E system is now widely known by staff. Akvo FLOW tool training for M&E and outcome mapping was provided for the WASH coordinator by ICCO through the Dutch WASH Alliance at the beginning of 2013. Also M&E tools, baseline data and the web tool monitoring (FLOW) with a standardized system were developed. Baselines are done and outputs are monitored in both qualitative and quantitative manners. External M&E also takes place: for example, the WASH Alliance conducted a Mid-term Evaluation in 2013, with a consultant from MDF. PriceWaterhouseCoopers provided support in the development of the M&E system and has also performed an evaluation of the Dutch Embassy-supported project. ICCO supported the development of an M&E system for the energy projects with a volunteer from the Netherlands. As a result better reporting in terms of quality of data and traceability of information has been observed in the organization.

Score: From 3.5 to 4.5 (improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

Apart from the new M&E software application system (Akvo FLOW), HoA-REC/N has hired qualified staff and provided full support for the M&E unit. The organization has hired five M&E staff (one coordinator and one M&E specialist (for CIC project), two M&E officers and one M&E consultant) who are competent in M&E since 2013. Besides, trainings on topics like outcome measurement, planning and coordination were provided in 2013 with MFS II budget support by ICCO. In-house training on M&E was also organized for all program staff. This enhanced understanding of staff on important M&E topics and on the M&E system. As a result, staff are now using the monitoring system and data has been collected on a timely basis.

Score: From 3.5 to 4.5 (improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

The M&E unit has developed an M&E manual and a performance monitoring plan template that can be adopted to all projects coming to the center. This helped to standardize the usage of templates and checklists and now HoAREC&N is using the new automated system as a minimum requirement. New proposals are based on data collected from past project implementation. The information from the M&E system has helped with decision-making for future strategies. Management is now able to see progress in one click rather than depending on manual M&E procedures. Besides, the M&E section is usually represented in weekly and monthly management meetings, which helps the management to make informed decisions . Furthermore, the M&E unit is involved in planning, reporting and influences strategic decision making by managers.

Score: From 3 to 3.5 (improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

Staffs have openly discussed challenges faced during the course of project implementation and they were supposed to meet regularly and inform the management on issues of concern. However, there has not been any feedback for more than a year from the management and there is an issue with a lack of acknowledgement of staff's skill/capacity or contribution by some program/project heads. Programs started reporting on a weekly basis and these reports are to be presented to the management by the M&E coordinator that gives programs to share reports every week and also for the management to take swift action whenever necessary. The staff self-assessment has noted that staff members were more comfortable to raise issues in a written fashion, rather than in discussion. Besides, staff meetings were not regular though there have been some regular meetings at program/project level where staff discusses activity implementations and major challenges. It turns out that staff suggestions for changing these situations have not been taken up.

Score: From 3.5 to 3.5 (No change)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

Staff members were encouraged by the management to exercise their potential and come up with new ideas, particularly for proposal development, and there is good understanding in working together. Some staff members have been promoted after performance-related evaluations and this has boosted staff to come out and speak out with new ideas. This is due to recommendations from the O-scan by ICCO Alliance every 2 years, which is a requirement for the WASH Alliance 5C scan. However, some staffs noted that there is no specific change in this regard.

Score: From 3.5 to 3.75 (Very slight improvement)

2.6. System for tracking environment: 'The organization has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

HoA-REC/N has hired a communications officer under the Public Relations and Communication department and this has helped in promoting the organization toward a wider audience locally and globally. It has provided access to the staff and partners on emerging issues, topics, news etc. Besides, the officer who is in charge of communications also feeds into discussions on what is happening in the operation environment with program staff. Though there is no unit specifically, the program staff with input from the communications officer and staffs from the program units use the information when necessary for planning new proposals, amending implementation and policy influencing. For this to be effective, the organization has provided capacity building training for the public relations and communications unit, revised the organogram /organization structure, and recruited new staff. They also conduct baselines and during monitoring discuss with stakeholders on changes in the context.

Score: From 3.5 to 4 (Slight improvement)

2.7. Stakeholder responsiveness: 'The organization is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

HoA-REC/N frequently reaches out to its stakeholders in different project sites through the provision of the necessary assistance and mentoring services in line with the project/program objectives. Meetings are arranged as planned, and there is smooth and proactive communication with partners during planning and implementation. There is also better engagement and response between duty bearers and rights holders. However, network members' participation is limited though the network members have now developed a strategic plan for the next five years and the Centre will assist in implementing the plan. Nevertheless, consultation with stakeholders in project development and implementation has improved since 2012. Furthermore, project and program staff and stakeholders have frequently communicated and closely worked together. This was evident where the EU and TERI project reached out to its stakeholders in different project sites and provided the necessary assistance and mentoring services in line with the project/program objectives.

Score: From 3 to 3.5 (Slight improvement)

Summary capability to adapt and self-renew

HOA-REC/N has focused on a holistic participatory M&E approach and has put in place an effective, online accessible, M&E system (Akvo FLOW). Besides, program coordinators are familiar with the system and report to the M&E unit. The management also fully supports the M&E unit and has helped to raise awareness to all staff during coordination and staff meetings. Apart from the new M&E software application system, HoA-REC/N has hired qualified staff and provided full support for the M&E unit. Parallel to the organization's M&E system, external evaluations are conducted on behalf of donors, such as a Mid-Term Evaluation for the WASH Alliance in 2013, and a PWC assessment of the Dutch Embassy-supported project. The M&E competencies of the organization have improved due to the trainings on outcome measurement, planning and coordination provided in 2013 by MFS II budget support and in-house training on M&E organized for all program staff. As a result the organization has developed a M&E manual and a performance monitoring plan template that can be adopted to all projects coming to the center. This helped to standardize the usage of templates and checklists, using the new automated system as a minimum requirement. The information from the M&E system has also helped for decision-making for future strategies and also to see progress by the management. On the other hand, though staff members can reflect their ideas openly during the course of project implementation, there has not been any feedback from the management and there was a challenge of not acknowledging staff contributions by some program/project heads. In contrast with this, staff members were encouraged by the management to exercise their potential through free discussion and to come up with ideas. It was noted that some indicated that staff were more comfortable to raise issues in written form, rather than in discussion. HoA-REC/N has hired a communications officer under the PR and Communication department to assist in scanning the environment and promote the organization toward a wider audience locally and globally. Consultation with stakeholders in project development and implementation has improved since 2012. Furthermore, projects and program staff and stakeholders have frequently communicated and closely worked together.

Score: from 3.4 to 3.9 (slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organization has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

All programs and projects have an operational and budget plan, and the plan serves as a crucial source to implement the strategic plan. The financial status of each program/project is updated during coordination meetings with all staff. Technical staff are well aware of not only the preparation of the operational plan with a budget but they also provide specifications on each item for procurement. This has been done by revising all items procured by the project. However, there are some communication issues related to procurement: between project staff and procurement staff which causes delays and dissatisfaction. These have to do with specification of procurement needs but also with university bureaucracy.

Score: From 3.5 to 3.75 (Very slight improvement)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

Since its establishment, HoA-REC/N has been audited by an external auditor annually and projects are audited separately based on the contract agreement signed. In addition, there is a consolidated audit report. HoA-REC/N has moved to its new premises with sufficient space and the earlier lack offices for staff is no longer a problem. Having moved to their own premises, with all staff working together as broader reduction in terms of time, logistics, etc, and hereby make the organisation more cost-effective in terms of using its resources It has also secured space in town for some of its projects. With regard to finance and procurement, both departments have been staffed with highly qualified professionals. Procurement guidelines are designed in line with the requirement of major funders such as the EU, World Bank and DFID, and have been entirely used in the course of project implementations and helped during procurements of all project items. However, some staffs noted that the financial and procurement service is still slow due to the fact that the organization still operates under the College of Natural Science's budget center in Addis Ababa University (AAU). Hence, the existing AAU procurement procedures have been the major challenges for timely delivery of various procurements by different programs in HoA-REC/N, and the organization wants to establish an independent budget center for the future. The financial system is in place and staff members were hired, but they recently experienced a turnover in the finance department which affected delivery of reports in time.

Score: From 3 to 3.5 (Slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

HoA-REC&/N has moved to new premises and changed systems to reduce bureaucracy as a result of the recommendations by ICCO. The 3rd interim narrative report also confirmed that the majority of the planned activities have been accomplished successfully. However, few activities were still ongoing due to extended procurement processes: particularly some activities related to large procurements were still in process of either delivery or subject to rebidding or cancellation. Though there is improvement in delivering planned outputs compared with the previous period, implementations of planned activities have still been lagging compared to the schedule according to the self-assessment. The existing bureaucratic procurement procedures of AAU were considered as the major challenges.

Score: From 3.5 to 4 (Slight improvement)

3.4. Mechanisms for beneficiary needs: 'The organization has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

HoA-REC/N has developed mechanisms to check beneficiary needs through frequent field visits to satellite or field offices where partners of HoA-REC/N have day-to-day interactions with the target groups and beneficiaries. In particular, field offices are closer to beneficiaries and understand their needs better through participatory discussions at different stages of a project including design, implementation and evaluation. However, there is no defined mechanism on downward accountability. It was evident in the EU-Energy Project Evaluation Report that the project is relevant to the needs of the target groups and beneficiaries.

Score: From 3.5 to 3.5 (No change)

3.5. Monitoring efficiency: 'The organization monitors its efficiency by linking outputs and related inputs (input-output ratio's)'

This is about how the SPO knows they are efficient or not in their work.

HoA-REC/N has developed an M&E system and recruited new staffs for the M&E unit and all projects are monitored as per the donors' requirement. Hence, the M&E unit is proactive and project staff and the M&E unit monitor the program performance regularly. There is also on-going monitoring to assess whether the objectives and strategies developed are relevant to the changing situation on the ground, and if the results are on track for all aspects of the project. Routine program monitoring was done through standard monitoring and reporting procedures and forms, following donor requirements and globally accepted best practices. The M&E system is now working for almost all departments in the organizations and the M&E staff analyze reports on project input and output basis. However, according to the final evaluation report for the Sustainable Development Project in 2013, assessing the effectiveness of HoA-REC/N was challenging because it was difficult to ascertain what results and outcomes were achieved and whether these were directly attributable to the project.

Score: From 2.5 to 3 (Slight improvement)

3.6. Balancing quality-efficiency: 'The organisation aims at balancing efficiency requirements with the quality of its work'

This is about how the SPO ensures quality work with the resources available

HoA-REC/N staffs ensure balancing quality with efficiency during project design and implementations with the available budget. The M&E unit tried to look at the quality-efficiency of all programs under the organization. Besides, program staffs strictly follow the annual work plan, budget plan and performance monitoring plan. Baseline assessments, mid-term evaluations and end line evaluations have been conducted in order to improve the quality of work. The organization has updated operational guidelines recently and hence there are financial and operational improvements in terms of both quality and efficiency. The MFS II co-funder (ICCO) has advised the SPO to work with other organizations who have the required structures and contacts, e.g. for the energy saving project where they started to work with farmers unions and Oromia coffee farmers cooperative unions instead of starting new offices. This helped to improve qualityand efficiency. Furthermore, there is an improved quality of reporting with better program design and improved context analysis linked to the interventions, but also networking, lobby and advocacy.

Score: From 3 to 3.5 (Slight improvement)

<u>Summary capability to deliver on development objectives</u>

The organization programs and projects have clear operational and budget plans, and the plans serve as a crucial source to implement the strategic plan. Technical staffs are well aware of not only the preparation of operational plans with a budget, but also provide specifications on each item for procurement. HoA-REC/N has used resources in a cost-effective manner and this was evident in the annual consolidated audit report. Besides, the organization has moved to its new premises with sufficient space and the lack of offices for staff is no longer a problem and this has further enhanced using resources cost-effectively. The majority of the planned activities have been accomplished successfully though a few activities were still being processed due to extended procurement processes, mainly the bureaucratic procurement procedures by the University of Addis Ababa. HoA-REC/N has developed mechanisms to check beneficiary needs through frequent field visits to satellite or field offices where partners of HOAREC have daily interaction with the target groups and

beneficiaries. Particularly, field offices are more close with beneficiaries and understand their needs better through participatory discussions at different stages of a project including design, implementation and evaluation. The SPO has developed an M&E system and recruited new staff members for the M&E unit. All projects are monitored as per the donors' requirement. Hence, the M&E unit is proactive and project staff and the M&E unit monitor the program performance regularly. Staffs try to address quality-efficiency issues during project design and implementations with the available budget. The M&E unit tried to look at the quality-efficiency of all programs under the organization. Besides, program staffs strictly follow the annual work plan, budget plan and performance monitoring plan to balance quality-efficiency. The M&E unit also measures efficiency, by looking at inputs and outputs.

Score: from 3.2 to 3.5 (slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organisation maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organisation'

This is about whether the SPO engages external groups in developing their policies and strategies, and how.

HoA-REC/N participated with stakeholders during strategic plan development through gathering information using questionnaires and organized workshop for network members. There is a strong collaboration with all stakeholders, and planning, workshops and field missions are still done with stakeholders. For example they have established a high level Steering Committee for the Gambella and Rift Valley regions and this is a milestone in dealing with environmental governance. There is strong communication between stakeholders and staff members are trained in communication, networking and team work. The WASH project report has also verified that partner staff attend district coordination meetings in the target districts. HOA-REC/N is part of the Ethiopia WASH Alliance (EWA), in which all actors discuss updates on their activities, share ideas and experiences with regards to implementation, challenges faced, and work together to identify solutions.

Score: From 4 to 4 (no change)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

Networking is one of the expertise areas of HoA-REC/N and the organization has established good relations with many environmental organizations. For instance, HoA-REC/N has hosted TERI (The Environment and Resource Institute) India and established partnerships with many other organizations including IRC (International Water and Sanitation) in the Hague, the Stockholm Environmental Institute, and UMass Boston. This is due to the fact that HoA-REC/N has good communication with its network members, organizes workshops and invites network members to discuss various thematic issues and areas of collaboration. According to some staff members, due to its nature the organization is involved in different networks and this also increases every time due to improved lobby and advocacy capacity of the management. Besides, the partnership modality has prepared the organization on how to link and jointly work with carbon affiliated local partners. Finally, the partners have conducted regular meetings to discuss emerging issues like project progress, new initiatives such as the Joint Crediting Mechanism (JCM), and to resolve some of the challenges faced in due process.

Score: From 4.5 to 4.75 (Very slight improvement)

4.3. Engagement with target groups: 'The organization performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

HoA-REC/N has made regular field trips to project/program sites to observe the status of project/program implementation. For this to be effective, administration makes available field vehicles as per request of the respective programs. This was possible due to the purchase of additional vehicles. Besides, the organization has facilitated and mobilized resources, and assigned responsible persons for this. However, some staffs noted that since HoA-REC/N is not a direct implementer of activities and has implemented its activities through partners, there has no room for frequent contact with the target groups for the organization. According to the CFA assessment however HoA-REC/N has increased the negotiation power of the beneficiaries or target groups towards the duty bearers. As an example, according to the carbon credit project annual report in 2013, the project to introduce fuel efficient solar stoves (FSS) was able to bring about a remarkable attitude change among the targeted local communities through stove promotion, local stakeholder consultations, and awareness creation activities. The Gimbi FSS project is the case in point where the local communities have understood the importance of the FSS and are eager to accept the stoves.

Score: From 4 to 4 (no change)

4.4. Relationships within organization: 'Organizational structure and culture facilitates open internal contacts, communication, and decision-making'

How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

Staff capacity in communication, particularly on electronic communication, has been enhanced which was due to the training on communication provided for staff by the Dutch partners. Staffs during the self-assessment noted that communication in HoA-REC/N seems better among staff members but that communication with the management needs improvement. The CFA assessment also stated that staff can talk to whomever freely on different issues and they can influence some decisions especially for program directions. However, communication is still a major problem in HoA-REC/N where staff meetings are not regular, no group retreat is organized, there is no formal body in the organization to receive complaints, and projects have no room to receive any complaints. Some staff members also pointed out that internal communication has declined. This was also evident in the EU Energy project evaluation report where communication problems between central offices in Addis Ababa and one of their partners (i.e. REST) and its field office did not help either.

Score: From 3 to 3 (No change)

Summary capability to relate

HoA-REC/N participated with stakeholders during the strategic plan development through gathering information using questionnaires and organized workshop for network members. There is also strong collaboration with all stakeholders, and planning, workshops and field missions are still done with stakeholders. Networking is one of the core areas of HoA-REC/N, it has established good relations with many environmental organizations. For instance, HoA-REC/N has hosted TERI (The Environment and Resource Institute) India and established partnerships with other organizations including IRC

(International Water and Sanitation) in the Hague, the Stockholm Environmental Institute, and UMass Boston. Moreover, HoA-REC/N made regular field trips to project sites to observe the status on project/program implementations. For this to be effective, administration makes available field vehicles as per request of respective programs/projects.. As a result according to the carbon credit project annual report in 2013, the project was able to bring about a remarkable change among the targeted local communities. Similarly, relationships within the organization have slightly changed due to the fact that staff capacity in communication, particularly electronic communication, has improved, which in turn was due to the training on communication provided for staffs by the Dutch partners. In contrast with this, some staff members noted that communication is still a major problem in HoA-REC/N, where staff meetings are not very regular, no group retreat is organized, there is no assigned formal body in the organization to receive any complaints, and projects have no room to receive any complaints.

Score: from 3.9 to 3.9 (no change)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

HoA-REC/N has developed a strategic plan for the period of 2015-2020 and has revised its mission, vision and strategies with the participation of some key staffs, and with the involvement of an external consultant and network partners. However, some staffs noted that though HoA-REC/N has developed the strategic plan with the participation of network partners, only few staff members were involved during the development process. Besides, the process of strategic plan development has remained almost similar as before based on the CFA assessment.

Score: From 3.5 to 4 (Slight improvement)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

In this regard, HoA-REC/N has not developed new operational guidelines since the baseline in 2012 except the HR manual, and this is still in progress and not yet finalized.

Score: From 3.5 to 3.5 (No change)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organization'

This is about whether the operations and strategies are line with the vision/mission of the SPO.

The organization's vision and mission are well articulated and ready for endorsement at present. All projects proposed by implementing partners were appraised and approved in consultation with the organization vision, mission and strategic plan document. Besides, project agreements have also been amended based on the new organizations' vision and mission. According to the staff self-assessment, project strategies have been designed in view of addressing local problems in a sustainable manner

which is in line with the organization's vision and mission. This was evident where the biogas project has targeted mainly Oromia region because of the abundant availability of livestock in the region which addressed local problems using local inputs/resources; while the solar cooker was introduced by the EU energy project in mostly lowland areas where abundant sunshine is available.

Score: From 3 to 3.5 (Slight improvement)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

This is about whether the efforts in one project complement/support efforts in other projects.

In this regard, there is better communication and synergy between programs and projects. Most projects were implemented with the involvement of different programs. For example the CRV and Gambella projects have involved all three partnership programs i.e. social and ecological sustainability, Climate Resilience and Environmental Governance programs. There has been an improvement in mutually supportive efforts between the climate and WASH programs. However, a few staff members indicated that linkages between project/programs in the organization our still poor.

Score: From 3 to 3.25 (Very slight improvement)

Summary capability to achieve coherence

In this regard, HoA-REC/N has developed a strategic plan for the period of 2015-2020 and have revised its vision, mission and strategies with the participation of staffs, network partners and an external consultant. The organization's vision and mission are well articulated and ready for endorsement. All projects proposed by implementing partners were appraised and approved in consultation with the organization's vision, mission and strategic plan document. Besides, project agreements have also been amended based on the new organizations' vision and mission. According to the staff self-assessment, project strategies are designed in view of addressing local problems in a sustainable manner which is in line with the organization vision and mission. Moreover, there has been better communication and synergy between programs and projects where most projects were implemented with the involvement of different partners. HoA-REC/N has not developed new operational guidelines since the baseline in 2012 except the HR manual which is not yet finalized.

Score: from 3.2 to 3.6 (slight improvement)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-058

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

Identification code	Zone	District	PA	HH	Ind.

PART 0 – INTRODUCTION

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about your household food production, utilization and income. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.
(*Enumerator: I have completed the informed consent process on the first page prior to administering the questionnaire. Enumerator's name and ID: ……..…)*

1	Name of the head of household	
2	Sex of the head (0=female, 1=male)	
3	Telephone no. of the household head or other household member	
4	First name of the respondent *(given name)* and Sex |__|	
5	Middle name of the respondent *(father's name)*	
6	Last name of the respondent *(grand father's name)*	
7	Relationship of respondent to head of household *(codes A)*	
8	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	/ / 2012
9	Time the interview started, 24 hour clock ("**hh: mm**")	_ _ : _ _
10	Time the interview ended, 24 hour clock ("**hh: mm**")	_ _ : _ _

		In words	Code
11	Region		
12	Zone		
13	District		
14	Peasant Association (PA, Kebele)		
15	Gote		
16	Village		
17	Enumerator's name		
18	Supervisor's name		
19	Data entry person's name		

Relationship of the respondent to the household head (codes A)

1. Household head
2. Spouse
3. Son/daughter
4. Parent
5. Son/daughter in-law
6. Grand child
7. Other relative
8. Other, specify

Identification code	Zone	District	PA	HH	Ind.

PART I- Household Composition and housing conditions

1. Household composition and characteristics

Say to the respondent: Please tell me about all the people who normally live in this household, including both family members and non-family members such as residing servants. Start with yourself, then the head of the household (if it is not you), spouse and their children, then other family members and non-family members.

Member code	(1.1) Name of household member (start with respondent and make a complete list before moving to Q 1.2	Sex(Codes A) (1.2)	Age (years) (1.3)	Age (Months, children under five) (1.4)	Relation to HH head (Codes B) (1.5)	Marital status (Codes C) (1.6)	Education level for years >=5 years (code D) (1.7)	Completed years of formal education (1.8)	(1.9) Ethnicity/ Clan (Code E)	(1.10) How many months did HH---------- live in the past 12 months	(1.11) Occupation **(Codes F)**	
											Main	Secondary
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

Sex (Codes A)
0. Female
1. Male

Relation to head Q1.5(codes B)
1. Household head
2. Spouse
3. Son/daughter
4. Parent
5. Son/daughter in-law
6. Grand child
7. Other relative
8. Hired worker
9. Other, specify:
.....

Marital status Q1.6 (codes C)
1. Married living with spouse/s
2. Married but spouse away
3. Divorced/separated
4. Widow/widower
5. Never married
6. Other, specify……

Education Q1.7(codes D)
0. None/Illiterate
1. Adult education
2. Religious education
3.
4. First cycle (grades 1-4)
5. Second cycle (grades 5-8)
6. Secondary (grades 9-10)
7. Preparatory (grades11-12)
8. Tertiary (diploma and above)
9.NA (children under 5 years)
10.Others (specify……..

Clan/ Ethnic Q1.9 (Code E)
1=Oromo
2=Amhara
3=Somali
4=Tigraway
5=Sidama
6=Gurage
7=Other (SPECIFY:_ _____)

Occupation (codes F)
1. Work on the family farm
2. Salaried
3. Casual labor
4. Self-employed in business (other than the farm),
5. Student
6. Not employed
7. Housekeeping and child care
8. Livestock herding
9. Other (specify):

Identification code	Zone	District	PA	HH	Ind.

2. Housing conditions

2.1. Do you own this house?	0=No 1=Yes		
2.2. Major material exterior wall is made of the main residence	1=Wood and Mud 2=Wood and Grass 3=Reed and Bamboo 4=Mud and Stones	5=Cement and Stones 6=Hollow Bricks 7=Bricks 8=mud bricks 9=Other (specify)	
2.3. Major material floor is made of	1=Earth/Mud 2=Wood 3=Cement	4=Ceramics/Tiles 5=Other (specify)	
2.4. Major material roof is made of	1=Corrugated Iron Sheet 2=Thatch and Grass 3=Wood and Mud	4=Reed and Bamboo 5=Clay 6=Other (specify)	
2.5. Total number of rooms in the house			
2.6. Does the house have access to electricity?	0=No 1=Yes		
2.7. Does the house have access to piped water?	0=No 1=Yes		
2.8.Total number of outbuildings including kitchens but not including toilets			
2.9. Type of toilet facility the household uses	1=Pit latrine (Private) 2=Pit latrine (Shared) 3=Flush toilet (Private) 4=Flush toilet (Shared)	5=Field/Forest 6=Containers (Household utensils) 7=Other (specify)	

PART II: Household cash expenditures

3. Frequent cash expenditures (weekly)

	Item name	(3.1) In the **last 7 days** did your household spend money on this item? *(0=no, 1=yes)*	(3.2) How much did the household spend on the item in the **last 7 days**? [ETB]
1	Food and drinks (cash only)		
2	Cigarettes/tobacco/suret/gaya		
3	Fire wood		
4	Charcoal		
5	Kerosene		
6	Candles		
7	Gas for lantern		
8	Battery (dry cell)		
9	Cow dung		
10	Other fuel (not electricity), specify _____		

Identification code	Zone	District	PA	HH	Ind.

4. Monthly cash expenditures

	Item name	(4.1) In the **last 30 days** did your household spend money on this item? *(0=no, 1=yes)*	(4.2) How much did the household spend on the item in the **last 30 days**? [ETB]
1	Grain milling charge		
2	Electricity		
3	Water bill		
4	Soap/washing & cleaning products		
5	Personal care (barber, hair dresser, toothpaste, etc)		
6	Transport expenses		
7	Communication (cell phone charging and air time, mail,)		
8	Entertainment (socializing)		
9	House rent/mortgage payment		
10	Iddir contribution		
11	Hired labor		
12	Other, specify		

5. Less frequent expenditures (in the last 12 months)

	Item name	(5.1) In the **past 12 months**, did your household spend money on [ITEM]? (0=no, 1=yes)	(5.2) How much did the household spend on [ITEM] in the **last 12 months**? (ETB)
1	Clothes and shoes (including school uniforms)		
2	Furniture (tables, chairs, beds, etc)		
3	Blankets/bedsheets		
4	School fees and other educational expenses		
5	Social events (wedding, funeral, etc)		
6	Housing improvement (latrine, new roof, etc)		
7	Human health expenses (medicine, hospital , …)		
8	Vehicle purchase or repair (car, bicycle, motorcycle)		
9	Contributions & membership fees (associations/church/sports etc)		
10	Taxes		
12	Bond		
11	Other, specify		

Identification code	Zone	District	PA	HH	Ind.

PART III -BIOMASS

6. Livestock ownership: Please describe your household's livestock assets:

(6.1)	Does anyone of your household own animals/ livestock? 1=yes 0=no -> go to 8					
	(6.2) Animal type	(6.3) Do you own [ANIMAL TYPE]? *0=No* 1=Yes	(6.4) Number owned by the household	(6.5) Do you collect and use the dung? 1=yes 0=no ->next	(6.6) What is the main use of the dung? 1= fuel 2=manure for crop production 3=other, specify_____	(6.7) What is the secondary use (if any)? 1=construction 2=making household utensils 3= cash sources
1	Cow					
2	Heifer					
3	Calf					
4	Bull					
5	Oxen					
6	Goats					
7	Sheep					
8	Camel					
9	Donkey					
10	Horse/mule					
11	Poultry					
12	Bee hives (with colony)					

7. Home consumption of livestock products

7.1	In the past 7 days, did you consume any animal products produced in the household? 1=yes 0 =0		
	(7.2) If yes to Q 7.1 make a list of all products that they consumed, then ask Q (7.3)	(7.3) How much did you consume?	
		a. unit	b. quantity
1			
2			
3			
4			
5			

Codes 7.2		*Codes 7.3a*	
1=Whole Milk	*5=Butter*	*1= Kg*	*4=Number*
2=Skimmed Milk	*6=Meat*	*2=Quintal*	*5=*
3=Cheese (traditional)	*7=Eggs*	*3=Litre*	*6=*
4=Yoghurt	*8=Other*		

Identification code	Zone	District	PA	HH	Ind.

8. Crop production and consumption

8.1	Do you or your household own land for agricultural activities (crop, forage, livestock production) 1. Yes 0. No	
8.2	If yes to Q8.1, how much land does your household own? (ha)	
8.3	Did you or any member of your household engage in crop production (share land included) during 2012 crop season? 1. Yes 0. No	
8.4	If yes to Q 8.3, Did you use any of the produce for home consumption? 1. Yes 0. No	

	(8.5) If yes to Q 8.4 list all crops produced (Code 8.5)	(8.6) How much did you produce?		(8.7) How much did you consume?	
		a. Unit (code 8.6a)	b. quantity	c. unit (code 8.7a)	quantity
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Codes 8.5

Cereals	**Legumes**	**Oil crops**	**Vegetables & Tubers**
1= Sorghum	11=Faba bean	21=Sesame	31=Irish Potato
2=Maize	12=Field pea	22=Niger seed	32=Sweet Potato
3=Millet	13=Chick Pea	23= Lin seed	33= Onion
4=Wheat	14=Lentil	24= Rape seed	34= Garlic
5=Barley	15=Soya bean	25=	35= Tomato
6=Tef	16=Grass pea	26=	36= Gesho
7=	17=	27=	37=Enset
8=	18=	28=	38=

Code (8.6a & 8.7a)

1=Kg
2=Quintal
3=Ton
4=Other (specify)

Identification code	Zone	District	PA	HH	Ind.

PART IV-ENERGY

9. Technology

	9.1 Does your household own a [DEVICE]? YES=1 NO=0…if no>>NEXT DEVICE		9.2 How often do you use [DEVICE]? 1=Every day 2=At least once a week 3=Less than once a week
	DEVICE	CODE	
1	Traditional stove		
2	Fuel saving stove		
3	Plant oil cooker		
4	Solar Cookit		
5	Solar lantern		
6	Kerosine wick lamp		
7	Biogass digester		
8	Electric stove		
9			

9.3 What type of fuel does your household mainly use for cooking?

1=Electricity/LPG/natural gas/biogas
2=Kerosene
3=Charcoal
4=Wood
5=Straw/shrubs/grass
6=Agricultural crop
7=Animal dung
8=Other
9=No food cooked in household

9.4 Do you have a separate room which is used as a kitchen?

1=yes 0=no

9.5 Is the cooking usually done in the house, in a separate building, or outdoors?

1=In the house 2=In a separate building
3=Outdoors 4=Other

9.6 How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?

1=Daily 2=Weekly
3=Monthly 4=Less than monthly
5=Never

Identification code	Zone	District	PA	HH	Ind.

10. Fuel wood and dung

	Type of fuel wood	(10.1) In the past 7 days, has anyone of your household collected -----? Yes=1, No=0	(10.2) If yes who is responsible for collecting --? 1= Men 2=Women 3=Children	(10.3) How often did you or your hh member collect in the last 7 days?	(10.4) How much --- did you or your household member collect in the last 7 days?		(10.5) How much time did you or your household members spend collecting ___ in the last 7 days?
					a. Unit	b. Quantity	
1	Fuel wood						
2	Cow dung (dry)						
3	Cow dung (fresh/wet)						

Codes (10.4a)
1=Human load (Shekem)
2=Donkey load
3=Basket
4=Sack
5=other specify

Identification code	Zone	District	PA	HH	Ind.

PART V-HEALTH

11. Fuel wood-related diseases

Member code	(11.1) During the last 4 weeks, how many days of your primary daily activities did you miss due to poor health?	(11.2) In the past month, did … experience eye trouble? 1=yes 0=no	(11.3) In the past month, did ... feel short of breath? 1=yes 0=no	(11.4) In the past month, did ... have a cough? 1=yes 0=no	(Q11.5) If yes to Q (11.3 / 11.4) Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? 1=chest only 2=nose only 3=both 4=other (specify) 5=dk	(11.6) In the past month, did … experience back pains? 1=yes 0=no	(11.7) In the past month, did [NAME] burn himself/herself? 1=yes 0=no
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

11.8 Did you visit a physician/health clinic in the past 6 months? 1=Yes 0=No

11.9 Did your household members' visit a physician/health clinic in the past 6 months? 1=Yes 0=No

Identification code	Zone	District	PA	HH	Ind.

PART VI - FOOD SECURITY

12. Household Food Insecurity

12.1	In the last 12 months, did you at any time not have enough food? 0 = no; 1 =yes											
12.2	In the past 12 months, for how many months did you not have enough food to meet your family needs? *Check below*											
	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
12.3	Did you receive any food aid during the past 12 months? 0 = no; 1 =yes											
12.4	If yes to Q6.12, in which months of the year did you receive food aid? *Check below.*											
	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC

For each of the following questions, consider what has happened in the **past 1 month**. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 1 month? *(Circle the answer)*

Event		Frequency of event			
		Never (0 times)	Rarely (1-2times)	Sometimes (3-10 times)	Often > 10 times
12.5	Did you worry that your household would not have enough food?	**0**	**1**	**2**	**3**
12.6	Were you or any household member not able to eat the kinds of foods you **preferred** because of a lack of resources?	**0**	**1**	**2**	**3**
12.7	Did you or any household member eat a **limited variety** of foods due to a lack of resources?	**0**	**1**	**2**	**3**
12.8	Did you or any household member eat food that you did not want to eat because a lack of resources to obtain other types of food?	**0**	**1**	**2**	**3**
12.9	Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?	**0**	**1**	**2**	**3**
12.10	Did you or any other household member eat fewer meals in a day because there was not enough food?	**0**	**1**	**2**	**3**
12.11	Was there ever no food at all in your household because there were no resources to get more?	**0**	**1**	**2**	**3**
12.12	Did you or any household member go to sleep at night hungry because there was not enough food?	**0**	**1**	**2**	**3**
12.13	Did you or any household member go a whole day without eating anything because there was not enough food?	**0**	**1**	**2**	**3**

Identification code	Zone	District	PA	HH	Ind.

12.14 ON AVERAGE, How many meals were eaten yesterday in this household, by children of **less than 5 years old ?**	|___|
12.15 ON AVERAGE How many meals were eaten yesterday in this household by children of **5-15 years of age?**	|___|
12.16 **ON AVERAGE,** How many meals were eaten yesterday in this household, by one household members with **more than 15 years of age?**	

12.17 Which one of the following categories of food was eaten in this household during the **last 7 days?**
(Mark with x if a food category was present in the diet for that specific day, leave blank otherwise)

Categories of food	Yesterday	2 days ago	3 days ago	4 days ago	5 days ago	6 days ago	7 days ago
01. Cereals and root-crops (rice, bread, millet, cassava, potatoes, etc…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
02. Pulses (peanuts, haricots, sesame, chick peas, lentilles, green peas, other peas…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
03. Fruit	|___|	|___|	|___|	|___|	|___|	|___|	|___|
04. Meat/Fish	|___|	|___|	|___|	|___|	|___|	|___|	|___|
05. Dairy products (milk, butter, cheese, yoghurt, etc…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
06. Eggs							
07. Vegetable oil/fat (ghee, oils…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
08. Sugar, honey, drinks with sugar (coca cola, fanta, etc..)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
09. Any other food item	|___|	|___|	|___|	|___|	|___|	|___|	|___|

13. Access to rural services in the last 12 months

13.1	Do you have a bank account? (0=no; 1=yes)	
13.2	If yes to (Q 13.1), how much money do you currently have in the account (ETB)	
13.3	Did you try to obtain a loan last year (0=no; 1=yes)	
13.4	If yes to (Q 13.3), did you get the loan? (0=no; 1=yes)	
13.5	If yes to (Q 13.4), how much credit did you receive? [ETB]	
13.6	Did you have access to agricultural extension last year? (0=no; 1=yes)	
13.7	If yes (Q 13.6), how many contacts did you have over the last 12 months (visits, field days, consultations, …)	

THE END Thank you very much for your time.

Identification code	Zone	District	PA	HH	Ind.

FINAL PART: ENUMERATOR NOTE

Researchers affiliated with IFPRI would like to learn more about you and your background.

X1 What is your gender?	1=Male 0=Female	
X2 What is your age?	[__|__]	
X5 What is the language you grew up speaking?	1=Amharic 2=Oromigna 3=Tigrina 4=Somali 5=Guaragigna 6=English 7=Other (SPECIFY:_____)	
X7 What ethnic group do you belong to?	1=Oromo 2=Amhara 3=Somali 4=Tigraway 5=Sidama 6=Gurage 7=Other (SPECIFY:_____)	
X8 What is the highest level of schooling that you have completed?	1=First cycle primary school (1-4) 2=Second cycle primary school (5-8) 3=Secondary school (9-10) 4=TVET/Diploma 5=BA or BSc 6=Master's Degree 7=Phd	
X9 Did you have previous interviewing experience?	1=Yes → **X10** 2=No → **X11**	
X10 For which organization did you work as interviewers?	IFPRI……1 National Statistics Office .....2 NGO survey team…..3 None.....4 Other (SPECIFY:_____)……..5	

Identification code	Zone	District	PA	HH	Ind.

Researchers affiliated with IFPRI would like to learn more about this interview and to seek feedback from you.

X11 Which is the result of the interview?	1=Interview completed 2= Interview partly completed 3= Refusal, no interview obtained 4= No respondent at home 5= Other (SPECIFY_____)	
X12 What language the main language you used for the interview?	1=Amharic 2=Oromigna 3=Tigrigna 4=Somali 5=Guaragigna 6=English 7=Other (SPECIFY:_____)	
X13 Did you use any other languages?	1=Yes → SPECIFY: _____ 0=No	
X14 Which one (anyone else) beside respondent was present during the interview?	0=No one 1=Husband/wife 2=A child ≥ 5 years 3=A child < 5 years 4=An adult, household member 5=An adult, non-household member	
X15 Did the respondent find some of the questions difficult, embarrassing, or confusing?	1=Yes 0=No	
X16 What questions did the respondent find difficult, embarrassing, or confusing? (write the section/part and question number)	_____ _____ _____ _____	
X17 What is your evaluation of the accuracy of respondent's answers?	1=Excellent 2=Good 3=Fair 4=Not so good 5=Very bad	
X18 Do you believe the work you are doing for this project is difficult?	1=Very difficult 2=Somewhat difficult 3=About ok 4=Very easy	

THE END Thank you very much for your time and all your hard work.

C9 – Sustainable energy

Marrit van den Berg[1], Elisabetta De Cao[2,3], Steffen Eriksen[3], Chilot Y. Tizale[4], Tefera Wondwosen[5]

1 Wageningen University, Netherlands

2 University of Oxford, United Kingdom

3 University of Groningen, Netherlands

4 Ethiopian Institute of Agricultural Research

5 International Food Policy Research Institute - Addis Ababa

1. Introduction

This paper provides an evaluation of the "Sustainable energy: Integrated Approach to Meet Rural Household Energy Needs of Ethiopia" led by The Horn of Africa Regional Environmental Network and Centre (HOA-REC&N). The project is funded under the ACP-EU Energy Facility with MFSII co-funding from ICCO, Kerk-in-Actie, SCN, and EKN. Between 2011 and 2015, the project plans to stimulate the distribution of fuel saving stoves, solar lanterns, solar cook kits, solar home systems, plant oil cookers, and construction of biogas for cooking and lighting using a market-based approach. In this evaluation, we try to answer the following questions:

1. What are the changes under MDG7 –to ensure environmental sustainability, MDG1 –to eradicate poverty and hunger, and MDG4 –to improve maternal health, during the 2012 – 2014 period?
2. To what degree are these changes at target group level attributable to the development interventions of HOAREC&N (i.e. measuring effectiveness)?
3. What is the relevance of these changes?
4. Were the development interventions of HOAREC&N efficient?
5. What factors explain the findings drawn from the questions above?

Access to modern energy is extremely low in rural Ethiopia. He project tries to change this in six districts in the regional states of Oromiya, Amhara and Tigray. While the market-based approach has the potential of reaching sustainable impact if the technologies marketed suit local preferences and needs, our evaluation does not show impact. This could be due to a combination of project delays and the early date of our endline, which was about a year before the official project end.

The structure of the paper is as follows. We first present the context of smallholder livestock production in the target districts and give a description of the project. Subsequently, we present the methodology and data. This is followed by an analyses of the results, an discussion, and a conclusion.

2. Context

Biomass is the main source of energy for the majority of Ethiopian households. Most households use fuel wood and agricultural residues with traditional inefficient stoves. According to a survey conducted by the project implementers in mid-June 2010, for example, each household consumed an estimated 1 ton of solid biomass fuels per year, out of which 620kg was fuel wood (HOAREC&N, 2010). As a result, the natural regeneration capacity of forests and woodlands has been severely eroded in most parts of Ethiopia. FAO (2005) estimates that in the remaining wooded areas of the highlands of Ethiopia stocks are declining by over 0.5% per year.

Also at the household level, the use of biomass as energy source has severe implications. The effort spent on collection and use of biomass fuels, a time-consuming and strenuous job mostly done by women, hampers gender equality and is a significant barrier for more productive use of effort to increase income. In addition, in search for other sources of fuel because of declining access to forests and woodlands, people increasingly use agricultural residues and cattle dung as fuel rather than for maintaining soil fertility, which has had severe impacts on yields and the long term productivity of land. The use of biomass for cooking –often on open fires, has exposed women and children to indoor air pollutants and fire hazards, both causing significant health problems.

Few rural households have access to electricity, which severely limits access to information and communication. Most households still use very low efficiency kerosene wick lamps and pay very high fuel prices. The quality of light available from these lamps is insufficient for most tasks including reading. Exclusion from the electricity infrastructure thus excludes people from information and better education. This has direct impact on economic enterprise (market information, climate information related production decisions) and social welfare (learning for children, family and local networks). Prior effort to introduce renewable energy services through local micro enterprises have not been entirely successful because these enterprises could not reach sufficient number of customers or could not meet the demand for local service (maintenance) requirements of customers.

3. Project description

The project aims to address the issues described above to contribute to improving economic prosperity, social well-being, environmental sustainability and climate change (and hence to contribute to MDG 7 a and b, MDG 1 and MDG5) through creating access to sustainable energy in rural and peri-urban areas in Ethiopia. The project is funded under the ACP-EU Energy Facility with HOAREC as main applicant. Other partners are: SNV, ICCO, EAEDPC, ANCEDA, PISDA, ENDA-Ethiopia, ORDA, REST and GIZ. The total budget was €3,258,877, of which €486,483 was funded by MFS II. Though the project initiated 4 August 2011, field implementation did not start until the end of 2012. The project is scheduled to end 3 August 2015. Prior efforts to introduce renewable energy services through micro enterprises have not been entirely successful because they could not reach sufficient number of customers or could not meet the demand for local service (maintenance) requirements of customers. Opportunities for enterprises are limited in rural and small urban areas in Ethiopia due to a highly geographically-dispersed market with little disposable cash income. Local enterprises are micro-scale, often family based, with very low productivities. This action has concentrated on a limited number of districts to create adequate market for enterprises and the necessary network of renewable energy service providers for system sustainability. It also envisaged diversifying the range of renewable energy products and services provided by enterprises therefore increasing the potential market for them.

The six districts for implementation of the action are situated in the regional states of Oromiya, Amhara and Tigray. The final beneficiaries are expected to be 182,000 households or 1,092,000 inhabitants of these districts. Prior to the project, household energy use in the rural areas of these districts exhibited similar characteristics in that most households derived their cooking fuels from fuel wood and agricultural residues (with three stone open-fire stoves) and used kerosene lamps for lighting. The households were also similar in that their income covered subsistence requirements with little surplus available to trade. There was little income diversification between and within households. Livelihoods are vulnerable to availability and timing of rains and households often face drought risks. The sites are known to be severely affected by forest depletion and land degradation and obviously exposed to extreme lack of modern sources of energy. The selection criteria were: off-grid area (no electricity connection now and for the coming 5-10 years); women, girls and children suffer significant health problems due to exposure to indoor air pollutants (CO and particulate matter) and fire hazards while cooking; relatively severe problem in terms of deforestation and fuel wood shortage. Within these

districts, twenty target *kebeles* were selected with minimum of 500 households, preferably located near to or on main roads and near to the rural market areas (if any), with no or a minimum number of sustainable energy entrepreneurs or projects but able to provide land for centre construction in relatively short period of time and water availability.

The project has established one small enterprise with 10 members –called Renewable Energy Technology Centre (RETC) or SME, in each of the 20 target kebeles. The total population of these kebeles, which can be considered as the direct target population, consists of ten thousand households (HOAREC&N, 2013). The members were trained in the production of sustainable energy appliances and business management. The SMEs are supposed to manufacture stoves, complement these stoves with bio-gas and solar technologies, to disseminate, create awareness, sell and provide after sales installation and maintenance services. The first batch of stoves in financed by the project (in three phases). The money collected from the end users will be accumulated at a special account at the MFI and serve as a revolving fund to continue the business. Solar devices are imported, and difficulties to find good suppliers somewhat delayed the project. The RETCs will be linked to importers and directly buy from them without the use of middlemen.

Potential clients are promised a "full package", stoves plus solar technologies at a reasonable price, which differs by area and product. Prices are set by the SMEs themselves. For imported items like the solar home systems, the national project steering committee has agreed on a 10 percent profit margin. The price of stoves depends on local costs of inputs, transport, and labor and may therefore differ between SMEs. Clients can either pay cash or credit. There is a 30% discount if they pay in the first year, 20% in the second, 0 in the third. There is 1 year guarantee if the technologies break down. Only if the clients damage the technologies themselves, they pay some service charge.

In May 2014, production had reportedly taken off. Each RETC had produced about 200 mirt stoves, while the rocket stoves were still under production. For bio-gas,_potential areas had been identified and 157 installations (of 200 planned) have been registered and are under construction. The RETCS members were being trained in the production of solar cookers. Yet, difficulties in finding a suitable supplier and strict regulations had delayed imports of solar systems and lanterns. This has resulted in limited adoption of the technologies. The stoves had been distributed in some areas, but in other people were waiting for the full package. Most farmers are reportedly willing to pay in cash. The project will start dissemination in October 2014, and as long as there is sufficient demand for the

products of the RETCs, they will continue with their business. The local MFI has agreed to take care of the financial aspects.

4. Methodology

The objective of this report is to describe changes in wellbeing that could be attributed to participation in the Sustainable Energy project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants of wellbeing (Armendariz, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not automatically provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized controlled trial (RTC). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RTCs, is not always possible because of the program implementation or ethical reasons.

As we had no influence on the design of the sustainable energy program, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model one needs to have information about relevant indicators of the treatment group and the control group at two points in time, preferably before (baseline) and after (endline) the intervention. One can then measure the difference in the

changes in outcome indicators for treatment and control group –or project income between baseline and endline. While the RTC methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RTC method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

The DD method works best if the treatment and comparison group are as comparable as possible. One popular method to achieve this is the propensity score method (PSM) (Rosenbaum(1983)). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by the intervention. These include stable characteristics of the household head and the household. If there is a proper baseline, like for this study, outcome variables during baseline can also be used for matching, because they were not yet affected by the treatment. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. The DD method is then applied to households with propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded.

After making the two groups comparable using PSM, a balancing test can be conducted. Although debated in the literature, a balancing test is generally used to determine if the observable controls are distributed similarly between the two groups in question.[1] If any significant difference exists between the two groups, a balancing test should pick up this difference and indicate that the current composition of the data could lead to a biased estimate of the treatment effect. The balancing test is conducted as a set of OLS regressions in which each control variable is individually regressed on a constant and the treatment dummy. The standard errors in the regressions are clustered at the kebele level to account for intraclass correlation. The coefficient of the treatment dummy now gives us an unbiased estimator of the difference between the control and treatment group at the time of the baseline survey.

[1] For a summary of the literature and further discussion of balancing tests see Kleyman (2009)

As indicated above, we first applied PSM and then estimated a DD model. Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[2], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y, and is an unbiased estimate of the average impact on the dependent variable Y of being assigned to the treatment group provided there is only selection on the observed variables.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on unobservables. Adding DD to PSM helps picking up the time- invariant heterogeneity, but bias can still remain due to time-variant unobservables. Yet, a positive significant effect in the DD model is a strong indication of an influential intervention. An insignificant effect -or even a significant negative effect, however does not necessarily imply that the intervention does not work -or even does harm, as in our analysis we only measure short-term effects.

Some of the outcome variables considered in the analysis are binary. In these cases, we estimated a linear probability model (LPM) and report the marginal effect of D_i^C for the impact of the sustainable energy project on outcome Y.[3] In all models the standard errors are clustered at the kebele level. Clustering at the kebele level provides a relatively low amount of clusters (18), but big enough clusters. It is important to cluster the standard errors, as the data might be subject to intraclass correlation, that is, households in the same kebele are likely to be more similar on a wide variety of measures than households that are not part of the same kebele. The higher intraclass correlation, the less unique

[2] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

[3] In recent literature, Puhani (2012) shows that in a nonlinear difference-in-difference, such as the one used in this study, the cross difference is not equal to the treatment effect. Instead the treatment effect comes from the cross derivative (or cross difference) of the conditional expectation of the observed outcome minus the cross derivative of the conditional expectation of the potential outcome without treatment. Although this calculation of the treatment effect is appealing, this study will follow common practice in the field and report the estimate of β_3 in the case of a LPM.

information each household provides. This has to be taken into account when running the regressions by inflating the standard errors.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The DD model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As in this case, the number of new entries and drop outs are very low, as will be seen in the following section, all estimations will be done on the unbalanced panel.

5. Data

We collected baseline data in September 2012, before field implementation of the project started. To get sufficient variability in the data, we collected baseline data in as many target kebeles as feasible and in an equal number of comparison kebeles. We excluded one of the project districts (Arsi Negelle) because of the presence of many other projects (including innovative WASH) and for cost reasons. For the latter reason, we randomly dropped 3 more kebeles. This resulted in 13 target and comparison kebeles, Comparison kebeles are kebeles nearby the selected target kebeles but outside the influence of the planned selected that fulfilled the project selection criteria. in each of the kebeles, we selected a random sample of households, as the project targets all households: technologies are promoted and offered, but the distribution is market-based. In all but one district, we selected 25 households. In the final district (Boset), we selected only 19 households per kebele due to the relatively high number of kebeles sampled.

We did an enline survey between mid -May and mid-June 2014, which was more than a year before the project end. While we intended the re-interview all baseline household, we had to make some changes. A total of eight kebeles in our sample appeared to be on grid and thus did not qualify the project criteria. The project implementers dropped most of the intended target kebeles that were on-grid from the project and replaced them with off-grid kebeles. However, one of the on-grid kebeles in our baseline survey was nevertheless included in the project (Shilum Elmi). We therefore decided to keep this kebele in the sample along with the closest of the other on-grid kebeles in our baseline (Santagelada) and to

add an additional covariate controlling for electricity. We dropped the other on-grid kebeles from the sample. This resulted in a larger number of control than treatment kebeles. As one of the replacement kebeles of the project (Melka) was part of the control group in our baseline, we moved it from the control group into the treatment group to even out the sample somewhat. Finally, the project implementers removed one kebele from the project due to unavailability of water for stove construction (Newi). This kebele was replaced by a kebele which we originally selected as control (Merer). We decided to maintain both kebeles and simply switched their roles.

The final baseline sample used in this study included 490 households; 212 in the treatment group and 278 in the control group. The follow-up survey included 459 households (196 in the treatment group and 263 in the control group). As no new entries were observed, the data revealed a total of 31 drop outs. As this is a relatively low, we do not expect that drop-outs distort the results.

We used the same questionnaire during baseline and endline. The questionnaire contains general questions on household composition and housing conditions, household expenditures and food security, crop production and consumption, land and livestock endowments, and detailed questions related to cooking devices present in the household, type of fuel used, time spend collecting fuel and the health of household members.

Table 1. Sample framework of data used in the analysis

Region	**Woreda/District**	**Treatment**		**Comparison**		**Total Sample**
		Kebele	Sample	Kebele	Sample	
Tigray	Kolatembien	Merer*	25	Newi**	26	51
		Shilum Elmi***	25	Santageleda***	26	51
		Workamba	25	Simret	25	50
		Total	***75***	***Total***	***77***	***152***
Amhara	Bati	Ella	24	Orungu	24	48
				Dameto	25	25
		Total	***24***	***Total***	***49***	***73***
Oromiya	Boset	Buta Bedaso	19	Kechachile Guja	13	32
		Qawa	19	Bekeketu Mome	19	38
				Gerinuradera	19	19
				Dongore Ruketi	25	25
		Total	***38***	***Total***	***76***	***114***
	Fedis	Muleta	25	Bedatu	25	49

		Iftu	25	Riski	25	50
		Melka	25	Umerkule	26	51
		Total	***75***	***Total***	***76***	***150***
		Grand Total	**212**	**Grand Total**	**278**	**490**

* Originally selected as control kebele, but became part of the treatment due to the drop of Newi

** Originally selected as treatment kebele but dropped from the project due to lack of water for stove construction

*** On grid kebele

5.1 Descriptive statistics and balancing tests

The descriptive statistics and balancing tests presented here are based on the common support resulting from the estimated propensity score.[4] The set of covariates chosen for the estimation of the propensity score is the same as the set of controls used in the DD regressions.

Figure 1 below displays the distribution of the propensity score in the treatment and control group. Plotting the distribution of the propensity score is helpful to see if there are any problems in the common support. The distributions seem to have a wide area from which they overlap, thus indicating a good common support. Specifically, the region of the estimated common support is [.231, .951] and only 7 observations are outside this range. [5]

[4] The descriptive statistics and balancing test conducted here are based on the following set of covariates: Sex, Age, Married, Ethnicity, Job, Members, Land, Pack animals and Goat & Sheep. Hence, no outcome indicators are added to the set, as this set differs depending on the outcome variable in question.

[5] Actually, more observations are dropped, but this is due to missing values in some of the covariates.

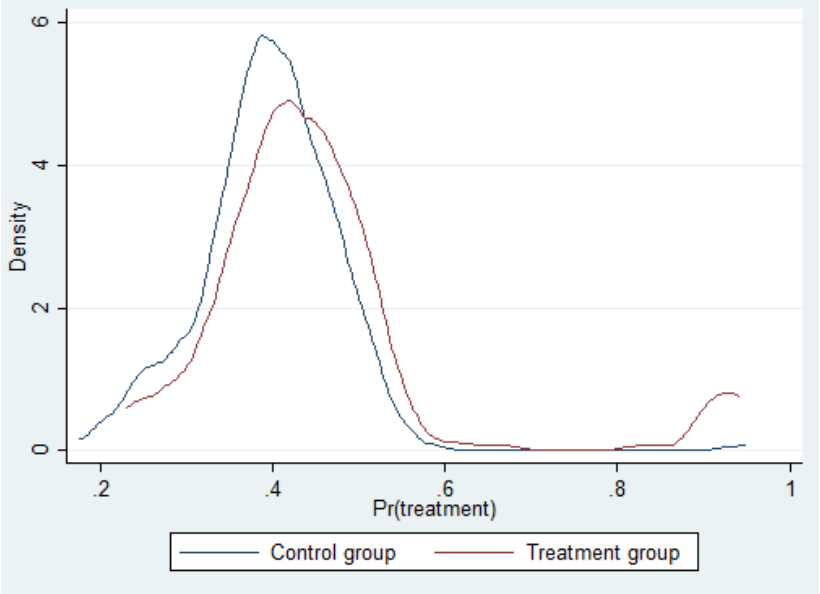


Figure 1: Distribution of the propensity scores in the control and treatment group

the treatment and control household were comparable for both control and outcome variables (Tables 1 and 2). At baseline, most of the household heads in the sample were middle-aged married Oromo men with farming as primary occupation. They owned on average around 1 hectare of land, 1 pack animal and 4 goats and/or sheep for a family of 6. Total expenditures per capita were a little under Birr 2,800 per capita. Only 12-14% of household owned any energy-saving device[6], and on average women and children spent 9-10 hours per week to collect around 33 kg of fuel wood. Women were ill for 1 day on average in the four weeks prior to the survey, children 0.5 day. Respiratory problems and coughing were reported for 5-17 percent of women and children. Overall the balancing tests revealed a good balance between the two groups.

[6] Energy-saving devices refers to the household being in possession of one of the following items: Fuel saving stove, plant oil cooker, solar cookit, solar lantern, biogas digester and electric stove.

Table 1: Summary statistics and balancing tests for controls

	Summary Statistics				Balancing tests
	Control		Treatment		
Dependent variable	N	Mean	N	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Characteristics of the household head					
Sex (male=1)	270	0.88	211	0.87	-0.006
					(0.044)
Age	269	42.63	210	41.90	-0.733
					(1.436)
Married and living with spouse (yes=1)	271	0.88	211	0.87	-0.011
					(0.046)
Ethnic Oromo (yes=1)	271	0.72	211	0.63	-0.094
					(0211)
Primary occupation: Family farming (y=1)	271	0.87	211	0.85	-0.019
					(0.048)
Household characteristics					
Members (#)	270	5.78	211	5.95	0.170
					(0.368)
Land (ha)	255	1.14	189	1.03	-0.107
					(0.175)
Pack animals (#)	270	1.05	211	0.89	-0.619
					(0.247)
Goat & Sheep (#)	270	4.18	211	4.34	0.154
					(1.191)
Electricity (yes=1)	271	0.00	210	0.09	0.082
					(0.082)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from separate OLS regressions. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score with all the control variables used as covariates. Robust standard errors in parentheses. ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

Table 2: Summary statistics and balancing tests for outcomes

	Summary Statistics				Balancing tests
	Control		Treatment		
Dependent variable	N	Mean	N	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Energy-saving devices	271	0.14	210	0.13	-0.012
					(0.051)
Time spent collecting fuel wood	271	10.26	211	9.08	-1.181
(hours/week)					(1.705)
Wood use (kgs/week)	271	32.52	211	32.51	-0.011
					(6.917)
Sick days women	270	0.89	211	1.24	0.352
(past four weeks)					(0.418)
Sick days kids	270	0.49	211	0.47	-0.015
(past four weeks)					(0.240)
Respiratory problems women	270	0.09	211	0.07	-0.019
(yes=1)					(0.029)
Respiratory problems kids	270	0.05	211	0.05	-0.004
(yes=1)					(0.023)
Cough women	270	0.10	211	0.12	0.018
(yes=1)					(0.034)
Cough kids	270	0.16	211	0.13	-0.035
(yes=1)					(0.041)
Total expenditures per capita	269	2.783	209	2,757	-25.488
					(424.717)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from separate OLS regressions. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score with all the control variables used as covariates. Robust standard errors in parentheses ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

6. Results and Discussion

Table 3 reports all the estimates for the outcomes considered in this project. Each column presents the results for a different approach used. Column 1 displays the results from the DD without any control variables added to the specification. Column 2 shows the results from the DD model including additional control variables. Column 3 shows the PSM+DD model without controls. In the final column the estimates from the PSM+DD model including controls are reported. The sample in the estimations of the

final two columns is restricted to only include observations on the common support as given by the propensity score.

Table 3: Impact of program on main outcome variables

Variables	(1) DD – no controls	(2) DD	(3) PSM+DD - no controls	(4) PSM+DD
Energy-saving devices	NI	NI	NI	NI
Time spent collecting fuel wood (hrs/week)	NI	NI	NI	NI
Wood use (kgs)	NI	NI	NI	NI
Sick days women	NI	NI	NI	NI
Sick days children under 15	NI	NI	NI	NI
Respiratory problems women	NI	NI	NI	NI
Respiratory problems children under 15	NI	NI	NI	NI
Cough women	NI	NI	NI	NI
Cough children under 15	NI	NI	NI	NI
Total expenditures/capita	NI	NI	NI	NI

Notes: NI: no impact; NM: Not measured; SD: Significant decrease; SI: significant increase. Controls include: Sex, age, marital status, members, ethnicity, job, land, pack animals, and goat & sheep. See detailed estimation results in the appendix.

We found no significant effects of the project on any of the outcome variables. The only outcome variables that changed significantly between baseline and endline –but not differently for treatment and comparison group, are the use of fuel wood and total expenditures per capita. Both increased: fuel wood use by approximately 12 kg, and expenditures per capita by approximately 1,000 Birr (see Table A4). The latter can probably mostly be explained by the high inflation rate of 34 percent in 2012. Yet the increase in fuel wood use and the associated additional pressure on the environment and women's time and health suggest that a switch to energy-saving technologies has become even more pressing than before the start of the project.

This lack of measurable results is no surprise given the delays of the project. However, we must also consider the possibility that our sample was too small to observe reasonable differences with statistical significance. Ownership of energy-saving devices went up from 14 percent of households to 21 percent for controls, and from 13 percent to 36 percent for households in the target communities. However, these (non-significant) differences did not result in lower use of fuelwood or less respiratory diseases. As indicated above, fuelwood use has increased overall, and this increase may be even higher among project beneficiaries: the measured effect size is an (insignificant) additional increase of 10 kg/week compared to the control group. In addition, the observed, insignificant coefficients for respiratory

diseases are positive, which if anything would point at a relative increase in respiratory diseases in the project villages.

We have no benchmarks to do an efficiency analysis. However, we can compare the price of a solar home system offered by the SMEs with information from the literature. The cost for the SMEs is €600, including a margin of 10% this implies a price of €660 the clients. The Solar Energy Foundation Ethiopia offered a system for a price of € 167 in 2009 (https://energypedia.info/wiki/Solar_Home_System_(SHS)_Costs#cite_note-). Though this system may have more limited capacity, the difference is large.

7. Discussion

Access to modern energy services is critical for achieving the Millennium Development Goals. It plays role in reducing poverty, improving maternal health, reducing child mortality, and reducing pressure on the environment (The UN Millennium Project, 2005). Nonetheless, many households in developing countries still rely on traditional energy sources. According to WHO and UNDP (2009), 2.6 billion people in developing countries use solid fuels – wood, animal dung, coal, charcoal, and agricultural residues, of which 625 million live in Sun-Saharan Africa. Only six percent of African households relying on tradition biomass for cooking use improved stoves.

Reliance on traditional biomass fuel and the use of traditional stoves –which are energy inefficient and emit abundant smoke, has undesirable socio-economic. As women and children are responsible for fuel collection an women are responsible for food preparation, these groups are specifically affected (IEA, 2006). Every year about 2 million people die prematurely from illness associated with indoor air pollution (IAP), which is more than those of malaria or tuberculosis (WHO, 2011; IEA, 2010). A significant portion of these IAP-related deaths are due to biomass fuel (IEA, 2006). Besides respiratory illnesses, the health impacts of IAP include eye irritation, back pains due to carrying heavy loads of fuel, and burns from open fire, which are estimated result in 300 thousand deaths each year globally (Treiber, 2012). In addition, according to UN Women Watch (2009) women in poor rural areas spend two to twenty hours per week on traditional biomass collection. In rural Ethiopia this is on average close to six hours per week per household (Damte et al., 2012). show that in Ethiopia on average close to 6 hours per week per household was spent on fuel wood collection.

Evidence of the aggregate environmental impacts is mixed. As collection of fuel wood is usually performed on trees outside forests, it mostly results in localized deforestation and its role in large scale forest depletion is low (IEA, 2006). In contrast, a study for India shows that the effect of biomass fuels on air pollution is substantial, contributing 33 to 56 percent of total black carbon emission (Lambe and Atteridge, 2012).

Introduction of new technologies forms an important approach to minimizing the harmful effects of the use of biomass fuels. Recent technological developments allow the small-scale use of solar energy by individual households. The introduction of Improved cooking stoves dates back to the oil crises of the 1970s but has recently received intensified attention due to climate change and health concerns(Ruiz-Mercado et al., 2011). These stoves are energy efficient and have better combustion and low smoke emission. The Global Alliance for Clean Cook Stoves, an international initiative led by the UN Foundation, aims at the adoption of clean and efficient cook stoves in 100 million homes by 2020 (http://www.unfoundation.org/what-we-do/campaigns-and-initiatives/cookstoves/). The national program of Ethiopia has envisaged to have disseminated 9 million improved stoves by the end of 2015 and further increase to 34 million by 2030 (FDRE, 2012). In addition to this national program, there are private initiatives, of which the project under evaluation is one.

The project follows a market-led approach to reach a sustainable impact. The idea is to kick-start small businesses who will keep operating profitably after the project has ended. While this approach certainly has potential, our evaluation has not been able to prove the kick-start or the sustainability, possibly due to the early endline survey. However, setting-up sustainable energy enterprises targeting the rural poor is far from easy. In a study on business models for improved stoves in india, Shrimali et al (2011) conclude that none of the twelve companies interviewed targeted individuals earning less than $2/day. These households supposedly did not have the money to afford improved stoves. Relatedly, Barnes at al (2005) point out that the potential for adoption of improved stoves is significantly higher in urban households and households with higher incomes that are more likely to purchase rather than collect biomass. We have little information on the prices of the devices marketed by the SMEs as these depend partly on local costs. However, the imported solar homes systems seem quite expensive. Still, the project reports high expressed demands.

For adoption and willingness to pay, the design and technology of the devices are essential. This means that these must be very carefully selected to suit local customs and preferences, especially when cooking is involved.

8. Conclusion

The project tackles very important issue: the lack of access to modern energy in rural households. The market-based approach has the potential of reaching sustainable impact if the technologies marketed suit local preferences and needs. We need more information to assess whether this is the case. Our current data do not show any impact, but impact could still arise in the last project year or beyond..

Table 4 Evaluation conclusions

Statement	Rating[1]	Comments
The project was well designed	7.5	Market-based approach has potential for sustainability, but must be well-fitted to the situation. We have limited information on this
The project was implemented as designed	8	Except for delays, the project was implemented as designed.
The project reached all its objectives	1	We found no significant impact. This could be due to the early endline..
The observed results are attributable to the project interventions	8	Dif-in-dif analysis with real baseline.
The observed results are relevant to the project beneficiaries	8	Modern energy devices could greatly improve wellbeing and decrease biomass use.
The project was implemented efficiently	5	Solar home system seems expensive, but for the remainder we have no benchmarks.

[1] Our agreement on a scale for 1 (not at all) to 10 (completely)

References

Armendáriz, B. and J. Morduch (2010). The Economics of Microfinance. The MIT Press, second edition.

Barnes, D., Krutilla, K., Hyde, W., 2005. The Urban Household Energy Transition. Resources for the Future Press, Washington, DC.

Damte, A., Koch. S, and Mekonnen A. (2012). Coping with Fuel wood Scarcity: Household Responses in Rural Ethiopia. Environment for Development. Discussion Paper Series 12-01.

FDRE. Ministry of Water and Energy. 2012. Scaling - Up Renewable Energy Program. Ethiopia Investment Plan

HoA-REC/N (2010). Grant application. Integrated Approach to Meet Rural Household Energy Needs of Ethiopia

HoA-REC/N (2013). The HoA-REC&N Quarterly Newsletter, Volume 2 – Issue 1. AAU

IEA (2006). World Energy Outlook 2006 Edition. OECD/IEA, Paris.

IEA (2010). World Energy Outlook 2006 Edition. OECD/IEA, Paris.

Kleyman, Y. N. (2009) Testing for covariate balance in comparative studies. Ph.d. dissertation, University of Michigan.

Lambe, F. and A. Atteridge (2012). Putting the Cook Before the Stove: a User-Centred Approach to Understanding Household Energy Decision-Making. A Case Study of Haryana State, Northern India. Stockholm Environment Institute, Working Paper 2012-03.

Puhani, Patrick A (2012). The treatment effect, the cross difference, and the interaction term in nonlinear 'difference-in-differences' models. Economics Letters.

Rosenbaum, P.R and D.B. Rubin (1983). The central role of the propensity score in observational studies for causal effects. Biometrika, Vol. 70, No. 1. pp. 41-55.

Ruiz-Mercado, Masera O. , Zamora H., and Smith K. 2011. Adoption and sustained use of improved cook stoves. Energy Policy 39 (2011) 7557-7566.

Shrimali, G., Slaski, X., Thurber, M. C., & Zerriffi, H. (2011). Improved stoves in India: a study of sustainable business models. *Energy Policy*, *39*(12), 7543-7556.

Takama, T, S. Tsephel, and F. Johnson (2012). Evaluating the relative strength of product-specific factors in fuel switching and stove choice decisions in Ethiopia. A discrete choice model of household preferences for clean cooking alternatives. Energy Policy 36 (2012). 1763-1773.

Treiber, M.U. (2012). Fuel and Energy Diversification in the Light of Energy Transition a Technology Adoption Theory. Master's Thesis. Department of International Environment and Development Studies. Norwegian University of Life Science.

UN Millennium Project. 2005. Investing in Development: A Practical Plan to Achieve the Millennium Development Goals. New York

WHO, 2011. Indoor air pollution and health. Fact Sheet No. 292 (available from: http://www.who.int/mediacentre/factsheets/fs292/en/)

WHO and UNDP. 2009. The Energy Access Situation in Developing Countries. New York: United Nations Development Programme

Appendix

Table A1: DD estimates – without controls

VARIABLES	(1) Energy-saving devices	(2) Time spent collecting fuel wood (hrs/week)	(3) Wood use (kgs)	(4) Sick days women	(5) Sick days children under 15	(6) Respiratory problems women	(7) Respiratory problems children under 15	(8) Cough women	(9) Cough children under 15	(10) Total expenditures per capita
year	0.065	1.780	18.238**	0.556*	0.037	-0.015	-0.009	0.028	-0.056	1,097.346***
	(0.059)	(1.971)	(6.591)	(0.315)	(0.217)	(0.021)	(0.021)	(0.036)	(0.037)	(364.443)
treatment	-0.015	-1.183	0.175	0.360	-0.003	-0.017	-0.007	0.017	-0.038	-29.173
	(0.052)	(1.698)	(6.841)	(0.416)	(0.237)	(0.028)	(0.024)	(0.035)	(0.042)	(416.921)
year*treatment	0.163	-1.141	5.451	-0.140	0.377	0.045	0.048	0.006	0.091	62.476
	(0.148)	(2.698)	(9.537)	(0.538)	(0.298)	(0.044)	(0.039)	(0.060)	(0.055)	(451.959)
Constant	0.144***	10.266***	32.335***	0.877***	0.477***	0.083***	0.054***	0.101***	0.166***	2,786.994***
	(0.037)	(1.121)	(6.037)	(0.213)	(0.161)	(0.019)	(0.019)	(0.022)	(0.039)	(273.330)
Observations	947	948	948	947	947	947	947	947	947	938
R-squared	0.036	0.010	0.023	0.005	0.005	0.002	0.004	0.003	0.004	0.029

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A2: DD estimates – with controls

VARIABLES	(1) Energy-saving devices	(2) Time spent collecting fuel wood (hrs/week)	(3) Wood use (kgs)	(4) Sick days women	(5) Sick days children under 15	(6) Respiratory problems women	(7) Respiratory problems children under 15	(8) Cough women	(9) Cough children under 15	(10) Total expenditures per capita
year	0.046	1.227	11.918**	0.407	0.115	-0.024	-0.028	0.037	-0.114	988.416**
	(0.060)	(1.609)	(4.803)	(0.352)	(0.433)	(0.020)	(0.045)	(0.036)	(0.067)	(349.439)
treatment	-0.013	-0.901	3.438	0.302	0.397	-0.039*	-0.002	0.055*	0.036	-102.016
	(0.065)	(1.144)	(5.868)	(0.349)	(0.404)	(0.022)	(0.054)	(0.031)	(0.101)	(213.954)
year*treatment	0.165	-1.533	9.538	-0.287	0.181	0.043	0.072	-0.032	-0.000	77.289
	(0.148)	(2.537)	(9.947)	(0.560)	(0.621)	(0.043)	(0.081)	(0.051)	(0.099)	(504.333)
Constant	0.009	0.794	-17.204	0.358	-1.674	-0.017	0.004	-0.035	0.007	4,318.725***
	(0.095)	(1.618)	(10.310)	(0.781)	(1.231)	(0.039)	(0.080)	(0.064)	(0.144)	(509.711)
Observations	863	863	863	863	863	863	863	863	863	863
R-squared	0.099	0.205	0.175	0.091	0.187	0.317	0.312	0.324	0.316	0.161

Notes: All the columns present the coefficient estimate of the Double Difference regressions along with the corresponding year effect. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, Age, marital, members, educ, ethnic, job, land, pack animals, goat&sheep and electricity. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A3: PSM with DD estimates - without controls

VARIABLES	(1) Energy-saving devices	(2) Time spent collecting fuel wood (hrs/week)	(3) Wood use (kgs)	(4) Sick days women	(5) Sick days children under 15	(6) Respiratory problems women	(7) Respiratory problems children under 15	(8) Cough women	(9) Cough children under 15	(10) Total expenditures per capita
year	0.063	1.868	17.824**	0.578*	0.324	-0.019	-0.047	0.036	-0.116	1,102.362***
	(0.058)	(2.032)	(6.745)	(0.330)	(0.456)	(0.022)	(0.049)	(0.039)	(0.079)	(374.117)
treatment	-0.016	-1.253	0.497	0.384	0.389	-0.018	-0.007	0.026	0.024	-150.003
	(0.051)	(1.701)	(7.101)	(0.421)	(0.450)	(0.029)	(0.055)	(0.034)	(0.109)	(348.250)
year*treatment	0.167	-1.220	6.092	-0.133	0.661	0.049	0.130	-0.001	0.102	172.874
	(0.148)	(2.754)	(9.634)	(0.557)	(0.652)	(0.045)	(0.087)	(0.062)	(0.124)	(509.132)
Constant	0.141***	10.376***	31.836***	0.831***	1.213***	0.085***	0.146***	0.093***	0.396***	2,772.568***
	(0.037)	(1.128)	(6.268)	(0.224)	(0.314)	(0.020)	(0.038)	(0.020)	(0.088)	(273.078)
Observations	927	926	924	921	923	933	923	928	927	912
R-squared	0.037	0.011	0.023	0.006	0.009	0.002	0.006	0.004	0.004	0.033

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A4: PSM with DD estimates - with controls

VARIABLES	(1) Energy-saving devices	(2) Time spent collecting fuel wood (hrs/week)	(3) Wood use (kgs)	(4) Sick days women	(5) Sick days children under 15	(6) Respiratory problems women	(7) Respiratory problems children under 15	(8) Cough women	(9) Cough children under 15	(10) Total expenditures per capita
year	0.046	1.459	11.167**	0.411	0.264	-0.027	-0.018	0.045	-0.116	1,025.685**
	(0.058)	(1.681)	(5.064)	(0.365)	(0.425)	(0.020)	(0.045)	(0.038)	(0.071)	(361.441)
treatment	-0.012	-0.856	3.644	0.308	0.247	-0.039*	-0.002	0.059*	0.029	-174.562
	(0.064)	(1.163)	(5.834)	(0.348)	(0.365)	(0.022)	(0.053)	(0.029)	(0.102)	(214.071)
year*treatment	0.165	-1.805	10.005	-0.235	0.256	0.045	0.059	-0.040	0.001	144.786
	(0.149)	(2.597)	(9.902)	(0.572)	(0.588)	(0.043)	(0.078)	(0.052)	(0.102)	(558.691)
Constant	0.038	0.595	-14.455	0.395	-1.250	-0.015	0.010	-0.040	0.013	4,088.218***
	(0.094)	(1.699)	(10.002)	(0.763)	(1.232)	(0.038)	(0.076)	(0.067)	(0.147)	(601.078)
Observations	844	842	840	838	840	849	840	844	844	838
R-squared	0.095	0.208	0.174	0.090	0.178	0.325	0.310	0.326	0.319	0.160

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, Age, marital, members, educ, ethnic, job, land, pack animal, goat&sheep and electricity. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Identification code	Zone	District	PA	HH	Ind.

PART 0 – INTRODUCTION

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about your household food production, utilization and income. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.

(*Enumerator: I have completed the informed consent process on the first page prior to administering the questionnaire. Enumerator's name and ID: ……)*

1	Name of the head of household	
2	Sex of the head (0=female, 1=male)	
3	Telephone no. of the household head or other household member	
4	First name of the respondent *(given name)* |___|	
5	Middle name of the respondent *(father's name)*	
6	Last name of the respondent *(grand father's name)*	
7	Relationship of respondent to head of household *(codes A)*	
8	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	/ / 2012
9	Time the interview started, 24 hour clock ("**hh: mm**")	_ _ : _ _
10	Time the interview ended, 24 hour clock ("**hh: mm**")	_ _ : _ _

		In words	Code
11	Region		
12	Zone		
13	District		
14	Peasant Association (PA, Kebele)		
15	Gote		
16	Village		
17	Enumerator's name		
18	Supervisor's name		
19	Data entry person's name		

Relationship of the respondent to the household head (codes A)

1. Household head
2. Spouse
3. Son/daughter
4. Parent
5. Son/daughter in-law
6. Grand child
7. Other relative
8. Other, specify

Identification code	Zone	District	PA	HH	Ind.

PART I- Household Composition and housing conditions

1. Household composition and characteristics

Say to the respondent: Please tell me about all the people who normally live in this household, including both family members and non-family members such as residing servants. Start with yourself, then the head of the household (if it is not you), spouse and their children, then other family members and non-family members.

Member code	(1.1) Name of household member (start with respondent and make a complete list before moving to Q 1.2	Sex(Codes A) (1.2)	Age (years) (1.3)	Age (Months, children under five) (1.4)	Relation to HH head (Codes B) (1.5)	Marital status (Codes C) (1.6)	Education level for years >=5 years (code D) (1.7)	Completed years of formal education (1.8)	(1.9) Ethnicity/ Clan (Code E)	(1.10) How many months did HH-------- live in the past 12 months	(1.11) Occupation **(Codes F)**	
											Main	Secondary
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

Sex (Codes A)	*Relation to head Q1.5(codes B)*	*Marital status Q1.6 (codes C)*	*Education Q1.7(codes D)*	*Clan/ Ethnic Q1.9 (Code E)*	*Occupation (codes F)*
0. Female *1. Male*	*1. Household head* *2. Spouse* *3. Son/daughter* *4. Parent* *5. Son/daughter in-law* *6. Grand child* *7. Other relative* *8. Hired worker* *9. Other, specify:*	*1. Married living with spouse/s* *2. Married but spouse away* *3. Divorced/separated* *4. Widow/widower* *5. Never married* *6. Other, specify……*	*0. None/Illiterate* *1. Adult education* *2. Religious education* *3.* *4. First cycle (grades 1-4)* *5. Second cycle (grades 5-8)* *6. Secondary (grades 9-10)* *7. Preparatory (grades11-12* *8. Tertiary (diploma and above)* *9.NA (children under 5 years)* *10.Others (specify……*	*1=Oromo* *2=Amhara* *3=Somali* *4=Tigraway* *5=Sidama* *6=Gurage* *7=Other (SPECIFY:_ _____)*	*1. Work on the family farm* *2. Salaried* *3. Casual labor* *4. Self-employed in business (other than the farm),* *5. Student* *6. Not employed* *7. Housekeeping and child care* *8. Livestock herding* *9. Other (specify):*

Identification code	Zone	District	PA	HH	Ind.

2. Housing conditions

2.1. Do you own this house?	0=No 1=Yes	
2.2. Major material exterior wall is made of the main residence	1=Wood and Mud 2=Wood and Grass 3=Reed and Bamboo 4=Mud and Stones 5=Cement and Stones 6=Hollow Bricks 7=Bricks 8=mud bricks 9=Other (specify)	
2.3. Major material floor is made of	1=Earth/Mud 2=Wood 3=Cement 4=Ceramics/Tiles 5=Other (specify)	
2.4. Major material roof is made of	1=Corrugated Iron Sheet 2=Thatch and Grass 3=Wood and Mud 4=Reed and Bamboo 5=Clay 6=Other (specify)	
2.5. Total number of rooms in the house		
2.6. Does the house have access to electricity?	0=No 1=Yes	
2.7. Does the house have access to piped water?	0=No 1=Yes	
2.8.Total number of outbuildings including kitchens but not including toilets		
2.9. Type of toilet facility the household uses	1=Pit latrine (Private) 2=Pit latrine (Shared) 3=Flush toilet (Private) 4=Flush toilet (Shared) 5=Field/Forest 6=Containers (Household utensils) 7=Other (specify)	

PART II: Household cash expenditures

3. Frequent cash expenditures (weekly)

	Item name	(3.1) In the **last 7 days** did your household spend money on this item? *(0=no, 1=yes, DK=don't know)*	(3.2) How much did the household spend on the item in the **last 7 days**? [ETB]
1	Food and drinks (cash only)		
2	Cigarettes/tobacco/suret/gaya		
3	Fire wood		
4	Charcoal		
5	Kerosene		
6	Candles		
7	Gas for lantern		
8	Battery (dry cell)		

Identification code	Zone	District	PA	HH	Ind.

4. Monthly cash expenditures

	Item name	(5.1) In the **last 30 days** did your household spend money on this item? *(0=no, 1=yes*	(5.2) How much did the household spend on the item in the **last 30 days**? [ETB]
1	Grain milling charge		
2	Electricity		
3	Water bill		
4	Soap/washing & cleaning products		
5	Personal care (barber, hair dresser, toothpaste, etc)		
6	Transport expenses		
7	Communication (cell phone charging and air time, mail,)		
8	Entertainment (socializing)		
9	House rent/mortgage payment		
10	Iddir contribution		
11	Hired labor		
12	Other, specify		

5. Less frequent expenditures (in the last 12 months)

	Item name	(6.1) In the **past 12 months**, did your household spend money on [ITEM]? *(*0=no, 1=yes)	(6.2) How much did the household spend on [ITEM] in the **last 12 months**? (ETB)
1	Clothes and shoes (including school uniforms)		
2	Furniture (tables, chairs, beds, etc)		
3	Blankets/bedsheets		
4	School fees and other educational expenses		
5	Social events (wedding, funeral, etc)		
6	Housing improvement (latrine, new roof, etc)		
7	Human health expenses (medicine, hospital , …)		
8	Vehicle purchase or repair (car, bicycle, motorcycle)		
9	Contributions & membership fees (associations/church/sports etc)		
10	Taxes		
11	Other, specify		

Identification code	Zone	District	PA	HH	Ind.

PART III –AGRICULTURE: ASSETS AND HOME CONSUMPTION

6. Livestock ownership: Please describe your household's livestock assets:

6.1	Does anyone of your household own livestock? 1=yes 0=no -> go to 8		
	(6.2) Animal type	(6.3) Do you own [ANIMAL TYPE]? 1=Yes, 0=No	(6.4) Number owned by the household
1.1	Cow		
1.2	Calf		
1.3	Heifer		
1.4	Bull		
1.5	Oxen		
2	Goats		
3	Sheep		
4	Camel		
5	Donkey		
6	Horse		
7	Poultry		

7. Home consumption of livestock products

7.1	In the past 7 days, did you consume any animal products produced in the household? 1=yes 0 =no		
7.2	If yes to Q 7.1, make a list of all products that they consumed. Then ask Q (7.3) (Code)	(7.3) How much did you consume?	
		a. Unit (code)	b. quantity
1			
2			
3			
4			
5			
6			
7			

Codes 7.2		*Codes 7.3a*	
1=Whole Milk	*5=Butter*	*1= Kg*	*4=Number*
2=Skimmed Milk	*6=Meat*	*2=Quintal*	*5=*
3=Cheese (traditional)	*7=Eggs*	*3=Litre*	*6=*
4=Yoghurt	*8=Other*		

Identification code	Zone	District	PA	HH	Ind.

8. Crop production and consumption

8.1	Do you or your household own land for agricultural activities (crop, forage, livestock production) 1. Yes 0. No	
8.2	If yes to Q8.1, how much land does your household own? (ha)	
8.3	Did you or any member of your household engage in crop production during 2012 crop season? 1. Yes 0. No	
8.4	If yes to Q 8.3, Did you use any of the produce for home consumption? 1. Yes 0. No	

8.5 *List all crops consumed (Code)*	(8.6) How much did you produce?		(8.7) How much did you consume?	
	a. Unit (code)	b. quantity	c. unit (code)	d. quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Code Q (8.4) **Code Q (8.6a, 8.7c)**

Cereals	Legumes	Oil crops	Vegetables & Tubers	
1= Sorghum	11=Faba bean	21=Sesame	31=Irish Potato	1=Kg
2=Maize	12=Field pea	22=Niger seed	32=Sweet Potato	2=Quintal
3=Millet	13=Chick Pea	23= Lin seed	33= Onion	3=Ton
4=Wheat	14=Lentil	24= Rape seed	34= Garlic	4=Other (specify)
5=Barley	15=Soya bean	25=	35= Tomato	
6=Tef	16=Grass pea	26=	36= Gesho	
7=	17=	27=	37=Enset	
8=	18=	28=	38=	

Identification code	Zone	District	PA	HH	Ind.

PART III- WASH

9. Water supply

	Purpose	(9.1) What is your main source of water for [purpose]? (code)	(9.2) What distance do you go to collect water in the DRY season (round trip)? *(code)*	(9.3) What distance do you go to collect water in the RAINY season (round trip)? (code)	(9.4) How long do you queue at the water point during the DRY season? (code)	(9.5) How long do you queue at the water point during the RAINY season? (code)	(9.6) How much water does your household use for the daily […]? (code)	(9.7) Who usually goes to this source to fetch the water for your household? (code)
1	Drinking							
2	Cloth and bath							
3	Livestock							
Source codes (9.1) 1. Surface water (river/lake/pond, stream, canal) 2. Piped water into the house/household tap 3. Public tap/standpipe 4. Protected dug well 5. Protected spring 6. Borehole 7. Unprotected well 8. Unprotected spring 9. Household water facility (self-supply) 10. Rainwater tank 11. Cart with small tank 12. Other: Specify……			Distance codes (9.2 & 9.3) 1=200 metres and less 2= 200-1000 metres 3=1000-2000 metres 4=2000-3000 metres 5=More than 3000 metres		Time codes (9.4 & 9.5) 1=Less than 10 min. 2=10-20 minutes 3=20-30 minutes 4=30-40 minutes 5=More than 40 min.		Quantity codes (9.6) 1= less than 1 bucket (20 liters) 2= between 1-3 buckets 3=3-5 buckets 4=more than 5 buckets	Code (9..7) 1=Women 2=Men 3=Children

10. Drinking water

10.1	How do you store your drinking water?	1= covered container 2= uncovered container	
10.2	Cleanness of the drinking water container (to be observed by the enumerator)	1= clean container 2= not clean inside the container	
10.3	What household treatment do you use for drinking water?	1=none 2=boiling 3=agar 4=moringa 5=other, specify_____	

Identification code	Zone	District	PA	HH	Ind.

11. Sanitation

11.1	What type of latrine facilities exist for household use?	1= no latrine 2= traditional latrine (uncovered, rudimentary, uneven, difficult to clean, flies exist) 3=improved pit latrine (covered, cement slab/sand plate, cleanable, even, no flies) 4=Eco-san toilet 5=flush toilet 6=other, specify_____	
11.2	Is there evidence of the use of a latrine at household level (observation)? (Faeces in the pit, maintained, visible access, no spider webs)	1=yes 0=no	
11.3	Does your community have a latrine that is open for public use (community latrines)?	1=yes 0=no	
11.4	If yes to Q 11.3, What type of latrine is this?	2= traditional latrine (uncovered, rudimentary, uneven, difficult to clean, flies exist) 3=improved pit latrine (covered, cement slab/sand plate, cleanable, even, no flies) 4=Eco-san toilet 5=flush toilet	
11.5	Does anyone from your household ever use the public (community) latrine?	1=yes 0=no	
11.6	If no to q. 11.5, why not? (Code)	1. It is located at far distance 2. It is not clean 3. We have our own toilet 4. Other (specify) ----------	
11.7	How do you wash your hands after using the toilet?	1=No hand washing 2=Washing without running water 3=Washing with running water only 4=Washing with running water and soap/ash	

12. Moringa production

12.1	Is there a moringa nursery in or nearby your community?	2=don't know 1=yes 0=no	
12.2	If yes to q.12.1, does anyone of your household work there?	1=yes 0=no	
12.3	Do you or your household own moringa trees?	1=yes 0=no ->13	
12.4	If yes to q.12.3, how many?		
12.5	Have they already produced seeds?	1=yes 0=no	
12.6	If yes to q.12.5, what have you done with the produce?	1=used at home; 2 = sold; 3 = both	

Identification code	Zone	District	PA	HH	Ind.

PART IV Health

13. Water-Borne diseases

Member code	13.1 During the last 4 weeks, how many days of your primary daily activities did you miss due to poor health?	13.2 Did you experience diarrhoea in the last 4 weeks? 1=yes 0=no ->next person	13.3 If yes Q 13.2, How many days did you experience diarrhoea?	**Children 0-6 only**					
				13.4 Did [NAME] experience diarrhoea in the last 4 weeks? 1=yes 0=no ->next person	13.5 If yes to Q 13.4 For how many consecutive days did --------- HH member have diarrhea? (only report the longest period)	13.6 Was it mixed with blood? 1=yes 0=no	13.7 Was it mixed with mucus? 1=yes 0=no	13.8 Was it a pale liquid? 1=yes 0=no	13.9 Which were the other symptoms? (more than one is allowed) 0=no other symptoms 1=vomit 2=fever 3=cramps 4=nausea 5=other (specify)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

13.10 Did you visit a physician/health clinic in the past 6 months? 1=Yes 0=No

13.11 Did your household's members visit a physician/health clinic in the past 6 months?

1=Yes 0=No

Identification code	Zone	District	PA	HH	Ind.

PART V - FOOD SECURITY

14. Household Food Insecurity

14.1	In the last 12 months, did you at any time not have enough food? 0 = no; 1 =yes											
14.2	In the past 12 months, for how many months did you not have enough food to meet your family needs? Check below *(✓)*											
	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
14.3	Did you receive any food aid during the past 12 months? 0 = no; 1 =yes											
14.4	If yes to Q14.3 in which months of the year did you receive food aid? *Check below (✓).*											
	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC

For each of the following questions, consider what has happened in the **past 1 month**. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 1 month? *(Circle the answer)*

Event		Frequency of event			
		Never (0 times)	Rarely (1-2times)	Sometimes (3-10 times)	Often > 10 times
14.5	Did you worry that your household would not have enough food?	**0**	**1**	**2**	**3**
14.6	Were you or any household member not able to eat the kinds of foods you **preferred** because of a lack of resources?	**0**	**1**	**2**	**3**
14.7	Did you or any household member eat a **limited variety** of foods due to a lack of resources?	**0**	**1**	**2**	**3**
14.8	Did you or any household member eat food that you did not want to eat because a lack of resources to obtain other types of food?	**0**	**1**	**2**	**3**
14.9	Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?	**0**	**1**	**2**	**3**
14.10	Did you or any other household member eat fewer meals in a day because there was not enough food?	**0**	**1**	**2**	**3**
14.11	Was there ever no food at all in your household because there were no resources to get more?	**0**	**1**	**2**	**3**
14.12	Did you or any household member go to sleep at night hungry because there was not enough food?	**0**	**1**	**2**	**3**
14.13	Did you or any household member go a whole day without eating anything because there was not enough food?	**0**	**1**	**2**	**3**

Identification code	Zone	District	PA	HH	Ind.

14.14 ON AVERAGE, How many meals were eaten yesterday in this household, by children of **less than 5 years old ?**	
14.15 ON AVERAGE How many meals were eaten yesterday in this household by children of **5-15 years of age?**	
14.16 **ON AVERAGE,** How many meals were eaten yesterday in this household, by one household members with **more than 15 years of age?**	

14.17 Which one of the following categories of food was eaten in this household during the **last 7 days?**
(Mark with x if a food category was present in the diet for that specific day, leave blank otherwise)

Categories of food	Yesterday	2 days ago	3 days ago	4 days ago	5 days ago	6 days ago	7 days ago
01. Cereals and root-crops (rice, bread, millet, cassava, potatoes, etc…)							
02. Pulses (peanuts, haricots, sesame, chick peas, lentilles, green peas, other peas…)							
03. Fruit							
04. Meat/Fish							
05. Dairy products (milk, butter, cheese, yoghurt, etc…)							
06. Eggs							
07. Vegetable oil/fat (ghee, oils…)							
08. Sugar, honey, drinks with sugar (coca cola, fanta, etc..)							
09. Vegitable							
10. Any other food item							

15. Access to rural services in the last 12 months

15.1	Do you have a bank account? (0=no; 1=yes)	
15.2	If yes to (Q 15.1), how much money do you currently have in the account (ETB)	
15.3	Did you try to obtain a loan last year (0=no; 1=yes)	
15.4	If yes to (Q 15.3), did you get the loan? (0=no; 1=yes)	
15.5	If yes to (Q 15.4), how much credit did you receive? [ETB]	
15.6	Did you have access to agricultural extension last year? (0=no; 1=yes)	
15.7	If yes (Q 15.6), how many contacts did you have over the last 12 months (visits, field days, consultations, …)	

THE END Thank you very much for your time.

Identification code	Zone	District	PA	HH	Ind.

FINAL PART: ENUMERATOR NOTE

Researchers affiliated with IFPRI would like to learn more about you and your background.

X1 What is your sex?	1=Male 0=Female	
X2 What is your age?	[__|__]	
X5 What is the language you grew up speaking?	1=Amharic 2=Oromigna 3=Tigrigna 4=Somali 5=Guaragigna 6=English 7=Other (SPECIFY:_____)	
X7 What ethnic group do you belong to?	1=Oromo 2=Amhara 3=Somali 4=Tigraway 5=Sidama 6=Gurage 7=Other (SPECIFY:_____)	
X8 What is the highest level of schooling that you have completed?	1=First cycle primary school (1-4) 2=Second cycle primary school (5-8) 3=Secondary school (9-10) 4=Diploma 5=BA or BSc 6=Master's Degree 7=Phd	
X9 Did you have previous interviewing experience?	1=Yes → **X10** 0=No → **X11**	
X10 For which organization did you work as interviewers?	IFPRI……1 National Statistics Office .....2 NGO survey team….....3 None.....4 Other (SPECIFY:_____)…….5	

Identification code	Zone	District	PA	HH	Ind.

Researchers affiliated with IFPRI would like to learn more about this interview and to seek feedback from you.

X11 Which is the result of the interview?	1=Interview completed 2= Interview partly completed 3= Refusal, no interview obtained 4= No respondent at home 5= Other (SPECIFY_____)	
X12 What is the main language you used for the interview?	1=Amharic 2=Oromigna 3=Tigrina 4=Somali 5=Guaragigna 6=English 7=Other (SPECIFY:_____)	
X13 Did you use any other languages?	1=Yes → SPECIFY: _____ 0=No	
X14 Which one (anyone else) beside respondent was present during the interview?	0=No one 1=Husband/wife 2=A child ≥ 5 years 3=A child < 5 years 4=An adult, household member 5=An adult, non-household member	
X15 Did the respondent find some of the questions difficult, embarrassing, or confusing?	1=Yes 0=No	
X16 What questions did the respondent find difficult, embarrassing, or confusing? (write the section/part and question number)	_____ _____ _____ _____	
X17 What is your evaluation of the accuracy of respondent's answers?	1=Excellent 2=Good 3=Fair 4=Not so good 5=Very bad	
X18 Do you believe the work you are doing for this project is difficult?	1=Very difficult 2=Somewhat difficult 3=About ok 4=Very easy	

THE END Thank you very much for your time and all your hard work.

C12 – Innovative WASH – (Water purification with Moringa)

Marrit van den Berg[1], Elisabetta De Cao[2,3], Steffen Eriksen[3], Chilot Y. Tizale[4], Tefera Wondwosen[5]

1 Wageningen University, Netherlands

2 University of Oxford, United Kingdom

3 University of Groningen, Netherlands

4 Ethiopian Institute of Agricultural Research

5 International Food Policy Research Institute - Addis Ababa

1. Introduction

This paper provides an evaluation of the Innovative WASH project coordinated by HOA-REC&N and financed by ICCO within the MFSII framework for the Dutch Ministry of Foreign Affairs. In this evaluation, we try to answer the following questions:

1. What are the changes under MDG7c - to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation- during the 2012 – 2014 period?
2. To what degree are these changes at target group level attributable to the development interventions of HOA-REC&N and its partners (i.e. measuring effectiveness)?
3. What is the relevance of these changes?
4. Were the development interventions of HOA-REC&N and its partners efficient?
5. What factors explain the findings drawn from the questions above?

We collected data from 240 households in the project area and 261 households in comparable nearby areas at two periods in time: in September 2012, around the start of field implementation, and in September 2014, a year before project end. We then compared the changes in the relevant outcome indicators between these two groups. We find that respondents on average experienced positive changes with respect to MGD7C during the 2012-2014 period, but that these changes cannot be attributed to the intervention of HOAREC/N: The situation improved more in the comparison areas than in the project areas. This lack of impact is not due to obvious design changes in the project under evaluation, which is conform international ideas of effective interventions. We discuss possible answers to this puzzle.

The structure of the paper is as follows. We first present the context of WASH in Ethiopia and give a description of the project. Subsequently, we present the methodology and data. This is followed by an analyses of the results, an discussion, and a conclusion.

2. Context

Despite its abundant surface and groundwater resources, Ethiopia has one of Africa's lowest rates of access to regular water supplies, sanitation, and hygiene. According to the World Health Organization (WHO) and local non-governmental organizations, only 22 percent of the population has access to safe water, and only 13 percent of the population has access to adequate sanitation facilities. The Central Rift Valley region (CRV), where population growth remains high while economic diversification is limited, forms no exception to this general pattern.

The CRV suffer from lack of sufficient access to water for domestic use and irrigation. Currently, citizens—particularly women and girls—spend considerable time and effort searching for water. Children most of their time on looking for water and looking after livestock, at the cost of going to school. The CRV has proven underground water reserves, but the high fluoride concentration and high cost of wells has limited their exploitation. Producing the wells with local labour and technologies will bring prices down, as well as create a market for Small and Medium scale Enterprises.

In addition to water quantity, water quality is a problem. Cost-effectively increasing access to clean drinking water is a tremendous challenge, particularly among the rural poor, who often cannot afford water treatment chemicals or technologies. The use of Moringa is a simple, indigenous, inexpensive, and naturally-derived alternative. Seed material from the Moringa tree is a coagulant, which offers an alternative to expensive chemicals used for water purification. Additional uses for Moringa include traditional medicine, livestock fodder, and oil extraction for cooking fuel. Thus, if a supply chain is established, farmers could significantly boost their incomes by raising Moringa, while at the same time providing clean drinking water for their families.

Currently, toilet facilities are scarce in rural areas. Ecological sanitation, or eco-san, is an equitable and sustainable paradigm which has the potential to improving food security and health and sanitation, especially among the most disadvantaged groups. The practice of eco-san considers composted human waste a natural fertilizer that helps improves crop yields and closes the loop between sanitation and agriculture.

3. Project description

The project is led by the Horn of Africa Regional Environment Centre and Network (HoA-REC&N) was intended to run for five years with financing of ICCO and WASTE through the Dutch WaSH alliance with a total budget of €708,738. However, communication in the preparation of the agreement was very slow, and WASTE decided to withdraw. After a delay, HoA-REC&N started the project preparations in July 2011 according to the full proposal, recognizing the need to find additional funding or downscale the intervention. In 2013, the project was downscaled as no additional funding could be secured. The new total budget was €251,099.60. The project will run for four years instead of five, with field implementation for only three years, and will end by September 2015. In addition, project activities regarding the introduction and promotion of moringa were cancelled, as the tree takes 4-5 years to mature.

The project has three implementing partners, all based in Oromia but operating in different districts: Sustainable Environment and Development Action (SEDA), Arsi Nature Conservation and Environmental Development Association (ANCEDA), Rift Valley Children and Women Development Organization (RCWDO).

The main objective of the project is to reduce poverty and improve health, environmental, and economic conditions through empowering the people and creating an environment with increased access to and use of safe water and sanitation services as well as improved hygiene practices for women and marginalized groups.

This main objective is translated into two supporting objectives:

1. Improved access to and use of safe water and sanitation services and improved hygiene practices
2. Civil Society actors are strengthened to jointly and individually better to respond the needs of the communities and influence decision making on WASH service delivery

The present report focusses on the first objective. According to the project philosophy, by making the WaSH technologies available and known, people will adopt them and thus increase their access to (safe) water and sanitation. This will result in a reduction in water-borne illnesses and time spent water-

hauling. As a result, more effort can be spend on income-generating activities, leading to higher income/expenditures.

Project implementation started on 22 August 2012 in 26 kebeles in the districts Arsi Negelle, Adami Tulu Jido Kombolcha, and Dugda in the East Shoa Zone and West Arsi Zone of the Oromia Regional State. The total population in these kebeles is 3,926 households, or 19,805 people. Reported activities include awareness campaigns and sanitation training, construction of (private and public) latrines, community training of health workers, the introduction of low-cost manual well technologies and well development, and the establishment of WASH committees and multi-stakeholder structures. Ecosan toilets (153) were constructed in 2012, but this activity was not included in 2013 due to a limited budget. Yet as the toilets are constructed using locally available materials and a group of beneficiaries has been trained on the job, in principle household could adopt ecosan toilets without project support.

4. Methodology

The objective of this report is to describe changes in wellbeing that could be attributed to participation in the Innovative WASH project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants of wellbeing (Armendariz, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not automatically provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized controlled trial (RTC). Before the program starts two groups will be created at random. One group will receive the treatment

(treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RTCs, is not always possible because of the program implementation or ethical reasons.

As we had no influence on the design of the sustainable energy program, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model one needs to have information about relevant indicators of the treatment group and the control group at two points in time, preferably before (baseline) and after (endline) the intervention. One can then measure the difference in the changes in outcome indicators for treatment and control group –or project income between baseline and endline. While the RTC methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RTC method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

The DD method works best if the treatment and comparison group are as comparable as possible. One popular method to achieve this is the propensity score method (PSM) (Rosenbaum(1983)). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by the intervention. These include stable characteristics of the household head and the household. If there is a proper baseline, like for this study, outcome variables during baseline can also be used for matching, because they were not yet affected by the treatment. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. The DD method is then applied to households with propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded.

After making the two groups comparable using PSM, a balancing test can be conducted. Although debated in the literature, a balancing test is generally used to determine if the observable controls are distributed similarly between the two groups in question.[1] If any significant difference exists between the two groups, a balancing test should pick up this difference and indicate that the current composition of the data could lead to a biased estimate of the treatment effect. The balancing test is conducted as a set of OLS regressions in which each control variable is individually regressed on a constant and the treatment dummy. The standard errors in the regressions are clustered at the kebele level to account for intraclass correlation. The coefficient of the treatment dummy now gives us an unbiased estimator of the difference between the control and treatment group at the time of the baseline survey.

As indicated above, we first applied PSM and then estimated a DD model. Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[2], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y, and is an unbiased estimate of the average impact on the dependent variable Y of being assigned to the treatment group provided there is only selection on the observed variables.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on unobservables. Adding DD to PSM helps picking up the time- invariant heterogeneity, but bias can still remain due to time-variant unobservables. Yet, a positive significant effect in the DD model is a strong indication of an influential intervention. An insignificant effect -or even a significant negative effect, however does not necessarily imply that the intervention does not work -or even does harm, as in our analysis we only measure short-term effects.

[1] For a summary of the literature and further discussion of balancing tests see Kleyman (2009)

[2] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

Some of the outcome variables considered in the analysis are binary. In these cases, we estimated a linear probability model (LPM) and report the marginal effect of D_i^C for the impact of the sustainable energy project on outcome Y.[3] In all models the standard errors are clustered at the kebele level. Clustering at the kebele level provides a relatively low amount of clusters (18), but big enough clusters. It is important to cluster the standard errors, as the data might be subject to intraclass correlation, that is, households in the same kebele are likely to be more similar on a wide variety of measures than households that are not part of the same kebele. The higher intraclass correlation, the less unique information each household provides. This has to be taken into account when running the regressions by inflating the standard errors.

5. Data

The project is targeted towards the entire population in the areas: technologies are promoted and offered, but the distribution is market-based. We have therefore selected our sample from the entire population of the target and comparison areas. To get sufficient variability in the data, we collected data in as many target kebeles as feasible and in an similar number of comparison kebeles.

The project targets 26 target kebeles selected on the basis of: low sanitation coverage; low drinking water coverage; proven implementation capacity of the partnering organizations in the areas; and accessibility.. One of the kebeles was also targeted by the Sustainable Energy project (C9), which aims at have some of the same impacts (higher income, better health), and therefore excluded from our sample. three kebeles were eliminated due to confusion about whether they were treated or not. For practical reasons, we eliminated another three kebeles to end up with 19 target kebeles in each of which we interviewed 12 or 13 households that were randomly selected from lists compiled by the project office in the respective woredas.

[3] In recent literature, Puhani (2012) shows that in a nonlinear difference-in-difference, such as the one used in this study, the cross difference is not equal to the treatment effect. Instead the treatment effect comes from the cross derivative (or cross difference) of the conditional expectation of the observed outcome minus the cross derivative of the conditional expectation of the potential outcome without treatment. Although this calculation of the treatment effect is appealing, this study will follow common practice in the field and report the estimate of β_3 in the case of a LPM.

Using the project criteria for kebele selection, we selected 21 comparison kebeles that were outside the influence of the project but close to the treatment kebeles (table 1). For each kebele, we randomly selected 12/13 households per kebele from the records of the respective kebele administrative offices.

Table 1 Sample kebeles and sample size

Woreda	Kebele Status	Sample kebele	Sample
Arsi Negelle	Project	Ashoka	13
	Control	Daka Delo Harengema	13
	Project	Mako Oda	13
	Control	Degoga	13
	Project	Sirba Lenda	13
	Control	Gode Duro	13
	Project	Basaku ilalas	13
	Control	Keraru	13
	Control	Kersa Gera	13
	Control[1]	Shlla Bila	13
	Control	Kersa Illala	13
	Control[1]	Gorbi Dareera	13
	Control	Mararo Hawelo	13
	Control[1]	Shopha	13
	Control	Deka Harenkelo	13
	Control	Quallo	13
	Sub-total sample		**208**
Dugda	Project	Burqa dambal	15
	Control	Bayimo Gussa	12
	Project	Dodota Dambal	12
	Control	Hati Leman	13
	Control	Graba Korke Adi	12
	Project	Walda Qalina	12
	Control	Welda Hafaa	10
	Control	Mukie Lema	12
	Project	Tuchi Dembel	13
	Project	Tuchi Sumaya	12
	Sub-total sample		**123**
Adami T. Jido K.	Project	Abine Garmama	12
	Control	Oda Anshura	12
	Project	Edo Gojola	12
	Control	Andola Chebi	12
	Project	Garbi	12
	Control	Woyisso Kenchera	12
	Project	Worja Woshgula	12
	Control	Hurufa Lole	12
	Project	Woiln Bula	12
	Control	Desta Abjata	12
	Project	Negalign	13
	Control	Arba	12
	Project	Bochessa	12
	Control	Urgo Mecheferia	13
	Sub-total sample		**170**
	GRAND TOTAL SAMPLE		**501**

[1] These villages were dropped from the project at downscaling. While we initially sampled them as treatment villages, we therefore moved them to the control group.

The resulting sample included includes 501 households: 240 in the treatment group and 261 in the control group. The baseline data were collected in September 2012, around the start of field implementation, and the follow-up data in October 2014, almost a year before project end. All households could be re-interviewed and there were no new entries.

The same questionnaire was used during baseline and endline. The main topics were: household composition, expenditures, agricultural production, water, sanitation, (Moringa,) water-borne diseases, and food security.

5.1 Descriptive statistics and balancing tests

The descriptive statistics and balancing tests presented here are based on the common support as a result of the estimated propensity score.[4] The set of covariates chosen for the estimation of the propensity score is the same as the set of controls used in the DD regressions.

Figure 1 below displays the distribution of the propensity score in the treatment and control group. Plotting the distribution of the propensity score is helpful to see if there are any problems in the common support. The distributions seem to have a wide area from which they overlap, thus indicating a good common support. Specifically, the region of the estimated common support is given by [.135, .776] and only 5 observations are outside this range.

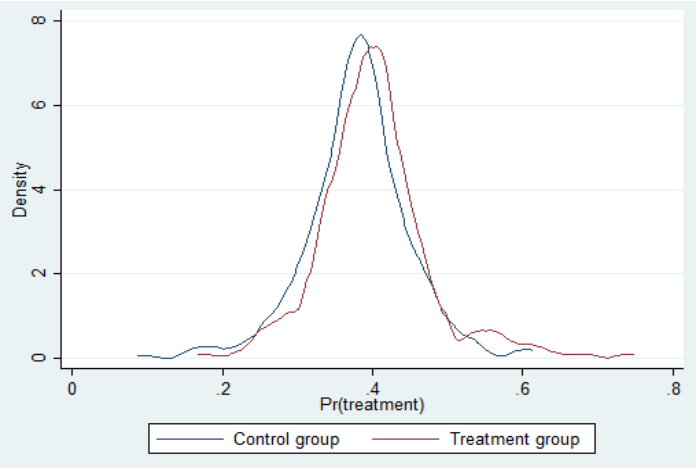


Figure 1: Distribution of the propensity scores in the control and treatment group

[4] The descriptive statistics and balancing test conducted here are based on the following set of covariates: Sex, age, marital status, ethnicity, years of formal education, Job, household size, Land, number of animals.

At baseline, most of the household heads in the sample were middle-aged men with farming as primary occupation (Table 2). They owned on average around 2 hectares of land for a family of 8. Education was low. The average farmer owned around 18 oxen/cows.

Table 2: Summary statistics and balancing tests for controls

	Summary Statistics				Balancing tests
	Control		Treatment		
Dependent variable	N	Mean	N	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Characteristics of the household head					
Sex (male=1)	297	0.91	192	0.90	-0.011
					(0.027)
Age	295	43.17	192	42.75	-0.423
					(1.054)
Married	297	0.91	195	0.90	-0.012
					(0.026)
Ethnicity (1=Oromo)	297	0.96	195	0.91	-0.043
					(0.045)
Formal education	297	4.33	188	4.61	0.273
					(0.565)
Job (farmer=1)	297	0.91	195	0.92	0.014
					(0.026)
Household size	297	8.03	192	7.69	-0.334
					(0.600)
Land (ha)	296	2.15	192	1.98	-0.176
					(0.273)
Number of bovines	297	18.82	195	17.71	-1.107
					(2.654)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score with all the control variables used as covariates. Robust standard errors in parentheses ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

The level of sanitation indeed low (table 3): Although most households cover their water container, the enumerators only considered the container clean in about 40% of cases, and only about 17 percent of households purified their drinking water. Just over 70 percent of households had a traditional latrine and about three percent an improved latrine. The remainder used a public traditional latrine, though

this was rare –especially in the project villages, or went into the field. About 80 percent washes hands after latrine use. Yet, only two percent of household members was reported to have diarrhea on average. During the dry season, people had to walk around three minutes to the nearest water source and were queuing for another three minutes. Moringa trees were rare.

Table 3: Summary statistics and balancing tests for outcomes

	Summary Statistics				Balancing tests
	Control		Treatment		
Dependent variable	N	Mean	N	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Share of family members with diarrhea in the last 4 weeks	206	0.02	77	0.03	0.018 (0.015)
Months without sufficient food	297	1.85	195	1.55	-0.291* (0.166)
Time to water source in dry season (minutes)	296	3.20	195	2.88	-0.326 (0.330)
Queuing at water source in dry Season (minutes)	296	3.12	195	2.66	-0.457* (0.255)
Drinkwater storage (covered container=1)	297	0.99	195	0.98	-0.007 (0.014)
Drinkwater cleanness (In clean container=1)	297	0.37	195	0.41	0.043 (0.061)
Drinkwater treatment (treated=1)	296	0.18	192	0.15	-0.025 (0.063)
Latrine facilities for household use					
Traditional latrine (yes=1)	293	0.75	191	0.66	-0.083 (0.076)
Improved latrine (yes=1)	293	0.01	191	0.07	0.058*** (0.021)
Use of public latrine (yes=1)	291	0.13	194	0.04	-0.089 (0.053)
Traditional public latrine (yes=1)	290	0.12	193	0.03	-0.098* (0.053)
Improved public latrine[1] (yes=1)	290	0.00	193	0.01	0.007 (0.008)
Hand washing after toilet use (yes=1)	291	0.74	194	0.82	0.077 (0.054)
Total expenditures per capita (Birr)	297	1944.66	192	2220.57	275.911 (205.06)
# moringa trees	297	0.13	195	0.23	0.094 (0.152)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score with all the control variables used as covariates. Robust standard errors in parentheses ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level. [1] Set 0 if no public latrine is used.

Total expenditures per capita were around 2,000 Birr and household reported on average a bit less than two months in which they did not have sufficient food. We found small differences between households in treatment and control kebeles. The only statistically significant differences were the availability of improved latrines at household level, which was slightly higher in the treatment villages (seven percent compared to one), the use of traditional public latrines, which was nine percentage points higher in the comparison villages, water queuing, which was about half a minute shorter in the treatment villages, and finally a small difference in the reported number of months without sufficient food, which was between one and two on average for both treatment and control group. Put differently, the balancing tests revealed only small imbalances between the two groups.

6. Results

Table 4 reports the conclusion of the estimates for the outcomes considered in this project. Each column presents the results for a different approach used. Column 1 displays the results from the DD without any control variables added to the specification. Column 2 shows the results from the DD model including additional control variables. Column 3 shows the PSM+DD model without controls. In the final column the estimates from the PSM+DD model including controls are reported. The sample in these estimations of the final two columns is restricted to only include observations on the common support as given by the propensity score. The results are robust for the estimation method.

We do not find evidence that the project increased access to and use of safe water and sanitation services and improved hygiene practices and subsequently decreased the incidence of diarrhea, which was rare to begin with, and increased expenditures. Hand washing increased for both groups but more for the comparison villages, and the share of improved latrines in the project villages declined slightly to the level of the comparison villages at baseline (see table A4 for details). For the rest, we do not find significant differences between the changes in outcome indicators between households in project and comparison households.

This lack of significant results does not seem to be caused by the limited size of the sample. Ecosan toilets were only reported two households (one in a project kebele, the other in a comparison kebele). This suggests that the construction of ecosan toilets did not go beyond these constructed with project resources. For the other indicators, we had more observations. Yet, looking at more detail at the results of our analysis (table A4), we observe that the only about half of the insignificant coefficients have the expected coefficient for positive project impact. Moreover, the coefficients point at relatively small effects. In fact, for all share indicators, we could have significantly detected a difference of less than nine percentage points, sometimes even just one percentage point.

Table 4: Impact of program on main outcome variables

Variables	(1) DD – no controls	(2) DD	(3) PSM+DD - no controls	(4) PSM+DD
Share of family members with diarrhea	NI	NI	NI	NI
Months without sufficient food	NI	NI	NI	NI
Distance to water source in dry season	NI	NI	NI	NI
Queuing at water source in dry season	NI	NI	NI	NI
Water storage	NI	NI	NI	NI
Water cleanness	NI	NI	NI	NI
Water treatment	SI	NI	NI	NI
Traditional latrine	NI	NI	NI	NI
Improved latrine	SD	SD	SD	SD
Public latrine	NI	NI	NI	NI
Traditional public latrine	NI	NI	NI	NI
Improved public latrine	NI	NI	NI	NI
Hand washing	SD	SD	SD	SD
Total expenditures per capita	NI	NI	NI	NI

Notes: NI: no impact; NM: Not measured; SD: Significant decrease; SI: significantly increase. 1 only significant for the estimates using unbalanced panels. Controls include: Sex, age, marital, Household size, education, ethnicity, job, land, pack animals, and goat & sheep. See detailed estimation results in the appendix. °Kids in the sample are 15 and below. *** p<0.01, ** p<0.05, * p<0.1.

Interestingly, Table A4 reveals that most of the outcome indicators show a significant overall improvement between baseline and endline for both groups combined (β_1 in equation (1)). The results suggest that the incidence of diarrhea, the number of months without sufficient food, and distance and queuing at water source decreased, while hand washing, the incidence of covered and clean water containers and the use of traditional private and public latrines increased between baseline and endline. As we selected comparison kebeles outside the influence of the project, these results must be interpreted as a general trend and not as project impact.

Given these results, we cannot conclude that the project reached it objectives. We find that in the two years after project implementation the WASH situation of the people in the project area did not improve more than the situation for people in comparable areas. However, this does not necessarily mean that the project has failed. We collected our endline data with one more year to go for the project. It is possible that the provision of trainings and the establishment of WASH committees and multi-stakeholder structures in the first two years will provide a sound basis for reaching impact in the final project year, or even after the project ends. Moreover, our data are not suitable to test whether the project has achieved their objective to strengthen civil society to influence decision making on WASH service delivery. However, it can be considered surprising that we did not find evidence of the use of newly constructed of public latrines. This could be because few people are using them, or because they are too few to be detected in our survey.

Table 5 presents an rough efficiency analysis for two selected project outputs. The costs for well-digging was low compared to values found in the literature for Ethiopia.

Table 5: Impact of program on main outcome variables

Output	Unit costs	Unit cost benchmark	Source benchmark
Eco-san toilets	?	Int$ 13.70-Int$ 346.00	Simpson-Hebert (2009) and Jackson, B.(2005) (Ethiopia)
Dug wells	Int$683	Int$ 1,643.00-Int$ 3,052.00	Sutton et al. (2012) (Ethi0pia)

7. Discussion

This project intends to contribute to reaching Target 7C of the Millenium Development Goals, which aims to "halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation". Despite the progress made, 2.5 billion people, or more than one third of the world's population, still lack access to improved sanitation facilities, of which one billion resort to open defecation (WHO/UNICEF, 2014). In addition, 748 million people remained without access to an improved source of drinking water (id). The areas of drinking water and sanitation are treated together as the impact of deficiencies in either area overlap strongly. For example, childhood diarrhea is closely associated with insufficient water supply, inadequate sanitation, and, in addition, with poor hygiene practices. So the general opinion is that to get a strong positive impact on public health, these areas must be addressed together. The international development arena therefore speaks of WASH, which stands for Water, Sanitation, and Hygiene. The GLAAS 2014 report by UN Water and WHO concludes that national finance for WASH is insufficient, suggesting an important role for international aid. The report also stresses the need for more funding for WASH activities in rural areas.

Access to water supply and sanitation in Ethiopia low, even when compared to other countries in Sub-Saharan Africa. The Joint Monitoring Program for Water Supply and Sanitation of WHO and UNICEF estimated access to improved water supply and improved sanitation to 26 percent and 8 percent respectively for rural areas in 2008. While this was a considerable increase compared to earlier years and substantial improvements have been made since 2008, major improvements still need to be made to reach universal coverage. Our baseline survey shows that at the start of the project only one (control area) to six (treatment area) percent of households had access to an improved latrine at household level and one percent or less used improved public latrines. A substantial share of the other households had a traditional latrine, but previous research in Ethiopia shows that pit latrines have no significant effect on child health: Children often avoid using them because they are dirty and of low quality. (Cameron, 2009). Moreover, while 98 percent of survey respondents covered their water storage container, this container was dirty in about 40 percent of cases and only seventeen percent of the respondents used some kind of treatment for their drinking water. On the other hand, reported use of hand-washing after toilet use was quite high at 78 percent on average, and reported cases of diarrhea were not high at two percent of household members in the past four weeks. On average, women had to walk around 3 minutes to the nearest source of drinking water and wait about the same time in the dry season.

These data indicate that the project is highly relevant and the joint WASH approach matches international practices and insights. The choice to drop the Moringa component was wise, given the limited timespan of the (downscaled) project compared to the growing period of Moringa trees. Yet it should be replaced by the promotion of other water purification methods.

The remaining project components are quite standard for a WASH project: construction of simple rural water supply facilities, education and training components for sanitation and hygiene promotion, and construction of improved sanitation facilities. Inclusion of an important school and community component in the project is supported by recent studies: GLAAS 2014 points out that WASH in schools lacks attention despite its importance for child health, school attendance, and fostering lifelong healthy hygiene habits. This undermines a country's capacity to prevent health outbreaks.

Yet we find the main objective of the project –"to reduce poverty and improve health, environmental, and economic conditions"- overambitious. As the Policy and Operations Evaluation Department, Ministry of Foreign Affairs, the Netherlands states in a policy review of the impact of WASH programs (partly) funded by the Dutch government in five countries (IOB, 2012):

Poor rural beneficiaries of water and sanitation programmes are still poor in other ways, even if their water is safe, their health is better and women and girls have more time available. If the rest of the economy remains poor and if local and national institutions continue to lack resources, the achievements of water and sanitation efforts are limited, and their sustainability will be questionable. Like other basic social services, they will need long term financial and institutional support. In other words, progress is needed towards many MDGs if progress towards water and sanitation targets is to be effective and sustainable.

For the project under evaluation it means two things. First, some modesty as to what could realistically be achieved would be advisable, as is also reflected in the specific objectives. (Yet we realize that the big claims may just be a strategic choice to attract funding.) More importantly, Long-term public involvement is needed for sustainability. The above-cited report stresses the development and strengthening of government capacities at provincial and district level. The project tries to achieve this through the establishment of sanitation committees and multi-stakeholder structures. As indicated before, our evaluation does not provide evidence of the effectiveness of this approach.

We do not find evidence of short-term impacts at household level. The question is whether this is due to the early timing of our endline, due to some design errors in the project, or due to poor implementation.

We cannot give a definite answer, but the literature provides some indications. As the project activities are quite standard, we can draw on the lessons from previous evaluations.

The Dutch policy review concludes that the impact of education and training on the construction and use of toilets has in many cases been limited, and that poor households' willingness to pay for improved latrines is sometimes overestimated (IOB, 2012) . This could explain the limited uptake of Ecosan toilets. The same study concludes that health impacts of the water and sanitation interventions evaluated was limited, as the full potential is realized only when all of the following conditions are met: there is enough, uncontaminated drinking water all year around, large scale use of toilets and hand-washing at all critical times. This implies that only if sufficient progress is made on all project components, health effects could be observed. Yet a recent synthetic review of WASH impact studies concludes that the evidence on the combined impact of multiple interventions is mixed and that further studies are needed for more conclusiveness on whether water and sanitation/hygiene interventions are substitutes or complements in improving health (Waddington et al, 2009). The same review stresses the importance of taking into account the context and behavioral mechanisms in program design. This means that programs can fail because they fail to consider local preferences but also that adoption may be slow. More research is needed to assess whether either of these explanations can explain the lack of impact observed in the present evaluation.

The current evaluation gives a good view of changes at the household level in the two years after the project start: the baseline survey was done around the start of field implementation and the comparison group is appropriate. However, what is missing is qualitative information of uptake of technologies and behavioral change. Moreover, the endline survey was relatively early in the project cycle.

8. Conclusion

In conclusion, we find that the respondents experienced positive changes with respect to MGD7C during the 2012-2014 period: the incidence of diarrhea and distance and queuing at water source decreased, while hand washing, the incidence of covered and clean water containers and the use of traditional private and public latrines increased. However, this cannot be attributed to the intervention of HOAREC/N, as the situation improved more in the comparison areas (see also table 5). This lack of impact is not due to obvious design changes in the project under evaluation, which is conform international ideas of effective interventions. Two possible reasons for the lack of evidence are: failure

to consider local preferences or slow adoption rates due to the need for behavioral changes. A combination of qualitative and quantitative research (after the project end) could provide more insight.

Table 5

Statement	Rating[1]	Comments
The project was well designed	9	Project activities concur with common insights on effective projects. However, we do not have enough data to test appropriateness for the local context and preferences
The project was implemented as designed	8	All activities of the downscaled project were implemented, though sometimes on a smaller scale than intended due to the limited budget.
The project reached all its objectives	1	While we find overall improvements in WASH, these are not higher for households in the project areas. The lack of results could be due to the early endline.
The observed results are attributable to the project interventions	8	Dif-in-dif with real baseline (not randomized)
The observed results are relevant to the project beneficiaries	8	Limited access to improved latrines and clean water
The project was implemented efficiently	8	Few benchmarks available, but the limited data available points at high efficiency.

[1] Our agreement on a scale for 1 (not at all) to 10 (completely)

References

Armendáriz, Beatriz and Jonathan. Morduch. 2010. The Economics of Microfinance. The MIT Press, second edition.

Cameron, Lita. 2009. Does 'impoved' sanitation make children healthier? Household pit latrines and child health in rural Ethiopia. Young Lives Research Summary. Working Paper 42.

Glaas. 2014. Investing in water and sanitation: increasing access, reducing inequalities. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water. UN Water & WHO.

Kleyman, Yevgeniya N. 2009. Testing for covariate balance in comparative studies. Ph.d. dissertation, University of Michigan.

Rosenbaum, P.R. and D.B. Rubin. 1983. The central role of the propensity score in observational studies for causal effects. Biometrika, Vol. 70, No. 1. pp. 41-55.

Puhani, Patrick A. 2012. The treatment effect, the cross difference, and the interaction term in nonlinear 'difference-in-differences' models. Economics Letters.

IOB. 2012. Evaluation Insights. Rural water and sanitation. Assessing Impact. Policy and Operations Evaluation Department, Ministry of Foreign Affairs, the Netherlands.

Waddington, H., B. Snilsteveit, H. White en L. Fewtrell, 2009. *Water and sanitation interventions to combat childhood diarrhoea in developing countries.* International Initiative for Impact Evaluation (3ie).

WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

Appendix

Table A1: DD estimates – without controls

VARIABLES	(1) Share of family members with diarrhea	(2) Months without food	(3) Distance to water source in dry season	(4) Queuing at water source in dry season	(5) Water storage	(6) Water cleanness	(7) Water treatment
Year	-0.014***	-0.695***	-1.608*	-2.659**	0.013*	0.226***	-0.130***
	(0.004)	(0.115)	(0.941)	(1.243)	(0.008)	(0.042)	(0.038)
Treatment	0.018	-0.240	-0.358	-0.449*	-0.007	0.056	-0.034
	(0.014)	(0.160)	(0.328)	(0.257)	(0.014)	(0.062)	(0.061)
year*treatment	-0.016	0.073	1.059	-1.686	0.007	-0.046	0.114*
	(0.014)	(0.177)	(0.972)	(2.696)	(0.014)	(0.095)	(0.066)
Constant	0.016***	1.837***	3.214***	3.110***	0.987***	0.367***	0.181***
	(0.004)	(0.115)	(0.207)	(0.152)	(0.008)	(0.029)	(0.040)
Observations	456	997	996	996	997	997	993
R-squared	0.044	0.056	0.016	0.022	0.009	0.045	0.025

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A2: DD estimates – without controls

VARIABLES	(1) Traditional latrine	(2) Improved latrine	(3) Pub latrine	(4) Traditional public latrine	(5) Improved public latrine	(6) hand washing	(7) Monthly expenditures per person
year	0.132**	0.003	0.125**	-0.031	-0.003	0.225***	295.541***
	(0.052)	(0.009)	(0.049)	(0.045)	(0.003)	(0.035)	(101.084)
treatment	-0.082	0.056***	-0.089*	-0.098*	0.007	0.079	277.056
	(0.075)	(0.020)	(0.053)	(0.053)	(0.008)	(0.052)	(197.571)
year*treatment	0.097	-0.059***	0.016	0.077	-0.007	-0.110**	-4.690
	(0.075)	(0.022)	(0.069)	(0.050)	(0.008)	(0.050)	(214.077)
Constant	0.747***	0.010	0.129**	0.123**	0.003	0.741***	1,938.160***
	(0.057)	(0.007)	(0.051)	(0.051)	(0.003)	(0.040)	(96.186)
Observations	989	989	988	986	986	990	994
R-squared	0.051	0.022	0.044	0.016	0.005	0.076	0.016

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A3: DD estimates – with controls

VARIABLES	(1) Share of family members with diarrhea	(2) Months without food	(3) Distance to water source in dry season	(4) Queuing at water source in dry season	(5) Water storage	(6) Water cleanness	(7) Water treatment
year	-0.021***	-1.002***	-0.882	-2.405	0.015*	0.191***	-0.072
	(0.007)	(0.168)	(0.530)	(2.136)	(0.009)	(0.071)	(0.046)
treatment	0.018	-0.219	-0.326	-0.397	-0.008	0.060	-0.014
	(0.015)	(0.157)	(0.332)	(0.271)	(0.014)	(0.065)	(0.060)
year*treatment	-0.018	0.037	0.783	-2.197	0.007	-0.042	0.090
	(0.015)	(0.177)	(0.741)	(2.812)	(0.014)	(0.096)	(0.066)
Constant	0.054*	1.976***	3.551***	2.103	1.001***	0.410***	0.019
	(0.028)	(0.405)	(0.522)	(4.122)	(0.017)	(0.137)	(0.069)
Observations	448	946	945	945	946	946	942
R-squared	0.061	0.086	0.018	0.028	0.017	0.051	0.056

Notes: All the columns present the coefficient estimate of the Double Difference regressions along with the corresponding year effect. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, age, marital status, household size, years of formal education, ethnic, job, land, and number of animals. Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A4: DD estimates – with controls

VARIABLES	(1) Traditional latrine	(2) Improved latrine	(3) Pub latrine	(4) Traditional public latrine	(5) Improved public latrine	(6) hand washing	(7) Monthly expenditures per person
year	0.119**	0.006	0.186***	-0.018	-0.003	0.212***	489.782***
	(0.055)	(0.010)	(0.064)	(0.046)	(0.003)	(0.044)	(167.479)
treatment	-0.095	0.063***	-0.084	-0.095*	0.007	0.077	212.838
	(0.068)	(0.021)	(0.053)	(0.053)	(0.008)	(0.050)	(181.212)
year*treatment	0.099	-0.061***	0.001	0.074	-0.007	-0.117**	97.846
	(0.072)	(0.023)	(0.067)	(0.051)	(0.008)	(0.050)	(197.041)
Constant	0.331**	-0.023	-0.020	0.047	0.013	0.587***	2,506.970***
	(0.129)	(0.038)	(0.095)	(0.081)	(0.017)	(0.084)	(393.639)
Observations	939	939	937	935	935	939	946
R-squared	0.099	0.035	0.059	0.030	0.023	0.098	0.094

Notes: All the columns present the coefficient estimate of the Double Difference regressions along with the corresponding year effect. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, age, marital status, household size, years of formal education, ethnic, job, land, and number of animals. Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table A5: PSM with DD estimates - without controls

VARIABLES	(1) Share of family members with diarrhea	(2) Months without food	(3) Distance to water source in dry season	(4) Queuing at water source in dry season	(5) Water storage	(6) Water cleanness	(7) Water treatment
year	-0.015***	-0.692***	-1.614*	-2.713**	0.013*	0.225***	-0.125***
	(0.004)	(0.118)	(0.956)	(1.263)	(0.008)	(0.042)	(0.039)
treatment	0.018	-0.291*	-0.326	-0.457*	-0.007	0.043	-0.025
	(0.015)	(0.165)	(0.329)	(0.255)	(0.014)	(0.061)	(0.063)
year*treatment	-0.016	0.102	1.059	-1.751	0.007	-0.013	0.108
	(0.015)	(0.179)	(0.986)	(2.762)	(0.014)	(0.095)	(0.068)
Constant	0.016***	1.845***	3.203***	3.118***	0.987***	0.367***	0.176***
	(0.004)	(0.117)	(0.206)	(0.151)	(0.008)	(0.029)	(0.040)
Observations	451	979	978	978	979	979	975
R-squared	0.045	0.057	0.016	0.023	0.009	0.050	0.024

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A6: PSM with DD estimates - without controls

VARIABLES	(1) Traditional latrine	(2) Improved latrine	(3) Pub latrine	(4) Traditional public latrine	(5) Improved public latrine	(6) hand washing	(7) Monthly expenditures per person
year	0.130**	0.003	0.123**	-0.032	-0.003	0.224***	279.125***
	(0.051)	(0.009)	(0.048)	(0.045)	(0.003)	(0.036)	(103.716)
treatment	-0.083	0.058***	-0.089*	-0.098*	0.007	0.077	275.911
	(0.075)	(0.021)	(0.053)	(0.053)	(0.008)	(0.054)	(204.326)
year*treatment	0.096	-0.061***	0.017	0.073	-0.007	-0.111**	12.462
	(0.074)	(0.023)	(0.069)	(0.049)	(0.008)	(0.051)	(221.246)
Constant	0.747***	0.010	0.131**	0.124**	0.003	0.742***	1,944.656***
	(0.056)	(0.007)	(0.051)	(0.052)	(0.003)	(0.041)	(96.779)
Observations	971	971	970	968	968	972	976
R-squared	0.049	0.023	0.043	0.016	0.005	0.075	0.016

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without any controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A7: PSM with DD estimates - with controls

VARIABLES	(1) Share of family members with diarrhea	(2) Months without food	(3) Distance to water source in dry season	(4) Queuing at water source in dry season	(5) Water storage	(6) Water cleanness	(7) Water treatment
year	-0.021***	-0.986***	-0.886	-2.322	0.015*	0.183**	-0.077*
	(0.007)	(0.168)	(0.538)	(2.156)	(0.009)	(0.071)	(0.045)
treatment	0.019	-0.239	-0.302	-0.415	-0.009	0.058	-0.009
	(0.015)	(0.161)	(0.332)	(0.263)	(0.014)	(0.064)	(0.061)
year*treatment	-0.018	0.054	0.777	-2.266	0.007	-0.023	0.086
	(0.015)	(0.177)	(0.750)	(2.872)	(0.014)	(0.097)	(0.068)
Constant	0.053*	2.026***	3.698***	2.100	1.001***	0.400***	0.028
	(0.029)	(0.428)	(0.554)	(4.338)	(0.017)	(0.150)	(0.072)
Observations	444	932	931	931	932	932	928
R-squared	0.062	0.086	0.018	0.028	0.017	0.054	0.049

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, age, marital, household size, years of formal education, ethnic, job, land and number of animals. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A8: PSM with DD estimates - with controls

VARIABLES	(1) Traditional latrine	(2) Improved latrine	(3) Pub latrine	(4) Traditional public latrine	(5) Improved public latrine	(6) hand washing	(7) Monthly expenditures per person
year	0.127**	0.005	0.183***	-0.018	-0.004	0.210***	506.748***
	(0.057)	(0.010)	(0.064)	(0.046)	(0.003)	(0.044)	(169.185)
treatment	-0.094	0.063***	-0.085	-0.097*	0.008	0.078	223.248
	(0.068)	(0.021)	(0.053)	(0.053)	(0.008)	(0.051)	(182.329)
year*treatment	0.094	-0.061**	0.007	0.076	-0.007	-0.119**	88.940
	(0.072)	(0.023)	(0.067)	(0.052)	(0.008)	(0.051)	(199.436)
Constant	0.326**	-0.022	-0.023	0.038	0.014	0.567***	2,581.990***
	(0.134)	(0.039)	(0.096)	(0.081)	(0.018)	(0.084)	(397.015)
Observations	925	925	923	921	921	925	932
R-squared	0.097	0.035	0.057	0.030	0.024	0.096	0.097

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, age, marital, household size, years of formal education, ethnic, job, land and number of animals. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A9 Unit cost calculations for selected outputs

	year	number	Cost (Birr)	PPP conversion	Exchange rate	cost (2011 int$)	unit costs (2011 int$)
eco-san toilets wells	2013	6	11750.49	6.45	18.5	4095	683

Endline report – Ethiopia, HUNDEE MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Elias Zerfu [2]
Derbew Kefyalew [2]
Bram Peters [1]
Nicky Buizer [1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-059

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, B. Peters, N.N. Buizer, 2014. *Endline report Ethiopia, HUNDEE. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI-15-059. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, HUNDEE. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-059

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **7**

1.1 Purpose and outline of the report 7
1.2 Brief summary of analysis and findings 8

2 Context and General Information about the SPO – HUNDEE **13**

2.1 General information about the Southern Partner Organisation (HUNDEE) 13
2.2 The socio-economic, cultural and political context in which the partner operates 13
2.3 Contracting details 15
2.4 Background to the Southern Partner Organisation 15

3 Methodological approach and reflection **17**

3.1 Overall methodological approach and reflection 17
3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4 18
3.3 Attributing changes in organisational capacity - evaluation question 2 and 4 19

4 Results **25**

4.1 MFS II supported capacity development interventions 25
4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4 26
4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4 34
4.3.1 Enhanced resource mobilization capacity 34
4.3.2 Improved ICT capacity for information sharing and communication 38
4.3.3 Improved competencies for gender mainstreaming 43
4.3.4 Improved M&E practices including institutionalized downward accountability 46

5 Discussion and conclusion **51**

5.1 Methodological issues 51
5.2 Changes in organisational capacity development 51
5.3 Attributing changes in organisational capacity development to MFS II 54

References and Resources **68**

List of Respondents **71**

Appendix 1 Methodological approach & reflection **72**

1.1 Introduction 72
1.2 Changes in partner organisation's capacity – evaluation question 1 72
1.3 Attributing changes in partner organisation's capacity – evaluation question 2 78
1.4 Explaining factors – evaluation question 4 94
1.5 Methodological reflection 94

Appendix 2 Background information on the five core capabilities framework **97**

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation HUNDEE Oromo Grassroots Development Initiative (HUNDEE) and the Co-Financing Agencies ICCO and IICD for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to HUNDEE, ICCO, IICD, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

Causal map	Map with cause-effect relationships. See also ‘detailed causal map’.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CSO	Civil Society Organisation
C4C	Connect for Change Consortium
C6	Consortium of 6 NGO’s (ADAA, CDI, ERSHA, FC, OSRA, HUNDEE) in “Integration of information and communication technologies on agricultural value chain” project under the lead of FC
Detailed causal map	Also ‘model of change’. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
FC	Facilitators for Change
FED	Fair Economic Development
FMO	Farmers Marketing Organisation
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
HUNDEE	HUNDEE Oromo Grassroots Development Initiative
ICCO	Interchurch organisation for development cooperation
IFPRI	International Food Policy Research Institute
IICD	International Institute for Communication and Development
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MoFA	Ministry of Foreign Affairs
MFI	Microfinance Institutions
MFS	Dutch co-financing system
NGO	Non-Governmental Organisation
OD	Organisational Development
PME	Planning, Monitoring and Evaluation
SPO	Southern Partner Organisation
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

Achievement of Millennium Development Goals (MDGs) & themes;

Capacity development of Southern partner organisations (SPO) (5 c study);

Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: HUNDEE in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in 4.2.2.

For those SPOs involved in process tracing a summary description of the causal maps for the identified organisational capacity changes in the two selected capabilities (capability to act and commit; capability to adapt and self-renew) is provided (evaluation questions 2 and 4). These causal maps describe the

identified key organisational capacity changes that are possibly related to MFS II interventions in these two capabilities , and how these changes have come about. More detailed information can be found in 4.3.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, improvements took place in all of the capabilities.

Many improvements took place in the indicators under the capability to act and commit. The leader at HUNDEE is responsive and the Board has become more engaged in decision making and guiding the management since the baseline. Board and management meetings are held on a more regular basis. In 2014 HUNDEE updated its organogram. The new organisational structure segregates staff duties and provides more clarity on roles and responsibilities. The board, management and different donors felt the need for this more clear organisational structure because of the expansion of the organisation in terms of themes and geography. Strategies are now articulated based on situation analysis and M&E findings. Staff skills in HUNDEE have improved, especially in using ICT for data collection, sharing of information, community managed disaster risk management, reporting, resilient livelihoods etc. because of many trainings offered by different donors including ICCO and IICD under MFS II (C4C Alliance). No staff has left the organisation since the baseline and most staff have enjoyed working at HUNDEE for over ten years because of the enabling work environment. The salary scale has improved shortly before the endline evaluation. HUNDEE also revised its HR policy and provides limited staff loans. The total annual budget of HUNDEE doubled from 25 million in 2012 to 50 million in 2014 because the credibility of the organisation and the resource mobilisation capacity improved. This resource mobilisation capacity was also supported by ICCO through quality assurance of their proposals. With the new organisational structure there are now dedicated staff members for resource mobilisation, there is more clarity on responsibilities in this matter and there is a more proactive approach to exploring new funding opportunities.

In the capability to adapt and self-renew HUNDEE also improved in many indicators. The organisation has slightly improved its M&E application because staff capacity to exercise and internalize the organisational accountability framework has increased. There is now an M&E team for each unit to strengthen the M&E system. ICCO has also been supporting HUNDEE to monitor and evaluate at different levels of impact and has provided training on downward accountability since 2009 (MFS II funded since 2011). The organisation is using M&E findings slightly more strategically as these findings have been used in project development. In terms of critical reflection, HUNDEE has institutionalized transparency and collective decision making and has established a grievance committee to resolve conflicts. HUNDEE keeps tracking its operating environment and has expanded its channels for getting information through working with other NGOs. Through implementing downward accountability, HUNDEE has become more responsive to its stakeholders and has gained the trust of the community.

In terms of the capability to deliver on development objectives, HUNDEE shows some improvement. The organisation has very slightly improved in having more clear operational plans that consider financial inflation so that there is no budget shortage for implementation. HUNDEE now has a budgeting officer and has improved in its planning and resource allocation. Administration costs have been reduced to work more cost-effectively. Through mainstreaming downward accountability mechanisms HUNDEE is well aware of client satisfaction in projects funded by various donors.

In the capability to relate, HUNDEE has improved as well. Understanding of the importance of working in networks has improved at top management level due to the advice of ICCO. HUNDEE is working more with networks and gets more information through them. Through the downward accountability mechanism, field staff and program staff have become more responsive to the target groups and visit them frequently. Within the organisation, between head office and field offices communication and information sharing has improved through the use of ICT. The new organisational structure also entails a formal communication and documentation system.

Finally, HUNDEE has improved in three of the four indicators under the capability to achieve coherence. Staffs are now more aware of the vision, mission and strategy of the organisation and are involved in the process of revisiting them, which creates a sense of ownership. There was an improvement in operational guidelines because the HR and financial policy were revised and a Disaster Risk Reduction guideline was developed (with ICCO's support). HUNDEE's programs have grown to be more complementary. In the operation areas all projects fall under one unified leadership.

The evaluators considered it important to also note down the SPO's story in terms of changes in the organisation since the baseline, because this would provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

During the endline workshop the following key organisational capacity changes were brought up by HUNDEE's staff: "improved capacity to facilitate behavioural change in rural communities"; "improved capacity in adaptive management"; "improved capacity in communication and information sharing"; "improved capacity to apply an integrated (multidisciplinary) M&E system"; "improved capacity in resource mobilization"; and "improved capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas".

According to HUNDEE staff present at the endline workshop, the capacity to facilitate behavioural change in rural communities improved because of the ability to use the appreciative inquiry approach through training on Asset Based Community Development (ABCD) by the COADY institute in 2012; and the ability to identify opinion leaders or other power centres due to understanding the power of mass mobilization which they gained during training on mass mobilization by GIZ in 2013.

Secondly, the organisation improved its capacity in adaptive management in the sense of adapting strategies to the interest and areas of concern of the government by understanding these interests and concerns. They gained this understanding by identification of possible alternatives that would be in agreement with the new CSO regulation and that could be accepted by the government, at an internal reflection meeting on adaptive management by HUNDEE.

Thirdly, HUNDEE improved its capacity in communication and information sharing because of access to information technology (broadband network, computers, smart phones etc. funded by MFS II), knowledge and skills in data management and computer utilisation for different purposes (due to MFS II funded computer skills trainings), and knowledge and skills on data collection, sharing and receiving by using smart phones because of a MFS II funded training on this topic.

Fourthly, the organisation improved its capacity to apply an integrated (multidisciplinary) M&E system because HUNDEE realized the need to involve all department units in M&E and clarifying the M&E responsibilities for the different programs/departments and M&E manager. Both these developments were due to the realisation that the work cannot be done by one person after HUNDEE expanded its work in terms of geographic areas and themes. The need to involve all departments in M&E also came from the need for quality reporting which takes all programmes into account. How this capacity was improved and the role of MFS II funded interventions will be further explained in the process tracing on this subject further below.

Fifthly, HUNDEE improved their resource mobilisation capacity because they started preparing big proposals, had a good track record, were willing to diversify their work, realised that donors' preferences are changing because of general limitations in terms of funding and the general manager showed networking and leadership capacity. HUNDEE started to prepare big proposals because of knowledge on detailed program proposal preparation they gained during a financial management training by Trocaire in 2013 and because they were forced to look for big projects to run the

organisation because of the CSO regulation that allows only 30 percent of the project budget to be used for administrative purpose.

Finally the organisation improved its capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas because of their improved skills in preparation of proposals related to Community based Disaster Risk Reduction and Management (CDRRM) and their improved capacity to implement resilience projects. The knowledge on CDRRM and implementing it was gained through training on CDRRM and the experience sharing/visit to Tigray, Dire Dawa and Awassa in 2013 (both MFS II funded), due to the needs assessment carried out in 2013 by the IRR consortium to identify capacity gaps in the area of CDRRM with the support of ICCO (MFS II funded).

All in all, there is some mention of MFS II funded capacity development interventions in the improved capacity for integrated M&E; improved capacity in communication and information sharing; and improved capacity to design drought resilient livelihood programs. During process tracing these and more MFS II funded interventions (such as trainings on these computer skills, and the use of smart phones and CMDRR; and the provision of broadband connection, computers and smart phones) have clearly come up, see further below. Other factors that were mentioned by HUNDEE staff include external factors like trainings by other funders (GIZ, Trocaire); changing funding climate; and CSO regulations. Also, there have been internal factors like internal reflections; expanding the program and have a good relationships with the government.

'Process tracing' was used to get more detailed information about the organisational capacity changes that were possibly related to specific MFS II capacity development interventions. For HUNDEE the organisational capacity changes that were focused on were "Enhanced resource mobilisation capacity", "Improved competences for gender mainstreaming", "Improved ICT capacity for information sharing and communication" and "Improved M&E practices including institutionalized downward accountability". These are further explained below.

Based on the process tracing causal map, it can be said that HUNDEE's enhanced resource mobilisation capacity can partly be attributed to MFS II supported capacity development interventions, notably by improved financial management capacity: through training and technical support on adapting financial system and accounting procedures in line with CSA regulations (although this was also done by other organisations); and through coaching and mentorship. Furthermore, the organisation increased its knowledge on funding trends and donor intelligence partly because of an improved ICT infrastructure (MFS II funded). There are also other factors to which enhanced resource mobilisation capacity of HUNDEE can be attributed. These include internal factors like experience from working on development projects, and experience and feedback from previous fields funding proposals. But there has also been support from other donors like by OXFAM Canada, who provided the training on gender analysis tools, and oriented the organisation to principals and useful empowerment tools integrated into to the ABCD approach, both useful for donor requirements in these areas. Then a range of funders have also contributed to the earlier mentioned trainings related to financial management capacity. Being an active member of new and existing consortia and networks helped them in understanding the importance of networks for resource mobilisation.

HUNDEE's improved competences for gender mainstreaming can partly be attributed to MFS II supported capacity development interventions, notably in the area of women in value chain development: i.e. training, coaching and an exchange visit to Kenya in relation to gender in value chain development which helped the organisation to review projects with a gender lens and increase their knowledge on these issues. Especially Oxfam Canada has also played an important, even more important role in terms of supporting annual organisation wide gender audits; and training on gender analysis with related tools and manual. Other donors have also played a role in terms of promoting gender mainstreaming and providing training on gender mainstreaming (CST). Internal factors like previous experience and establishing a gender task force have also played a role. And a USAID funded project has helped the organisation in addressing gender related issues.

ICT capacity has improved which can almost entirely be attributed to MFS II funded capacity development interventions by IICD and ICCO (C4C Alliance), by providing training and hardware: in particular training capacity based data collection using smart phones; training on data analysis software and website development; training on basic computer skills; and training on computer troubleshooting and hardware maintenance; provision of smart phones; provision of DVD and video deck; provision of

Wi-Fi internet infrastructure and computers. The 6NGO consortium meeting has been the main source of some of these ideas and proposals. The provision of smartphones by USAID and the engagement of the agricultural research centre documenting information for technology use have a relatively minor role.

Based on the process tracing causal map it can be said that the “improved M&E practices including institutionalised downward accountability”, can partly be attributed to MFS II supported capacity development interventions, and particularly in the area of downward accountability through the training trajectory on downward accountability that started in 2009 (MFS I) by the workshop organised by ICCO on client satisfaction instruments, and continued in 2011 with MFS II funding; including the training sessions on participatory filmmaking. In terms of improved competences to apply RBM and M&E tools, this can be attributed to efforts by training and coaching supported by MFS II (in M&E and PIM) but also training by other funders, including the World Bank, Trocaire, and Christian Aid.

2 Context and General Information about the SPO – HUNDEE

2.1 General information about the Southern Partner Organisation (HUNDEE)

Ethiopia	
Consortium	Connect for Change Consortium (C4C)
Responsible Dutch NGO	ICCO and IICD
Project (if applicable)	Integration of information and communication technologies on agricultural value chain (C5 in MDG sample)[1]
	HUNDEE is a member of the C6 consortium, under consortium lead Facilitators for Change (FC)
Consortium	ICCO Alliance
Responsible Dutch NGO	ICCO
Project (if applicable)	
Southern partner organisation	HUNDEE Oromo Grassroots Development Initiative

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

Ethiopia is one of the Sub-Saharan countries of Africa which liberalized their economies and developed poverty reduction strategies that underpin market-led strategies for broad based agricultural development and economic growth. This strategy makes agriculture a top priority to bring about sustainable development. Within agriculture, these strategies place heavy emphasis on the grain sector for improved production, privatization and commercialization. While agricultural development policy of

[1] HUNDEE takes part in the Consortium of 6 NGOs (C6NGOs) - namely Africa Development Aid Association (ADAA), Centre for Development Initiative (CDI), Ethiopian Rural Self Help Association (ERSHA), and Facilitator for Change (FC), HUNDEE-Oromo Grassroots Development Initiative and Oromo Self Reliance Association (OSRA). Together they promote Farmer Marketing Organisations (FMOs) in five administrative zone of Oromia Regional State: South West Shoa, East Shoa, West Shoa, West Arsi and Bale Zone, that together implement the economic development programme of Connect4Change. Contract partner for Connect4Change is Facilitator for Change.

Ethiopia is designed to support market-led agricultural development, competitiveness of smallholder producers and commercialization of small scale production depends on the development of viable and remunerative market linkages which the policy actions still lack to address mostly at the lower end of value chains.

On the other hand, agricultural productivity in Ethiopia is very low compared to other Sub-Saharan African countries. Various literatures indicate that inefficiency of domestic agricultural markets is mentioned as one of the factors held responsible for the reduced productivity of farmers and for the poor performances of the agricultural sector in the developing countries, particularly in Ethiopia. The capacity of smallholder farmers to produce the required quality and quantity of product as per the demand of the buyers is not well developed due to the limited agricultural extension services. Audio video recording on the improved agricultural practices could support for the increased production, productivity and quality of agricultural production.

Farmers Marketing Organisations (FMOs) are registered cooperatives under country's legal framework to serve members' common economic, social and cultural needs and aspirations through a jointly owned and democratically controlled enterprise. Currently, FMOs are proposing formation of an apex organisation, union of FMOs, which operate by an appointed manager, with sufficient decision making power and appropriate staffs. Union is recommended for organizing and bulking produce, assessing and accessing profitable market linkages, and providing market information to member FMOs. FMOs have faced constraints in the production and marketing of their agricultural produce that lowers their efficacy and competitiveness. FMOs do not have access to market information system that enables them to know prices and flows in markets outside of their own as shown in the following constraint analysis diagram teff value chain. This limits farmers' ability to deliver grain to unknown markets or to set contracts to go into effect at a future point in time, thus limiting their scope of spatial or temporal arbitrage. Furthermore, in the presence of asymmetric market information and week institutional capabilities, it has been found out that, corruptions by elite local farmers and traders have caused high transaction costs crippling farmers' livelihood in the vicious cycle of poverty.

The consortium of six NGOs namely Africa Development Aid Association (ADAA), Centre for Development Initiative (CDI), Ethiopian Rural Self Help Association (ERSHA), Facilitator for Change (FC), HUNDEE-Oromo Grassroots Development Initiative and Oromo Self Reliance Association (OSRA) are promoting Farmers Marketing Organisations (FMOs) in five administrative zone of Oromia Regional State: South West Shoa, East Shoa, West Shoa, West Arsi and Bale Zone.

The core intention of HUNDEE along with other C6NGOs members has been to stimulate market access strategies for poverty alleviation. Currently, the second ICCO funded project on "Farmers Competitiveness on Agricultural Commodity Value Chain" has been launched. Value chain development approach has been followed by C6NGOs during the course of time to hit the intended target. After the recent programme review processes held by C6NGOs, lead firm (Union Model) approaches has been selected for the way forwards (2011 to 2014) in support of value chain development and high impact intervention strategy. Though valuable activities have been planned with this approach, still missing links exists when one come to programmatic requirements that calls for complementary actions which upgrades value chains and foster innovation in the value chain system as a whole.

In addition, HUNDEE – Oromo Grassroots Development Initiative is one of the indigenous NGO established a decade ago and operating in the Oromia Regional State with vision of Development of a rural society in Ethiopia in which government and civil institutions at all levels take their responsibility to empower and ensure the social, economic and cultural advancement of resource poor communities.

Towards effective realization of its organisational mission, HUNDEE currently facilitates the implementation of six major programmes in the field of development and civic education streams. These include:

1. Promotion of community Cereal Banks and their networks
2. Civic Education with special focus on Women's Rights
3. Environmental Rehabilitation, Protection and Education
4. Women's Economic Support, Dabaree (heifers scheme).
5. Older Persons Economic Support scheme
6. Community based child development projects

Community organizing, gender and community awareness raising on HIV/AIDS pandemic remain cross cutting issues in all our programmes.

2.3 Contracting details

When did cooperation with this partner start?
2006

What is the MFS II contracting period?
September 2011 – December 2014

Did cooperation with this partner end?
NO

If yes, when did it finish?
N.A.

What is the reason for ending the cooperation with this partner:?
N.A.

If not, is there an expected end date?
December 2014

2.4 Background to the Southern Partner Organisation

History
HUNDEE – Oromo Grassroots Development Initiative is an indigenous NGO established in 1995. It is a local non-governmental organisation based on the philosophy that poor rural communities should be responsible for their own development. HUNDEE acts as a facilitator in this process. HUNDEE's major programmes include community organizing, cereal bank promotion and networks, civic education, environmental rehabilitation, and women's and older persons' economic support.

HUNDEE has five branch offices of which four offices are located in a 100km radius of Addis Ababa. They have 24 professional staff with tertiary level education in economics, sociology, management, law, agriculture and accounting and 52 other staff members including field animators, tree nursery foremen, drivers and other support staff.

The organisations' mission at establishment was to assist and empower resource poor rural and peri-urban communities to attain food security and increased household income and sustainable livelihood in Oromia National Regional. There was no formal strategic plan at the beginning. Capacity strengthening activities done during the first years included project management training, project development hands-on training, computer introduction and provision of office facilities to boost the office capacity. Misrepresentation by government regarding the organisation was indicated as important influencing factor during the period.

In the period 1998-2001, a vision statement was drafted which included human dignity and prosperity as the vision of the organisation. The strategy during these years were revitalizing community support systems and traditional institutions, e.g. household asset building, inclusiveness of different community groups, establishment of a MFI (Microfinance Institution), where HUNDEE is a major shareholder. Capacity strengthening activities done during these years included organisational development, strategic plan development, M&E system development, financial system development, leading organisation on marketing cooperatives trainings. The microfinance regulation of National Bank of Ethiopia forced HUNDEE to stop delivering credit service. Hence the regulation was indicated as important influencing factors.

2001-2005 was put as a third critical milestone period in the evolution of HUNDEE. The vision was well articulated and its mission was enabling small farmers, women, older persons, youth, and other marginalized groups to get organized around common issues of concern for livelihoods and to revitalize proven community-based traditional support system and institutions. The strategies during the period included right based approach, differentiating between direct and indirect programme costs, and inclusion of manufacturing to solve market problems in surplus areas, community assets development, and capacity building for target groups. Capacity building activities undertaken included technical training, transforming capacity building and asset-based community development, and marketing enterprise development. Training on facilitating community development and organisational development (adaptive management) were identified as important influencing factors in the period 2001-2005.

In the period, 2006-2009, the vision and mission remained the same as the previous period. The strategies of the organisation in this period included downward accountability (taken from ICCO), outcome based reporting (evolved from output based approach, result based approach, local resource mobilized). Capacity strengthening activities included different targeted trainings on M&E, project design, gender etc. and generative capacity building. The important influencing factors indicated by HUNDEE staff for the period 2006-2009 included the facilitation of farmers' access to remunerative markets, and the 2009 CSO legislation.

For the period 2010 to 2012, a new vision was put in place. The strategy of HUNDEE included total organisational approach. Holistic approach was also adopted in 2010. Geographical expansion: east Wolega, Borena, Sebeta, Finfine surrounding special zone were added and pastoralists were added as new target group. More functions were created such as community facilitators, nurse, veterinary experts, marketing experts, project experts and SHG monitors. Capacity strengthening activities during the period included strategic plan development, adaptive training after CSO law, organisational gender audit training, orientation on programmatic approach, capacity building on downward accountability and empowerment for addressing poverty. Furthermore, DOT Ethiopia, technical partner in the C4C Consortium, supports HUNDEE with technical issues and ICT-related trainings. The global financial crisis which resulted in reduced funding, and climate change which led to the engagement of HUNDEE on Disaster risk reduction programmes, were indicated as important influencing factors during the period.

Vision

A just world where women and men, and girls and boys, live in dignity and prosperity.

Mission

- Enable small farmers, women, older persons, youth and other marginalized groups to get organized around common issues of concern for livelihoods, and to revitalize proven community based traditional support system & institutions;
- Reduce vulnerability of target groups to transitory food shortage;
- Enable target groups to rehabilitate their degraded land;
- Empower women to attain economic and social rights, and eradicate all forms of violence and discrimination against them in Oromia regional state;
- Relate with government, civil institutions and NGOs to further our possible implement our development our development activities together with them.

Strategies

The five major programmatic areas that are developed against the backdrop of organisational vision, mission and goals described above are:

- Cereal Banks promotion and Value Chain Development;
- Community Education, Women Empowerment and Development Research;
- Community Based Child Development and Youth Capacity Building;
- Environment, Livelihoods and Adaptation to climate change; and
- Social Service Development.

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[2].

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

[2] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question*: **To what degree are the changes identified in partner capacity attributable***

to (capacity) development interventions undertaken by the MFS II consortia **(i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II

supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of HUNDEE that have taken place since the baseline in 2012 are described. The information is based on the information provided by ICCO and IICD.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Finance Management of Hundee by the ICCO Finance Officer through the Consortium framework in Ethiopia	- To enhance the capacity of the organization in aspects of timely, quality and good financial & record systems. - Institutionalizing financial systems and enhanced involvement of all stakeholders in programming, implementation and monitoring of its programs	Budgeting, Financing Reporting, Grants management (Donor relations & sub-grant management) – through FC C6NGO consortium	May 2013	About €2,500 covering transport, accommodation and upkeep costs
Training workshop on downward accountability	capacitate the SPO (together with the other 5 NGOs in the consortium) to pilot some downward accountability tools, which in turn aim at improving the quality and effectiveness of the services of SPO to its clients, its accountability to its clients, etc; Mainstreaming downward accountability in all its programs and institutionalize the approach. The SPO adopted ICT solutions that can be conveniently used to disseminate and collect information using a mobile phone	Introduction training course on Downward Accountability (2009 – MFS1) Field work preparation & Implementation with coaching on the side (2010 – MFS1) Sense-making Workshop (August 2010 MFS1) Participatory film making (March 2011 – MFS 2) Round 2 Field work – with training session and coaching (November 2011 – MFS2) Participatory film making (December 2012- MFS 2) Final dissemination conference December 2012 - MFS	See previous column	The whole program was about 75K Euro, including production of a book, 2 movies, website, trainings, meetings, consultant and 6 participating organisations. So Hundee share was 1/6 of 75K = 12.500 Euro.
Coaching Gender Mainstreaming in value chain within the Consortium framework	To enhance equitable participation of both men and women in its program; Mainstream gender in all its programs as cross cutting issues	No info	2013	No info
Staff training on application of ICT tools for development, and website development under the C4C framework.	This was what SPOs needed and included as part of its ICT project that relates to FED program (Fair Economic Development); Provide access to up-to-date and reliable information sources to its target groups, which are smallholder farmers and their organizations	Provide access to up-to-date and reliable information sources to its target groups, which are smallholder farmers and their organizations	2013	No info

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
cross country experience exchange for management members and Directors on FED and ICT covering Kenya & Ethiopia	learning from one another so as to enhance their respective development results; Strong link with market actors leading to self-sustainability.	Learning & Sharing Experiences especially on ICT and business approaches	October, 2013	€21,000 (€10,000 from ICCO and €11,000 from IICD)

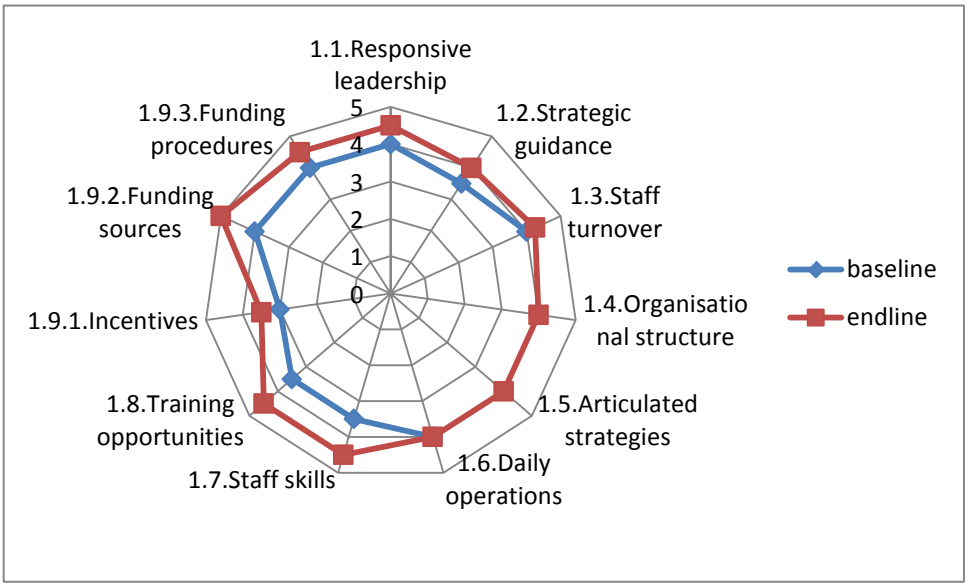
Source: B_5C endline_support to capacity development sheet_ICCO-FED _ HUNDEE; B2. 5C endline - support to capacity development sheet

4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

Capability to Act and Commit

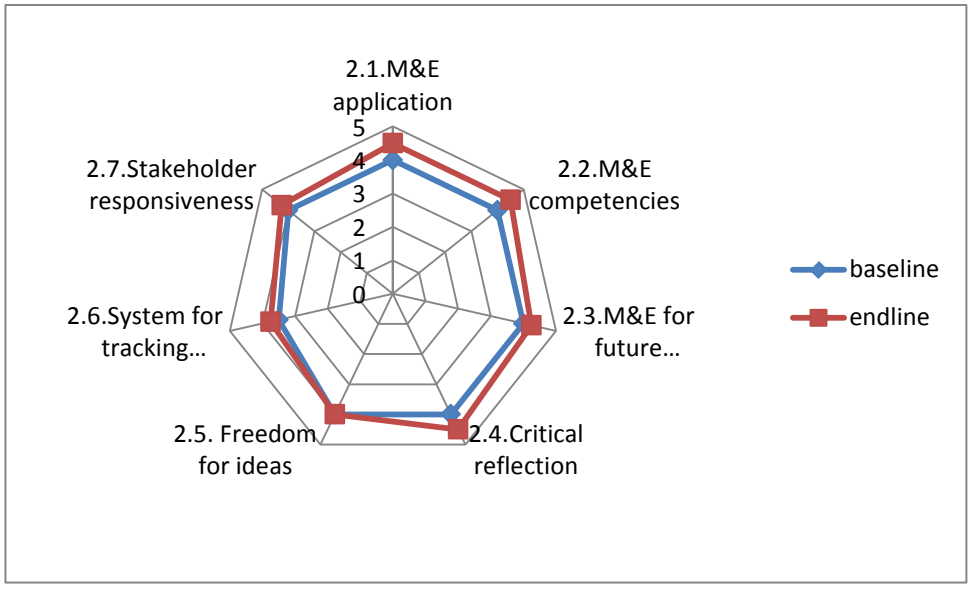


There exists responsive, transparent, collective and accountable leadership role in HUNDEE. The leadership effectively engages in all organizational aspects, including strategic and operational issues. The Board of Directors is helping the organization in defining the strategic directions, and most importantly, on a regular basis advises the management team on coping with changing circumstances. HUNDEE has been focused on the realization of its long-term objectives and goal through organizational development, improving the resource base/funding of the organization, enhancing on-going learning through consistent application of PME, maintaining and enforcing good public relations, and ensuring

program quality and outreach expansion. There has been no staff turnover in HUNDEE since the baseline. Rather, most of the staff members (particularly the senior ones) have been working at the organization for more than ten and above years due to the existing enabling working environment. Most of the staffs who participated in the baseline assessment were present in the end line assessment. A new organizational structure clearly defines roles and responsibilities of staffs and hence there are well-articulated job descriptions of staff. Besides, strategies are well articulated at HUNDEE in a way that situation analysis and monitoring and evaluation are used to inform strategies. HUNDEE day to day operations were already in line with the strategic plan. HUNDEE field staffs, due to regular trainings and capacitating activities within the C6NGO framework (MFS II), were able to improve their planning, monitoring and follow up, and reporting of project activities. Efforts were made to focus on outcomes rather than outputs in their reports. Accordingly, significant changes have been observed in the quality of the reports. Staff skill at HUNDEE has improved since the baseline particularly in relation to using ICT for data collection and sharing information, and use of community managed disaster risk management program implementation. HUNDEE staff training need assessments were undertaken at various levels and trainings were provided on different topics as identified in the gaps analysis. Short-term trainings on subjects quite related to the project/program engagements were facilitated for selected staff by different donors and networks. Regarding incentives, HUNDEE reasonably improved the salary scale, although some staff indicated not to have seen this taken place, while a transport service has been given to core and senior staff since 2012. The organization's funding sources have improved, hence the total annual budget of the organization increased from 25 million in 2012, to 33 million in 2013, and 50 million in 2014. As a result HUNDEE intervention areas increased from seven decentralized offices to nine area offices. Funding procedures changed in the sense that fundraising, proposal development and income generation are specifically designated to senior management and the general manager and, in collaboration with program staff, are more proactive in terms of resource mobilization and engaged in approaching different donors through lobbying and competing in different calls for proposals.

Score: from 3.7 to 4.2 (slight improvement)

Capability to adapt and self-renew



Participatory project monitoring has become practice in HUNDEE and has not changed greatly since the baseline. HUNDEE regularly conducts participatory monitoring and downward accountability. These lessons are adopted continuously. TROCAIRE and other donors have given training on downward accountability and HUNDEE has developed a draft organizational accountability framework and oriented staff members on accountability and complaint handling. Staff capacity to exercise and internalize the accountability framework has increased. Hence, HUNDEE has started to document best practices to use

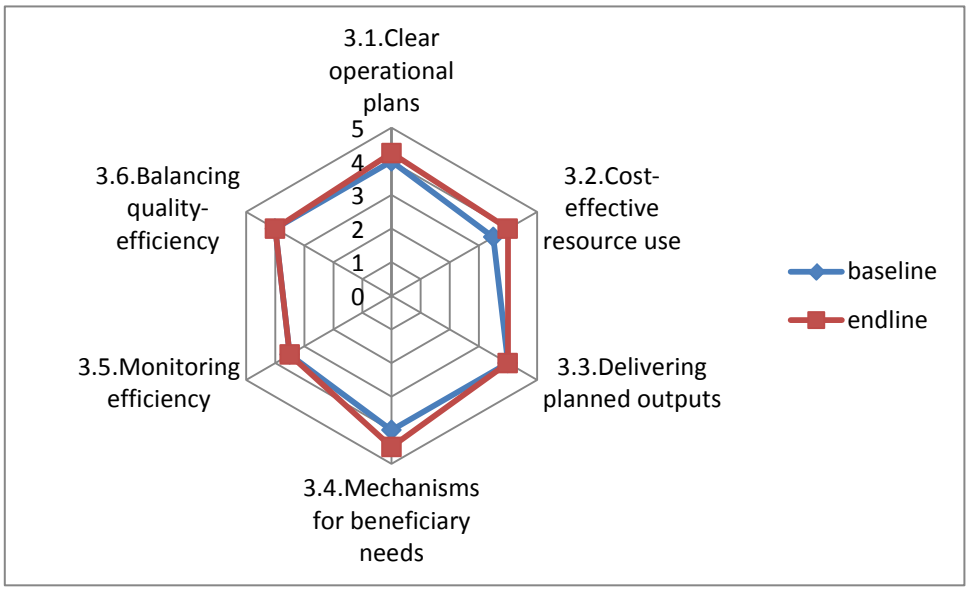
for scaling up. The organization has also refined and continuously adapted data collection tools, and conducted participatory review and reflection. There is internal reflection to improve M&E activities. Quality and practicability of indicators has improved, and an the information gathering template is developed and practiced. There is more of a focus on collecting data at outcome level, and information generated informed strategic decision-making. However, training on Programme Impact Measurement provided by ICCO is not always implemented by staff due to lack of budget. Furthermore outcome level information is mainly collected by external evaluation consultants. The M&E findings have considered and utilized in project development and lesson learnt shared among project staff and senior management at head office level. Staffs have now better idea about how the information produced from M&E is used as an input in the organization's future strategic direction. On the other hand, HUNDEE have established grievance committee to resolve conflicts and manuals are prepared due to the introduction of downward accountability.

The organization has established an M&E team for each unit to make the entire staff (programs and finance and administration) to get involved on issues of monitoring and evaluation in a regular basis. Staffs' understanding about the importance of monitoring and evaluation and their attitude has improved. Frequent orientation on the importance and functionality of monitoring and evaluation has been given to staff at all levels by the senior staff. Besides, M&E unit staffs have enough understanding to practice M&E. Frequency of monitoring increased along with the increased number of staff involved, and training on MEL (Monitoring, Evaluation and Learning) that was provided for staff.

Regarding critical reflection, field staff meetings are held on a quarterly, bi-annual and annual basis, so as to reflect ideas and views. There have been frequent meetings with program personnel to reflect on program/operational issues and staff are now free to reflect on any issue. The top management also inspires critical reflection among staffs at all levels and there is a good culture to adapt new initiatives that are important for the organization. New findings generated during evaluation and implementation are appreciated and the management has committed to strengthen results. Most of the activities in scanning the environment were done made by the General Manager, senior staff and project coordinators, and is mainly based on collaborating with other NGOs.

Score: from 3.9 to 4.2 (slight improvement)

Capability to deliver on development objectives

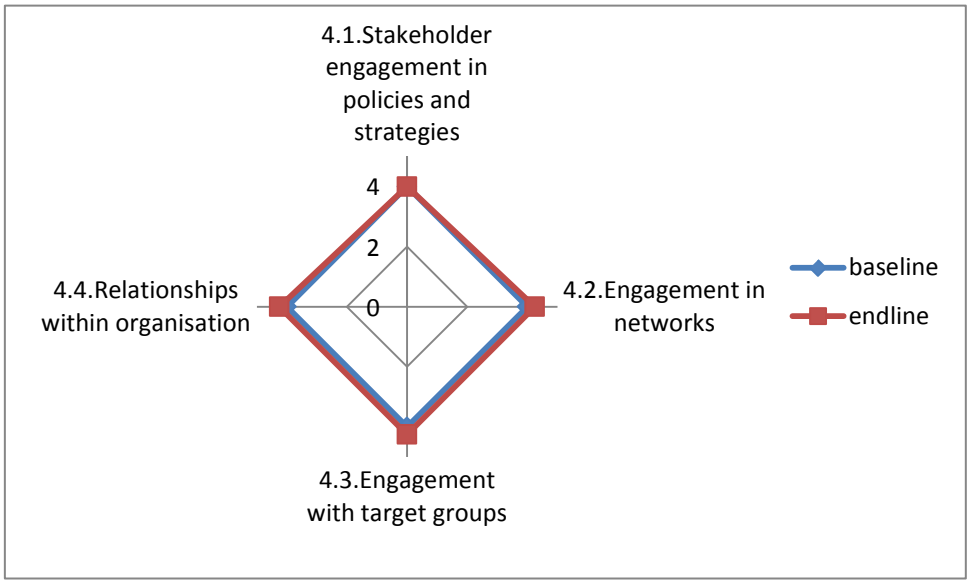


HUNDEE has considered inflation during project proposal development and there is no budget shortage for project implementation. Operational plans prepared at head office level. Confusion in implementation is reduced by creating awareness through lessons from projects assessment reports and recommendations as well as feedback during field visits. Every year operational plans with budgets are prepared and submitted to Civil Society Organisations as well as shared with each area office. Hence, all

projects have an operational plan and budget, and the plans are used in the day to day activities. HUNDEE planning and resource allocation have improved and an appropriate person for budget control and planning has been assigned (like budgeting officer). This showed the organization has given due attention to the cost effective approach without compromising quality services. HUNDEE has sustained its strength in delivering planned outputs as specified in the agreement. However, the monitoring and evaluation unit has been organized in a new way that core program and finance staffs take a leading role to easily monitor projects and programs of the organization. Plans are implemented as expected in some projects whereas in others set targets may not be fully met due to financial constraints, delays in release of finances and procurement as a result of bureaucratic procedures. HUNDEE has put in place systems and tools to measure client satisfactions through regular monitoring meetings with different committees and beneficiaries are fully participating in the whole process of a project. Unlike during the time of the baseline, downward accountability tools are mainstreamed in all program levels due to the fact that organization-wide trainings were given on downward accountability tools including client satisfaction to exercise in various projects funded by ICCO, CCRDA, KNH, CST, and ESP2. In addition to the M&E unit, the newly assigned Program Operation Department took responsibility to oversee organizational project budget utilization and activity implementation. Both the economic use of resources and delivery of standard quality outputs are checked and all staffs are well aware about quality services.

Score: from 3.8 to 4.0 (very slight improvement)

Capability to relate



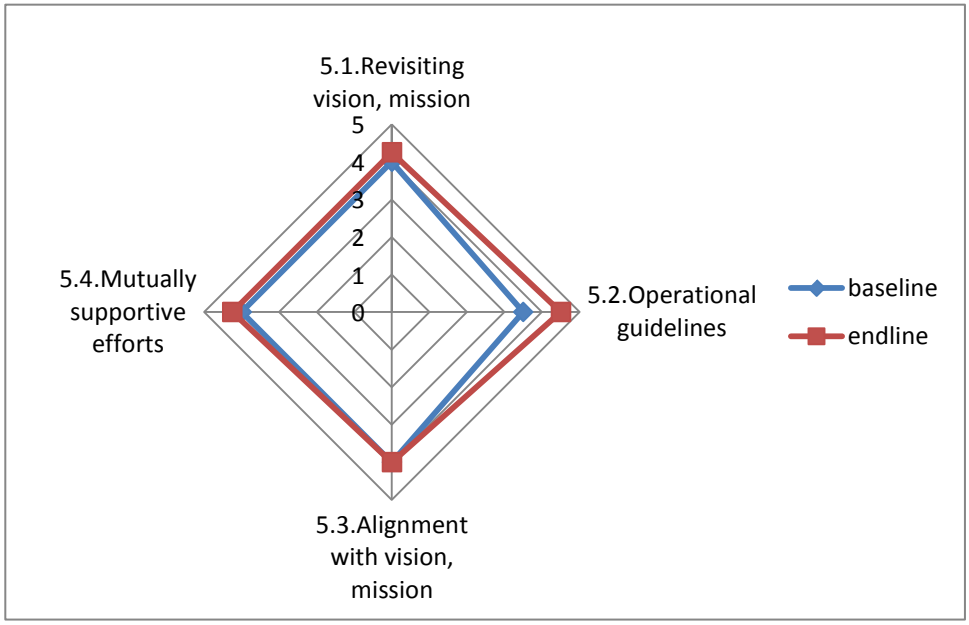
HUNDEE involves its stakeholders at program formulation and implementation levels, and the organization maintains good relationships with its stakeholders even though there is limited engagement in terms of developing policies and strategies for HUNDEE, according to the CFA assessment. HUNDEE staffs hold regular meetings with stakeholders during project launching, planning, review workshops, reporting and feedback sessions, and the SPO is open to collaboration with stakeholders. Stakeholders participate from problem identification to evaluation, and their inputs are taken seriously. HUNDEE has engaged with the existing and new networks like the consortium of self-help groups Ethiopia. HUNDEE's top leaders and management team strongly recognize and value the role that partnership and networking between civil society organizations as well as with other relevant development actors can play in the design, implementation and effective delivery of development services. Hence, the organization has improved its bargaining power as a result of engagement in networks which in turn helps to get and provide information as well as share experiences.

HUNDEE is currently a member of such national consortiums and networks as CCRDA (Consortium of Christian Relief and Development Association), PANE (Poverty Action Network of Ethiopia), and harmful traditional practices (HTP's) national Network, CoSAPE (Consortium of Self-Help Group Approach

promoters in Ethiopia) and the like. At regional level, HUNDEE is among the founding members of NeCSO (Network of Civil Society organizations in Oromia) and is also part of a steering committee of the GO-NGO forum currently headed and hosted by the government of the regional state. There is continued improvement of community satisfaction in HUNDEE development services and increased community responsiveness. In the seminar report on downward accountability and client feedback mechanisms in 2012 showed that farmers have become more critical and take part in decision-making, more than before. HUNDEE has improved communication and information sharing due to better internet access through the support of ICT project for ICT training and provision of ICT materials like smart mobile and Wi-Fi internet provided by ICCO. There is good communication system with top management both upwards and horizontally within the organization.

Score: from 4 to 4.2 (very slight improvement)

Capability to achieve coherence



Vision, mission and strategies are regularly discussed in the organization. HUNDEE has reviewed the vision, mission and programs objective in a more gender sensitive manner, and strategic documents and project proposals are designed in line with this. There has been increased awareness of staff on the vision, mission and strategy of HUNDEE, and staff have been involved in this process, which is also created a sense of ownership. In terms of policy and operational documents for the organisation, HUNDEE has produced a draft code of conduct and a child protection policy. The financial manual has also been revised to capture the costs of programs and activities. The HR and financial policies are updated or revised to capture the current situation. Moreover, the organization has developed Disaster Risk Reduction (DRR) guidelines through the support of ICCO. HUNDEE's previous two strategic planning documents provided a roadmap for overall organizational operations and aligning of its core programs and policy initiatives to key organizational areas. It has also served as primary source of inspiration out of which its operational plans are derived and developed during the last couple of years. Moreover, HUNDEE has improved its degree of complementarity and synergy between programs. An example of this is with the project involving cereal banks and value chain development, self-help groups and Dabaree projects, Community Managed Disaster Risk (CMDRR) and the livelihood enhancement program and the like.

Score: from 3.9 to 4.2 (Slight improvement)

4.2.2 Key organisational capacity changes - general causal map

Below you can find a description of the key changes in organizational capacity of HUNDEE since the baseline as expressed by HUNDEE staff during the endline workshop, which was held on the 3rd of October at the HUNDEE Head Office in Addis Ababa. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on HUNDEE from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how HUNDEE has changed since the baseline.

The ten endline workshop participants mentioned that the goal of Hundee in capacity building is to improve their capacity to implement activities in a larger area, a larger client coverage and with more quality [1] and, according to workshop participants over the last two years, since the baseline in 2012, Hundee has been able to improve its capacity specifically in the following areas:

1. Improved capacity to facilitate behavioural change [2];
2. Improved capacity in adaptive management [3];
3. Improved capacity in communication and information sharing [4];
4. Improved capacity to apply an integrated (multidisciplinary) M&E system [5];
5. Improved capacity in resource mobilization [6]; and
6. Improved capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas

Each of these six key organisational capacity changes is explained below.

Improved capacity to facilitate behavioural change in rural communities (2)
At the endline workshop Hundee staff mentioned that before the baseline in 2012 facilitation was used only to change the belief of women and the society at large about women and their role in society. Now facilitation is used to change most of the negative traditional practices seen in the rural areas. For example, the attitude of rural people towards hygiene and using health services. The improved capacity to facilitate behavioural change was due to

a. Ability to use the appreciative inquiry approach (9). This approach helped to identify what the community has and what it lacks. HUNDEE got this knowledge as a result of the training on Asset Based Community Development (ABCD) delivered by the COADY institute in 2012 [12];
b. Since facilitating requires initially convincing influential people, about the ability to identify the opinion leaders or other power centres is useful (8). HUNDEE already had this knowledge in relation to using Abageda/elders (Oromo traditional leaders/elders). This related also to understanding the power of mass mobilization (10). This understanding was gained as a result of training on mass mobilization that was organized in Kenya and Sierra Leone in 2013 by GIZ (11). This approach has specifically helped in tackling the problem of Harmful Traditional Practices (HTPSs), to enhance women empowerment etc. The ability to tackle HTPS is also due to the training on Asset Based Community Development (ABCD) in 2012 by the COADY Institute [12].

Improved capacity in adaptive management (3)
This relates to the capacity HUNDEE gained in scanning the external and internal environment and make it fit with the situation. One area in this regard, is understanding the interest of the government and its areas of concern (13). To identify possible alternatives that could be accepted by the government (14) and which are also in agreement with the new CSO regulation (16), HUNDEE carried out an internal reflection on adaptive management (15) and tried to come up with possible intervention strategies. For example, HTPs are both human rights and public health issues. The CSO regulation restricts NGOs not to work on HTPs as a human right issue. Understanding this dilemma, HUNDEE decided to work on it as a public health issues and this helped to reduce the problem. This lesson helped HUNDEE to find alternative ways to do the work.

Improved capacity in communication and information sharing (4)
HUNDEE is now better connected and has access to information technology (19) as a result of the broadband network connection it acquired at the HQs in 2014 with MFS II support [18], and the provision of computers, smart phones, LCD, CDMA in 2013 by ICCO and IICD (MFS II funding) [17]. This

enabled HUNDEE to communicate better internally at the HQs and with field offices. Furthermore, staff gained knowledge and skills in data management and other computer skills to be able to use this hardware for different purposes (20), which was a result of the training on computer skills delivered in 2013 by ICCO and IICD (MFS II funding) [22]. Knowledge and skills in data collection and data sharing using smart phones [21]was gained as a result of the training on utilization of smart phones organized in 2013 by ICCO and II and PCI (Project Concern International)(MFS II funding) [23].

Improved capacity to apply an integrated (multidisciplinary) M&E system (5)
Currently M&E in HUNDEE is carried out in a team with the involvement of programs. This change happened because HUNDEE realized the need to involve all department units in M&E (24) and prepare quality reports which include the perception of different programs and disciplines (25). As a result the role of the M&E unit became coordination of the M&E processes. This changed role was carried out by clarifying M&E responsibilities for the different programs/departments, and assigning the coordination role to the M&E manager (26). In addition, the expansion of HUNDEE in terms of area and sector coverage (27) has also led HUNDEE to think differently and realize that the M&E cannot be handled by one person only (27a) How this capacity was improved will be further detailed in the M&E process tracing causal map.

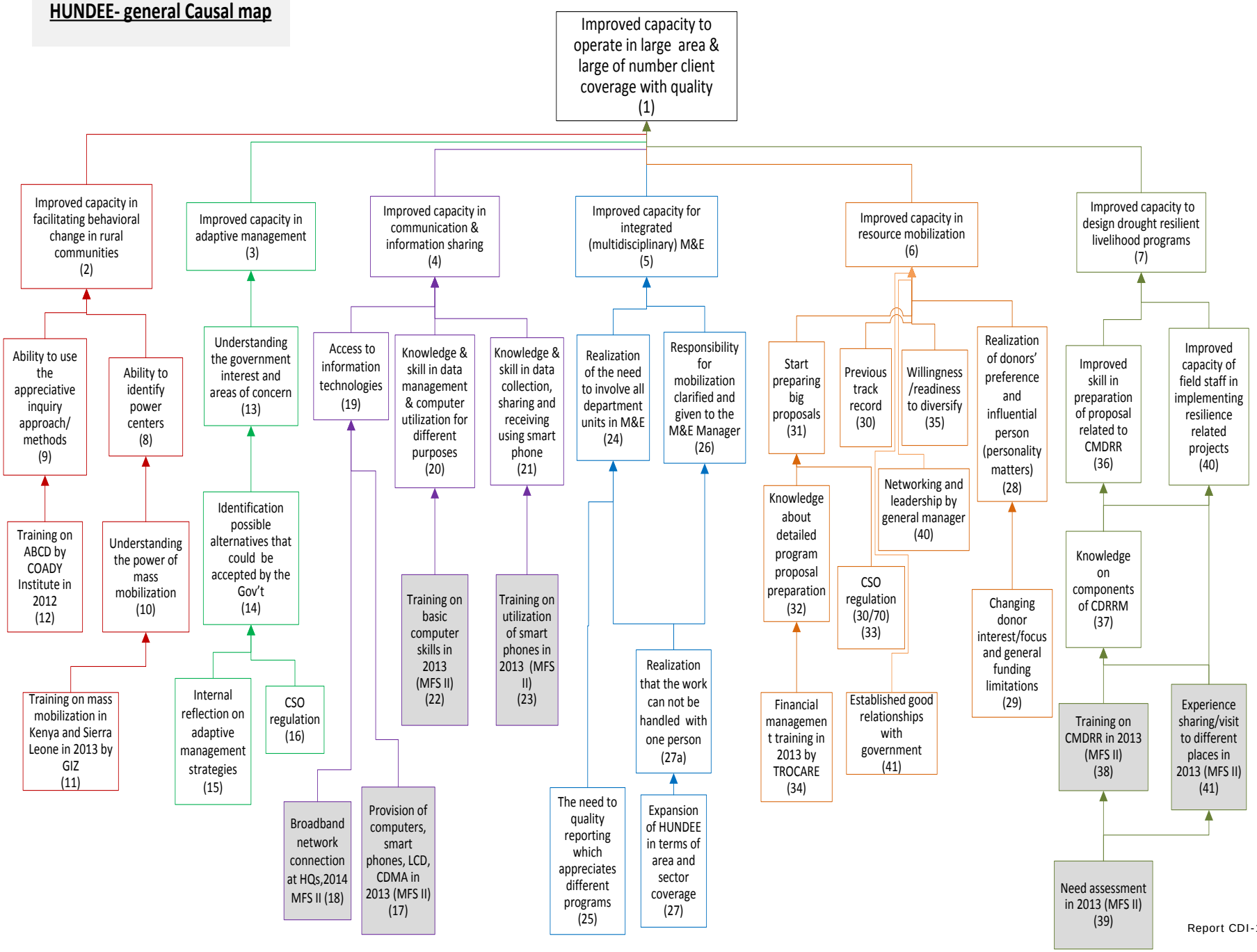
Improved capacity in Resource mobilization (6)
Currently more funds are available and an increased number of donors is working with HUNDEE compared to the baseline condition. This is due to:

a. Starting to prepare big proposals (31);
b. Previous track record (good experience) (30) which shows HUNDEE's ability in implementing and completing projects;
c. The willingness to diversify (35) or work on new sectors such as health and pastoral areas and,
d. Realising donors' preferences for influential persons (28), which is due to the changing trend of donors interest (shift to certain interventions) and the general limitation in terms of funding [29]. Through the networking and leadership capability of HUNDEE, particularly the general manager (40), the organization is respected by different donors and has better chances to get funds. In addition it has established good relationships with the government bodies which did not exist before the baseline (41). For example, recently, HUNDEE was recommended by the Oromia bureau of Agriculture to conduct a program on FTC to be financed by donors.

Why HUNDEE started to prepare big proposals was the result of the knowledge it gained in detailed program proposal preparation (32) which helped to clearly and concisely cost activities while preparing proposals. This improved knowledge and skills was a result of the financial management training it received in 2013 by TROCARE (34). In addition, the CSO regulation which limits NGOs to use only 30% of the project budget for administrative purposes and 70 % for program implementation (33) forced HUNDEE to look for big projects and get enough money for running the organization.

Improved capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas (7)
HUNDEE used to work mainly in highland areas on programs focusing on settled farmers. However, since the baseline in 2012 it has improved its capacity to design programs that contribute to drought resilient livelihoods (7). This capacity enables HUNDEE to work on pastoral livelihoods in addition to the work it is doing on highland livelihoods. This capacity has improved as a result of the knowledge the staff developed regarding Community based Disaster Risk Reduction and Management (CDRRM) (37) and the capacity to implement resilience projects (40). The knowledge on CDRRM and implementing it was gained through the training on CDRRM [38] and the experience sharing/visit to Tigray, Dire Dawa and Awassa (41), both organized in 2013. These areas are considered to have best practices related to community resilience building. The training as well as the experience sharing visit were supported by ICCO (MFS II funding). These trainings came about from the needs assessment carried out in 2013 by the IRR consortium (39) to identify capacity gaps in the area of CDRRM with the support of ICCO (MFSII funded).

HUNDEE- general Causal map



4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4

Note: for each country about 50% of the SPOs has been chosen to be involved in process tracing, which is the main approach chosen to address evaluation question 2. For more information please also see chapter 3 on methodological approach. For each of these SPOs the focus has been on the capability to act and commit and the capability to adapt and self-renew, since these were the most commonly addressed capabilities when planning MFS II supported capacity development interventions for the SPO.

For each of the MFS II supported capacity development interventions -under these two capabilities- an 'outcome area' has been identified, describing a particular change in terms of organisational capacity of the SPO since the baseline. Process tracing has been carried out for each outcome area. The following outcome areas have been identified under the capability to act and commit and the capability to adapt and self-renew. Also the MFS II capacity development interventions that could possibly be linked to these outcome areas are described in the table below.

Table 2

Information on selected capabilities, outcome areas and MFS II supported capacity development interventions since the baseline

Capability	Outcome area	MFS II supported capacity development intervention
To act and commit	Enhanced resource mobilization capacity	
	Improved ICT capacity for information sharing and communication	
	Improved competencies for gender mainstreaming	
To adapt and self-renew	Improved M&E competencies including institutionalized downward accountability	

The next sections will describe the results of process tracing for each of the outcome areas. This includes describing the identified key organisational capacity changes, what these changes are expected to lead to and what are the underlying reasons for these organisational capacity changes.

4.3.1 Enhanced resource mobilization capacity

Below you will find a description of the 'Enhanced resource mobilization capacity' and how this has come about. Numbers in the visual correspond with numbers in the narrative.

HUNDEE staff present at the endline workshop believe that they have improved in the area of resource mobilization capacity (1) *(sources: endline workshop; 2012 Annual performance report).* As a result, HUNDEE is more pro-active to tap into available sources of funding and they have managed to secure funds for multiyear (3-5 years) projects (31), e.g. the Malt Barley and HAM Foundation projects *(source: CFA assessment sheet A).* In addition, the improved resource mobilisation capacity has resulted in an increase of the total annual budget of the SPO by about 50% *(source: CFA assessment sheet A)* or, according to the endline workshop participants, from around 10 million Birr before the baseline to around 30 million now*(source: endline workshop) (31).*

Participants of the endline workshop mentioned that the enhanced resource mobilisation capacity (1) can be attributed to the following factors:

- Improved capacity in project proposal development (2)
- Improved financial management capacity (3)
- Improved understanding of the usefulness of networking (4)

- Improved knowledge about current funding trends and donor intelligence (5)
- Improved ability to engage target communities and make them aware of their potentials for their own development (6)

These key factors are further explained below. Numbers in the visual correspond to numbers in the narrative.

Improved capacity in project proposal development (2)

ECFA's project proposal development capacity (2) has improved since the baseline *(sources: endline workshop; CFA assessment sheet A)*, i.e. now HUNDEE has the capacity to prepare proposals that have a better chance to be financed by donors. This happened mainly because of the improved capacity and analytical skills to prepare project proposals (9) *(source: endline workshop)* which HUNDEE staff acquired through the long experience they had in implementing different kinds of rural development projects (10) *(source: endline workshop)*. Furthermore, HUNDEE's understanding of the power of group work in project proposal development (8) *(source: endline workshop)* which the organization acquired from its experience (10) helped to mobilize multi-disciplinary teams for project proposals (32). Also, the knowledge and skills HUNDEE has in gender analysis and its use in project proposal preparation (7) *(source: endline workshop)* contributed to the improved capacity for project proposal development (1). The gender component is considered as a major issue in rural development projects. These competences (7) have been further developed because of the training on a gender analysis tools organized in Tanzania with financial support from Oxfam Canada in 2014 (11). Two gender specialists from HQs participated in the training (source: endline workshop).

Improved financial management capacity (3)

Participants at the endline workshop as well as the CFA consider the financial management capacity to have improved *(sources: endline workshop; CFA assessment sheet B)*, and that this is another reason for improved resource mobilisation capacity of the organisation (1). The improved financial management capacity (3) has enabled the finance unit to prepare a consolidated budget for the organization. Earlier they were only preparing project budgets and not for the whole organization *(source: endline workshop)*. According to the endline workshop participants contributing factors to this improvement (3) are: Improved capacity, of small as well as large area offices, to manage a larger number of projects (12) *(source: endline workshop)* which mainly happened as a result of the experience they gained by working on different development projects (10) (source: endline workshop).

Improved ability to fulfil the financial donor requirements (13): HUNDEE is now capable to provide acceptable and timely progress and audit reports to both donors (13) *(source: endline workshop; CFA assessment sheet B)* and the government (16) *(source: endline workshop)*. The donor report preparation capacity (13) improved as a result of a financial management training organized by ICCO in Hawassa (MFS II funded) in 2013 (14) *(sources: endline workshop; CFA assessment sheet B; 2013,19 Annual performance report)* and the pre-award assessment by donors (final stage of the funding process where financial capacity of the organisation is assessed) and the technical financial support provided by ICCO regional office (15; MFS II funding) (sources: endline workshop).

The ability to fulfil government financial reporting requirements (16) improved as a result of an orientation and training provided for finance staff on accounting procedures and adaption to the Ethiopian Civil Societies Agency (CSA) regulations (by PACT, 2010) and ICCO (17) *(source: endline workshop)* which happened as a result of the technical support provided for the adaptation of the financial system to CSA regulations, by PACT in 2010 and ICCO (18). The technical support from PACT focused on major points related to management of finance that could have impact on NGO and its adaptation to CSA regulations. It also includes coaching on financial management and system development. On the other hand, the ICCO support was both financial and technical support in coaching through hiring a consultant at consortium level on organizational development tools (including in strategic plan revision, financial management and accounting manuals and M&E manual particularly PIM (performance impact monitoring). This was done after 2012 (source: endline workshop).

Improved competences in preparing realistic project budget and financial reports (21) *(source: endline workshop; CFA assessment sheet B)*: the knowledge on preparing realistic budgets is related to

understanding how to determine the costs associated with the activities and expenses of a project. This has also made financial reporting during implementation easier and more reliable. Endline workshop participants believe that improved knowledge about how to identify gaps related to payment, collection and accounting structures (19) *(source: endline workshop)* contributed to this competence (21). This knowledge was gained as a result of the training provided to the financial personnel on financial management for NGOs (MANGO) by CST, CSSP, ICCO (MFS II funded) and Misereor (20) *(source: endline workshop)* and the financial management training organized by ICCO in 2013, Hawassa (MFS-II) (14) *(source: endline workshop; CFA assessment sheet B)*. This training helped the financial personnel to improve their knowledge about internal control, risk assessment, planning, reporting and other financial operations. Also, coaching and mentorship by ICCO regional office experts during visits has deepened this knowledge (30) *(source: endline workshop).*

Improved understanding of the usefulness of networking (4)

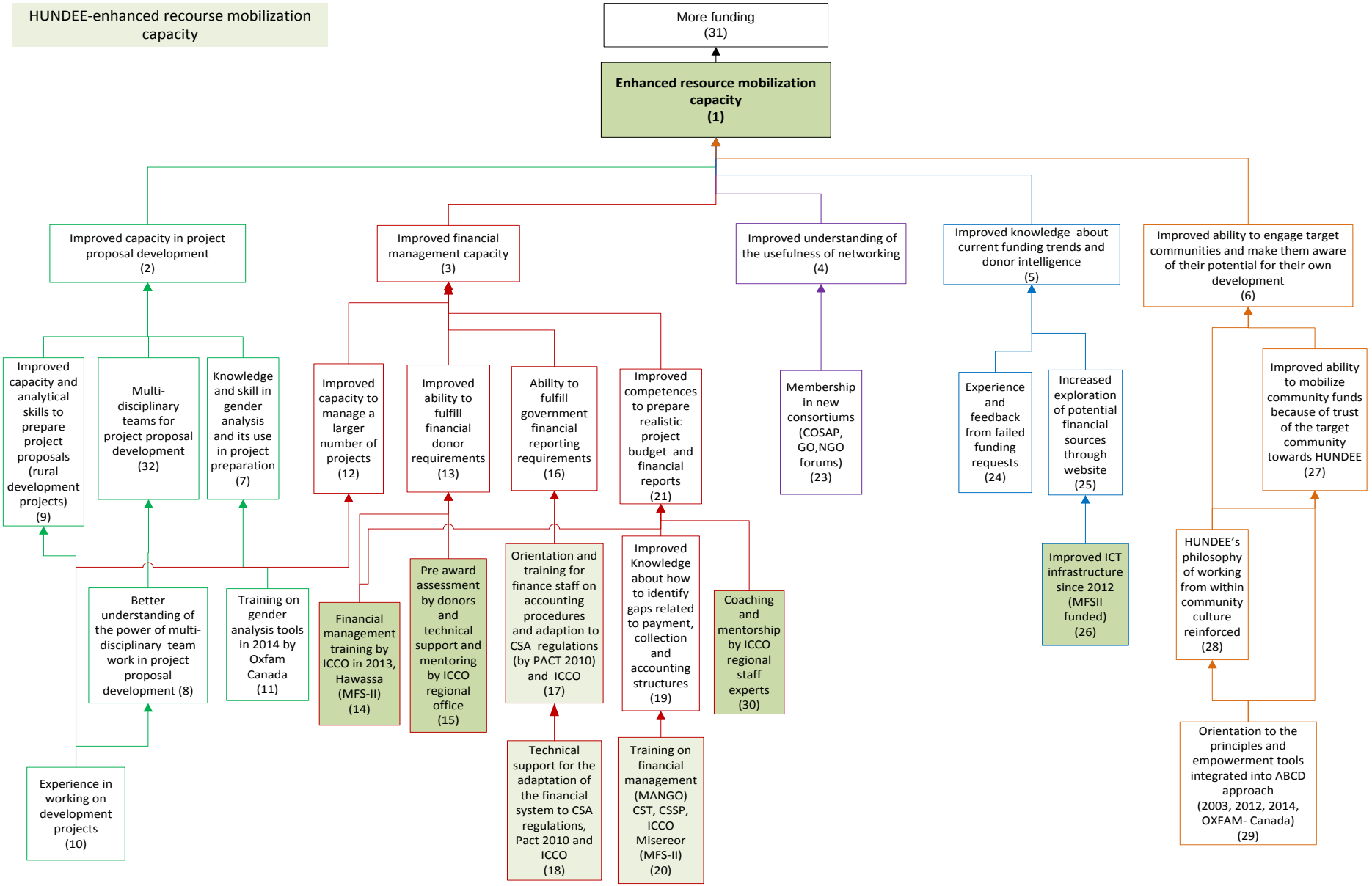
HUNDEE actively participates in different networks and is also a member of different consortiums such as COSAP, GO, and NGO forums (23) *(source: endline workshop)*. In these networks information about funding opportunities is shared. Network members also recommend other (peer) organizations when asked by other funding organizations. Understanding the benefits of networks from the outset HUNDEE has enshrined this in its SPM (strategic plan and management) *(source: endline workshop)*. However, the understanding (4) has further improved after the baseline when HUNDEE got a better understanding about the interest and potentials of the different networks.

Improved knowledge about current funding trends and donor intelligence (5)

This knowledge relates to understanding global trends in activities that have a better chance to be funded and the current strategic directions of the major development partners. HUNDEE came to know about this after reflecting on several proposal submission attempts made, and the negative responses it received (24) *(source: endline workshop)*. This forced HUNDEE to understand more about the issue through continuous exploration of potential financial sources, for example through websites (25) *(source: endline workshop)*, using the improved ICT infrastructure provided by MFS II in 2012 (26) *(source: endline workshop)*.

Improved ability to engage target communities and make them aware of their potentials for their own development (6)

HUNDEE has a long standing philosophy about working with the community (28) *(sources: endline workshop; CFA assessment sheet B)*. This philosophy involves respecting the communities' cultures and norms including getting their consent on the interventions that will be implemented. Since HUNDEE applies this in all its activities with the community, they trust HUNDEE. As this trusts is built over time, the ability to mobilize community resources has shown improvement since 2012 (27) *(sources: endline workshop; CFA assessment sheet B; 2012 Annual performance report; 13_019519 Proposal Malt barley value chain project - Final)*. The community trusts and their involvement in project design and implementation also attracts funders. In addition, the orientation that some HUNDEE staff received about the principles and useful empowerment tools integrated into Asset Based Community based Development (ABCD) approach by Oxfam Canada in 2003 (29) Training was provided by Oxfam Canada both in 2003 for different staff drawn from project staff and head office and specifically in 2012 for head offices staff held at Derbrezeit in March 2014 *(sources: endline workshop; 2012 Annual performance report)* helped to reinforce its existing philosophy (28) and the community trust and community resource mobilization capacity *(source: endline workshop)*.


HUNDEE-enhanced recourse mobilization capacity
More funding (31)
Enhanced resource mobilization capacity (1)
Improved capacity in project proposal development (2)
Improved financial management capacity (3)
Improved understanding of the usefulness of networking (4)
Improved knowledge about current funding trends and donor intelligence (5)
Improved ability to engage target communities and make them aware of their potential for their own development (6)
Improved capacity and analytical skills to prepare project proposals (rural development projects) (9)
Multi-disciplinary teams for project proposal development (32)
Knowledge and skill in gender analysis and its use in project preparation (7)
Improved capacity to manage a larger number of projects (12)
Improved ability to fulfill financial donor requirements (13)
Ability to fulfill government financial reporting requirements (16)
Improved competences to prepare realistic project budget and financial reports (21)
Membership in new consortiums (COSAP, GO,NGO forums) (23)
Experience and feedback from failed funding requests (24)
Increased exploration of potential financial sources through website (25)
Improved ability to mobilize community funds because of trust of the target community towards HUNDEE (27)
Better understanding of the power of multi-disciplinary team work in project proposal development (8)
Training on gender analysis tools in 2014 by Oxfam Canada (11)
Financial management training by ICCO in 2013, Hawassa (MFS-II) (14)
Pre award assessment by donors and technical support and mentoring by ICCO regional office (15)
Orientation and training for finance staff on accounting procedures and adaption to CSA regulations (by PACT 2010) and ICCO (17)
Improved Knowledge about how to identify gaps related to payment, collection and accounting structures (19)
Coaching and mentorship by ICCO regional staff experts (30)
Improved ICT infrastructure since 2012 (MFSII funded) (26)
HUNDEE's philosophy of working from within community culture reinforced (28)
Experience in working on development projects (10)
Technical support for the adaptation of the financial system to CSA regulations, Pact 2010 and ICCO (18)
Training on financial management (MANGO) CST, CSSP, ICCO Misereor (MFS-II) (20)
Orientation to the principles and empowerment tools integrated into ABCD approach (2003, 2012, 2014, OXFAM- Canada) (29)

4.3.2 Improved ICT capacity for information sharing and communication

Below you will find a description of the **'Improved ICT capacity for information sharing and communication'** and how this has come about. Numbers in the visual correspond with numbers in the narrative.

HUNDEE staff present at the endline workshop believe HUNDEE has improved in the area of ICT capacity for information sharing and communication (1) *(sources: endline workshop; CFA assessment sheet B).* This reflected in for example, obtaining more reliable and valid data (24) *(source: endline workshop)*. Furthermore, the community (target groups) started to use smart phones for sharing information and marketing (25), also as a result of staff, making more use of ICT technologies (26). This includes sharing price information through text messages. The target groups started to use computers for data storage and word processing (especially farmers cooperatives) and to learn improved agricultural technologies through the use of ICT; such as, TV and video deck (25) (*source: endline workshop)*. The C4C Consortium (MFS II) has invested in improving the ICT infrastructure for HUNDEE and its target groups, and in the knowledge and skills to use ICT, aiming to establish access to up-to-date and reliable information sources for its target groups, which are smallholder farmers and their organizations. According to the CFA evidence for success is that HUNDEE now has ICT infrastructures (ICT centres, tools & gadgets, MIS); that staff are able to use this ICT infrastructure; improved access to telephone & internet connection and networks for HUNDEE staff; that ICT centres are established for its target groups-farmer unions; the hiring of an ICT officer to support its target groups and an updated website (*sources: CFA assessment sheets A and B; annual performance reports 2012 and 2013).*

According to HUNDEE endline workshop participants this change in improved capacity in ICT for communication and information sharing (1) happened as a result of:

- Improved competencies on ICT for data collection using smart phone and computer based data analysis) (2)
- Enhanced interest and competencies on the use of ICT (TV, video deck) for technology dissemination (3)
- Improved competencies in the use of about social media, internet & office applications (5)
- Improved skills in computer hardware maintenance (6)

These key factors are further explained below.

Improved competencies on ICT for data collection using smart phones and computer based data analysis (2)

One of the causal factors of the improved ICT capacity (1) is improved competencies on ICT for data collection using smart phones (2) *(sources: endline workshop; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12).* These competencies help HUNDEE staff to collect data on the MFS II related project using smart phones. The data are collected and sent to Kenya for analysis. The main reasons for the improved ICT competencies (2) are described below.

- The initial idea was developed as a result of information sharing during the ICT project development by value chain consortium members, in Addis Ababa, 2012 (15) *(source: endline workshop)*.
- Furthermore there was a felt necessity to improve efficiency in data collection, storage and analysis (7) *(source: endline workshop)*. The frequently used paper based data collection method was taking a long time for data collection and entry. Therefore, to reduce the time taken and improve efficiency HUNDEE as well as the CFA showed interest to use smart phones for data collection. This was suggested by ICCO during the project proposal on ICT at the 6NGOs consortium meeting in Addis in 2012 (23) *(source: endline workshop)*.
- In line with this, smart phones were provided by ICCO in 2013, MFSII funded (ICCO alliance) (9) *(source: endline workshop; feedback ICCO)* and by PCI/USAID in 2013 for the purpose of the women empowerment projects and to be used by the women's self-help groups (10) *(source: endline workshop)*. This was complemented by a training on ICT based data collection using smart phones in May 2013 by AKVO (ICCO, MFS II funded) (8) *(source: endline workshop; CFA Assessment sheet B)*.

Improved knowledge and skills in data analysis for data collected by HUNDEE (4) *(sources: endline workshop; CFA Assessment sheet B).* This is not for sophisticated analysis but for preliminary data analysis to carry out descriptive analysis. The training on different data analysis software that was given by DOT Ethiopia, and was financed by ICCO (ICCO Alliance) (MFS II) (16) *(source: endline workshop; CFA Assessment sheet B),* helped in creating this capacity.

Enhanced interest and competencies for the use of ICT (TV, video deck) for technology dissemination (3)

These **enhanced interest and competencies** (3) *(source: endline workshop)* relate to the use of ICT for disseminating improved agriculture technology in a relatively efficient way. The interventions and factors that contributed to these **enhanced interest and competencies are** described below.

- The decision and desire to use multimedia and group methods (12) *(source: endline workshop):* in the projects that are aimed at training on and disseminating agricultural technologies to farmers, HUNDEE wanted to use ICT to reach a wider audience. This was initially recommended by IICD during proposal development of the ICT project at the six NGOs consortium meeting (MFS II) (23).
- In line with this, to help in preparation of the training materials and documenting the information for technology use, agriculture research centers were involved (11), MFS II funded *(source: endline workshop)*.
- Since most of the information sharing was done through TV and video, the provision of TV and video decks by C4C/IICD/ICCO in 2013 (MFS II funded) facilitated the implementation (13) *(source: endline workshop)*.

In further deepening the knowledge, the exchange visit financed by C4C/IICD to Kenya on Fair Economic Development (FED) and ICT, October 2013 (MFS II) (22) *(sources: endline workshop; Report - ETHIOPIA EXCHANGE VISIT to Kenya Oct 2013 - final v 2; CFA assessment sheet B;)* was instrumental because it helped in learning and sharing experiences on ICT (14) *(source: endline workshop; Report - ETHIOPIA EXCHANGE VISIT to Kenya Oct 2013 - final v 2).*

Improved competencies in the use of social media, internet & office application (5)

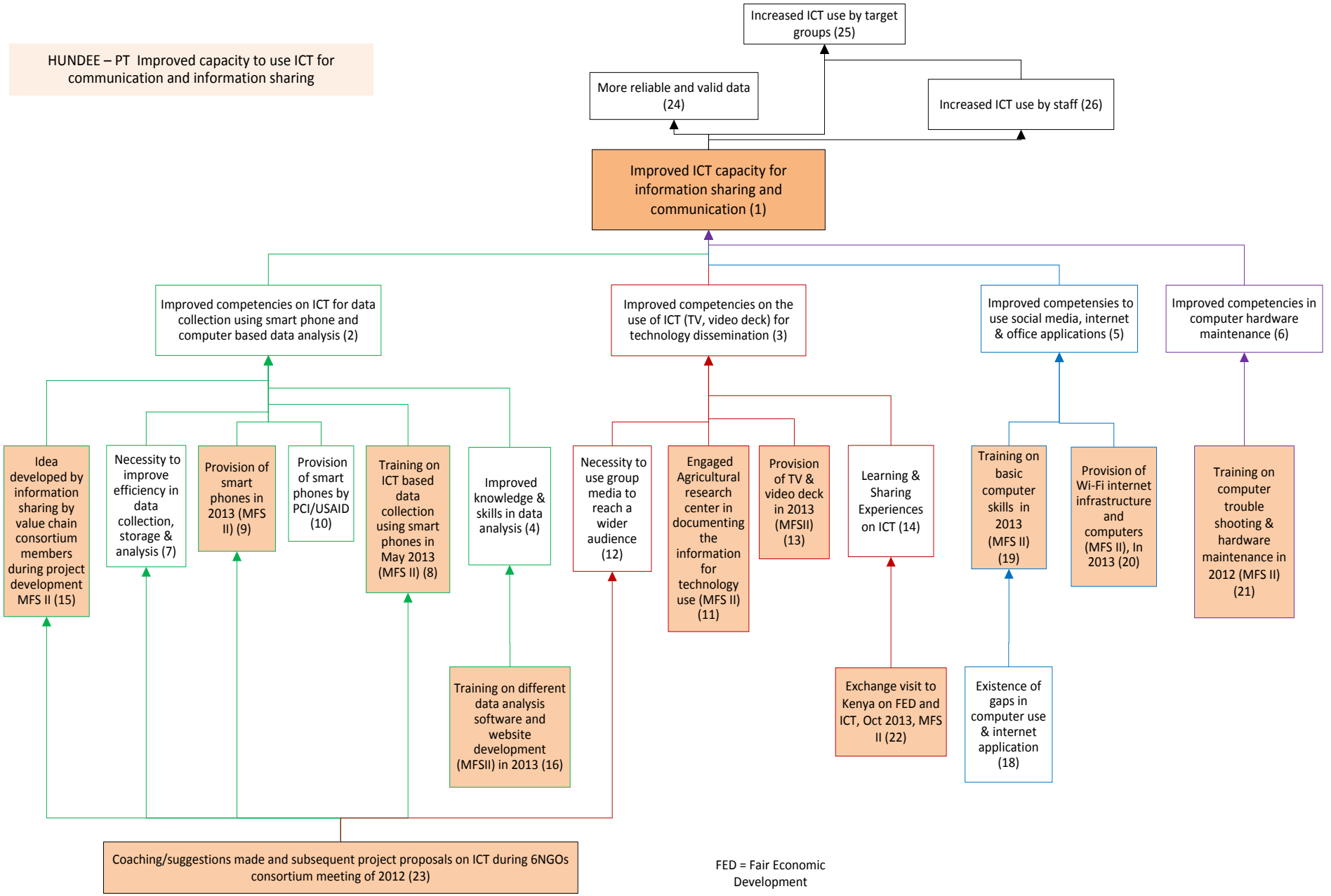
Improved competencies in the use of social media, internet & office application (5) *(source: endline workshop; 2012 Annual performance report)* was another reason for improved competencies to use ICT (1). Since there was gap in computer use and internet application in HUNDEE (18) *(source: endline workshop)*, C4C/IICD organized a training on basic computer application that was delivered by DOT Ethiopia in 2013 (19) *(source: endline workshop; CFA Assessment sheet B)*. The knowledge gained through this training was put into use with the provision of wi-fi internet infrastructure and computers by C4C/IICD/ICCO in 2013 (20) *(source: endline workshop)*.

Improved competencies in basic computer hardware maintenance (6)

The fourth reason for improved ICT capacity was improved competencies in basic computer hardware maintenance (6) *(source: endline workshop).* This is a primary skill for only a small number of staff. However, staff wanted to mention it as an important skill. The skill was developed through the training on trouble shooting and minor computer hardware maintenance in 2012 by DOT Ethiopia financed by C4C/IICD/ICCO (21) *(source: endline workshop)*.

On the whole the support by C4C/IICD/ICCO (MFS II funding) has greatly influenced the improved ICT capacity of HUNDEE.

HUNDEE – PT Improved capacity to use ICT for communication and information sharing



FED = Fair Economic Development

4.3.3 Improved competencies for gender mainstreaming

Below you will find a description of the 'Improved competencies for gender mainstreaming in its programs' and how this has come about. Numbers in the visual correspond with numbers in the narrative.

HUNDEE staffs present at the endline workshop consider that they have improved in the area of gender mainstreaming (1) *(sources: endline workshop; CFA assessment sheets B).* This is evidenced by women's economic and social empowerment becoming almost a common denominator of programs HUNDEE is implementing, and enhanced female participation and roles in decision-making and management activities of HUNDEE programmes at both household and community levels, and also at the level of the 6NGO consortium framework (10) *(sources: endline workshop; 2013 Annual performance report; Beyene-HUNDEE final report submitted)*.

The long term expectation for MFS II support in gender mainstreaming is to mainstream gender in all its programs as a cross cutting issue (*source: CFA assessment sheet B).*

*According t*o HUNDEE staff present at the endline workshop contributing factors to the improved competencies for gender mainstreaming (1) consist of the following:

1. Alignment of HUNDEE's organizational systems, policies, procedures and programs to adequately reflect HUNDEE's commitment to gender equality (15)
2. Improved knowledge about women and value chain development (9)
3. Improved competencies to address gender issues, empower women and improve women's economic development (6)
4. Improved knowledge and understanding about gender based reporting (22)

These four key factors are further explained below.

Alignment of HUNDEE's organizational systems, policies, procedures and programs, to adequately reflect HUNDEE's commitment to gender equality and increasing female staff participation in decision –making (15) *(sources: endline workshop; HUNDEE - 2012 Plan Background*) is one of the reasons for HUNDEE's improved competencies for gender mainstreaming (1). One of the visible results at organisational level is an increasing female staff participation in decision–making *(sources: endline workshop; CFA assessment sheets B).*

According to the Strategic plan 2010-2014, working on gender equality and women empowerment initiatives is not a matter of choice for HUNDEE, but rather a guiding principle, which means that making HUNDEE sensitive and responsive to gender equality issues requires continuous reviewing and alignment of its systems, policies, procedures and programs/projects. This commitment was the result of an organisation wide gender audit exercise, which is done every year since 2008 (16), with the support of Oxfam Canada (*sources: endline workshop; Strategic plan (Final) 2010-2014)*, which as a result identified critical areas that needed improvement and critical engagement to achieve organizational transformation towards being and becoming gender sensitive and responsive (17) *(sources: endline workshop; Strategic plan (Final) 2010-2014)*. The improved knowledge on gender sensitiveness and response (17) has also improved because of reviewing all HUNDEE's projects with a gender lens (18) *(source: endline workshop; CFA assessment sheet B).* Both were encouraged by ICCO (MFS II funded) and other donors promoting gender mainstreaming to enhance equitable participation of both men and women in its programs (3) *(source: endline workshop; CFA assessment sheet B; 13_033484 Project Plan Basic Hundee malt barley input AvR 05 13_034024; Beyene-HUNDEE final report submitted; Hundee project proposal v2 12-7-2012)*. Within the MFS II Consortium Framework reviewing projects with a gender lens (18) has been promoted through the training in "Gender and Value Chain Development" in 2012 (23), MFS II funded *(sources: endline workshop; 2012 annual report)* and through gender coaching by "Fair and Sustainable" consultancy services, Ethiopia Office (MFS II funded) (2) *(source: endline workshop; CFA assessment sheet B).* More recently, in 2014 a training in gender analysis tools by Oxfam Canada (30) *(source: endline workshop)*, where staff got introduced to gender analysis tools and a

gender analysis manual (29), helped to improve the knowledge on areas that needed improvement in terms of being gender sensitive and responsive(*source: endline workshop).*

HUNDEE also showed its commitment to being gender sensitive and responsive (26) by improved operationalization of the gender task force (25), which was established in 2009 (27) before the MFSII baseline survey. This renewed commitment (26) and operationalization of the task force (25) was triggered because of the gap observed as a result of the gender audit carried out in 2012 supported by Oxfam Canada (16b). In line with this, a ToR on the responsibilities and structure and accountability of the gender task force was prepared *(source: endline workshop)*.

Improved knowledge about women and value chain development (9)

HUNDEE is part of a consortium of 6 NGOs ("C6NGO") in an ICCO and IICD led MFS II funded Farmers Marketing Organisations programme. Since the start of the consortium a shift was made in the approach from food security to market and value chain development (VCD). From the start ICCO has made gender mainstreaming in value chains and important issue within the C6NGOs Consortium framework. Within the MFS II Consortium framework gender mainstreaming in value chains has been promoted by coaching through "Fair and Sustainable" consultancy services, Ethiopia Office (MFS II funded) (2) (*sources: endline workshop; CFA assessment sheets B)*. As a result, the number of women has increased as participants as well as at decision making levels in the C6NGOs Consortium framework (*sources: endline workshop; CFA assessment sheets B).* Furthermore, HUNDEE's knowledge about women in value chain development (9) was deepened by the training on "Gender and Value Chain Development" (23) in 2012 (ICCO, MFS II funded). Another contributing factor was an exchange visit to Kenya in October 2013 (19, MFS II funded) *(source: endline workshop; Report - ETHIOPIA EXCHANGE VISIT to Kenya Oct 2013)*, in which the visitors were exposed to how women were able to participate actively on VCD issues (9).

Improved competencies to address gender issues, empower women, and to promote women's economic development (6)

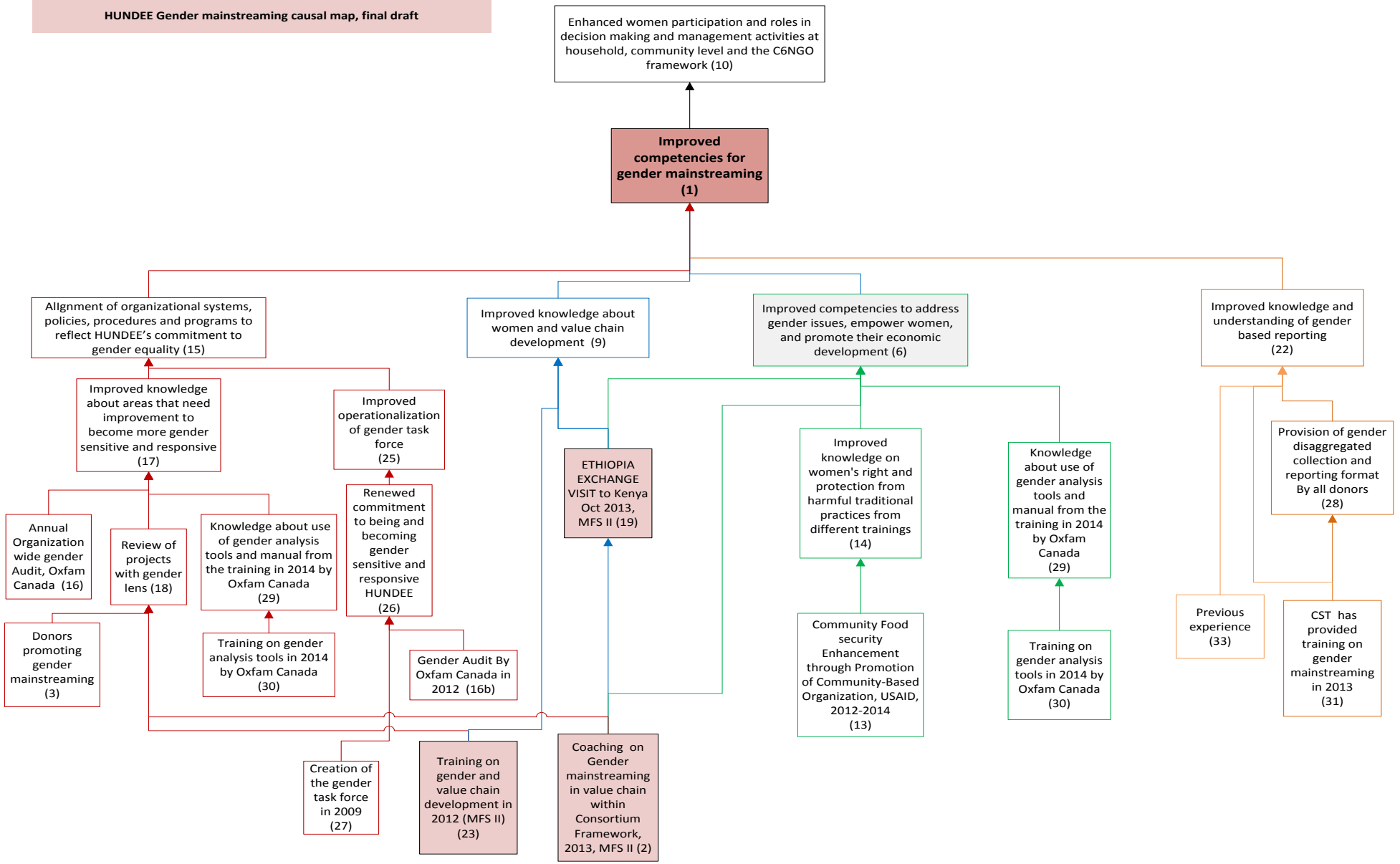
A third reason for the improved competencies to mainstream gender (1) are the improved competencies to address gender issues, empower women, and to promote women's economic development (6) (*source: endline workshop; 2012 Annual performance report; Beyene-HUNDEE final report).*
Reasons for improving these competencies (6) include:

- The exposure during the MFS II funded exchange visit to Kenya (19) in October 2013, on e.g. how to improve women's membership and leadership, address gender issues, empower women and promote women's economic development in VCD *(source: endline workshop; Report - ETHIOPIA EXCHANGE VISIT to Kenya Oct 2013)*;
- The coaching in gender mainstreaming in value chain development within the MFS II funded C6NGO Consortium Framework (2);
- The self-help groups approach used by the Community Food Security Enhancement through the Promotion of Community-Based Organization project, funded by USAID (13), 2012-2014 *(sources: endline workshop; Community Food Security Enhancement (Narrative report))* was a women-empowerment approach, and staff improved their knowledge on women's rights and protection from harmful traditional practices by different trainings of this project (14) *(sources: endline workshop; Community Food Security Enhancement (Narrative report))*;
- Competences to analyse and address gender issues (6) was also enhanced by the improved knowledge about how to use gender analysis tools and a gender manual (29) from the gender analysis training in 2014 by Oxfam Canada (30) (source: endline workshop).

Knowledge and understanding in gender based reporting (22)

HUNDEE has built the knowledge and understanding to prepare gender-based reports (22) *(source: endline workshop)*. In addition to the past experience (33), HUNDEE made the step to comply to donor interests which was also supported by training. For example, CST (CAFOD, SCIAF, Trocaire) provided training on gender mainstreaming in 2013 (31). CST and also other donors, including MFSII, provided reporting formats that helped gender disaggregated data collection and reporting (28).

HUNDEE Gender mainstreaming causal map, final draft



4.3.4 Improved M&E practices including institutionalized downward accountability

Below you will find a description of the 'Improved M&E practices including institutionalized downward accountability'. Numbers in the visual correspond with numbers in the narrative.

HUNDEE has improved its M&E practices with a special emphasis on downward accountability (1) as evidenced by successfully implementing tools such as consumer panel and consumer satisfaction survey in its program (1) *(sources: endline workshop; CFA assessment sheet B*, *Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12).* Measuring satisfaction/ dissatisfaction of services became part of the monitoring program. It is not just used at project level, but it has also become institutionalized at organizational level (1) *(sources: endline workshop; CFA assessment sheet B*, *Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12).* The improved M&E practices, including downward accountability, have led to a shift in mind-set in both providers as well as clients: farmers have become more critical and take part in decision-making, more than before (6). Furthermore, field workers and staff have become more responsive to the needs of their clients (26) *(sources: endline workshop; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12)*.

HUNDEE deploys impact assessment tools for proving and improving (33). Furthermore, data collection and analysis play an integral role in decision-making and planning (35) *(sources: endline workshop; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12)*, and significant changes have been observed in the quality of the reports (12) *(sources: endline workshop; CFA assessment sheet A)* according to the CFA the quality of reports had immensely improved by the end of 2013. The reports are well aligned now with contracts reporting conditions which was not the case at the start of 2012.

M&E practices including institutionalised downward accountability (1) have improved as a result of:

- Improved competences to apply downward accountability methods and tools (30)
- Improved competences to apply RBM and M&E tools (31)

These factors are further described below.

Improved competences to apply downward accountability methods and tools (30)
The improved competences to apply downward accountability methods and tools (30) *(sources: endline workshop; CFA assessment sheet B)* is the result of piloting downward accountability tools (5), adapting and enforcing downward accountability (27) and improved knowledge on social accountability tools, theory and practice (24).

Piloting downward accountability tools (5) *(sources: endline workshop; CFA assessment sheet B; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12)* was due to what was learned with other HUNDEE staff on the topic (10) (*sources: endline workshop; CFA assessment sheet B; final dissemination workshop (3) report)*. It's been the result of processes that were initiated already in 2009, when ICCO organised a workshop (MFS I funding) to introduce client satisfaction instruments (CSI) (11) (*sources: endline workshop; CFA assessment sheet B).* After participating in this workshop, the C6NGO consortium (MFS II funded), including HUNDEE, decided to join the pilot. It was thought that CSI would enable the service taker (client) to get better quality service; also it was expected to improve the credibility among clients (trust worthiness, good relationship, and transparency). These capacity development interventions which started in 2009 with MFS I funds, consisted of an introductory training on Downward Accountability (2009), field work with coaching from ICCO (2010) and a sense-making workshop (2010) (11) *(sources: endline workshop; CFA assessment sheet B)*. The process was continued with MFS II funds, and this consisted of a participatory film making training and a second round of field work with training session and coaching by ICCO in 2011 (pre-MFS II evaluation baseline) and another participatory film making session in 2012 (4) *(sources: endline workshop; CFA assessment sheet B)* and a final dissemination conference in December 2012 (3) (after MFSII 5c baseline) *(sources: endline workshop; CFA assessment sheet B; Report seminar downward*

accountability & client feedback mechanism 2012 Ethiopia 11.12.12). In these workshops staff learned about are range of topics, such as Client Satisfaction Instruments (CSI) (8) *(sources: endline workshop; CFA assessment sheet B; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12*)), which was also due to the workshop on downward accountability in 2009 (MFS I) and 2012 (MFS II). Furthermore, knowledge and skills for participatory film making was improved (7) due to the training sessions on participatory film making (4) in 2011 and 2012 *(sources: endline workshop; CFA assessment sheet B.* Knowledge was also improved on Public expenditure Tracking Systems (PETS) (14) *(sources: endline workshop; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12),* which was the result of the downward accountability workshop in 2012 (MFS II) (3) *(sources: endline workshop; CFA assessment sheet B).* Also staff had increased their knowledge on Promoting Financial Transparency and Accountability (FTA) under the Protection of Basic Services (PBS) Project (15) *(sources: endline workshop; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12)* as a result of the downward accountability workshop in 2012 (MFS II) (3) *(sources: endline workshop; CFA assessment sheet B; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12)*. This capacity development was done in the context of the C6NGO framework. Therefore only a limited number of staff participated but HUNDEE staff indicated they passed on their knowledge to other HUNDEE staff (10) (*sources: endline workshop; CFA assessment sheet B; final dissemination workshop (3) report)*.

Apart from piloting downward accountability tools (5), staff's competencies to apply downward accountability methods and tools (30) have also been influenced by adapting and enforcing downward accountability, which was reflected in the HUNDEE 2010-2014 Strategic Plan and the 2013-2015 Operational Plan (27) (*sources: endline workshop; HUNDEE three year operational plan (2013- 2015); Strategic plan (Final) 2010-2014).* To help HUNDEE adapt and institutionalize downward accountability an orientation and TOT training on Humanitarian Accountability Partnership (HAP) was organized by Cafod/Sciaf/Trocaire (CST) in 2012, ICCO in 2013 and Danish Church Aid (DCA) in 2014 (33) (*source: endline workshop)*. Furthermore, the seed money provided by CCRDA in 2014 (34) (*source: endline workshop)* facilitated the implementation of HAP which is a process of self-assessment to see how much HUNDEE has institutionalized social accountability.

Another influencing factor has been the improved knowledge on social accountability tools, theory and practice (24) (*sources: endline workshop; 2013 annual performance report*) which was the result of being part of the "Social accountability program", a government program sponsored by the World Bank (22) (*sources: endline workshop; 2013 annual performance report)* that was launched in 2013 with HUNDEE as one of the implementing partners. The downward accountability seems for a large extent to be initiated and driven by the C6NGO framework and ICCO and is now really institutionalized in HUNDEE. It was also supported by CST which funded a project on mainstreaming downward accountability from 2010-13.

Improved knowledge and skills to apply RBM and M&E tools (31)

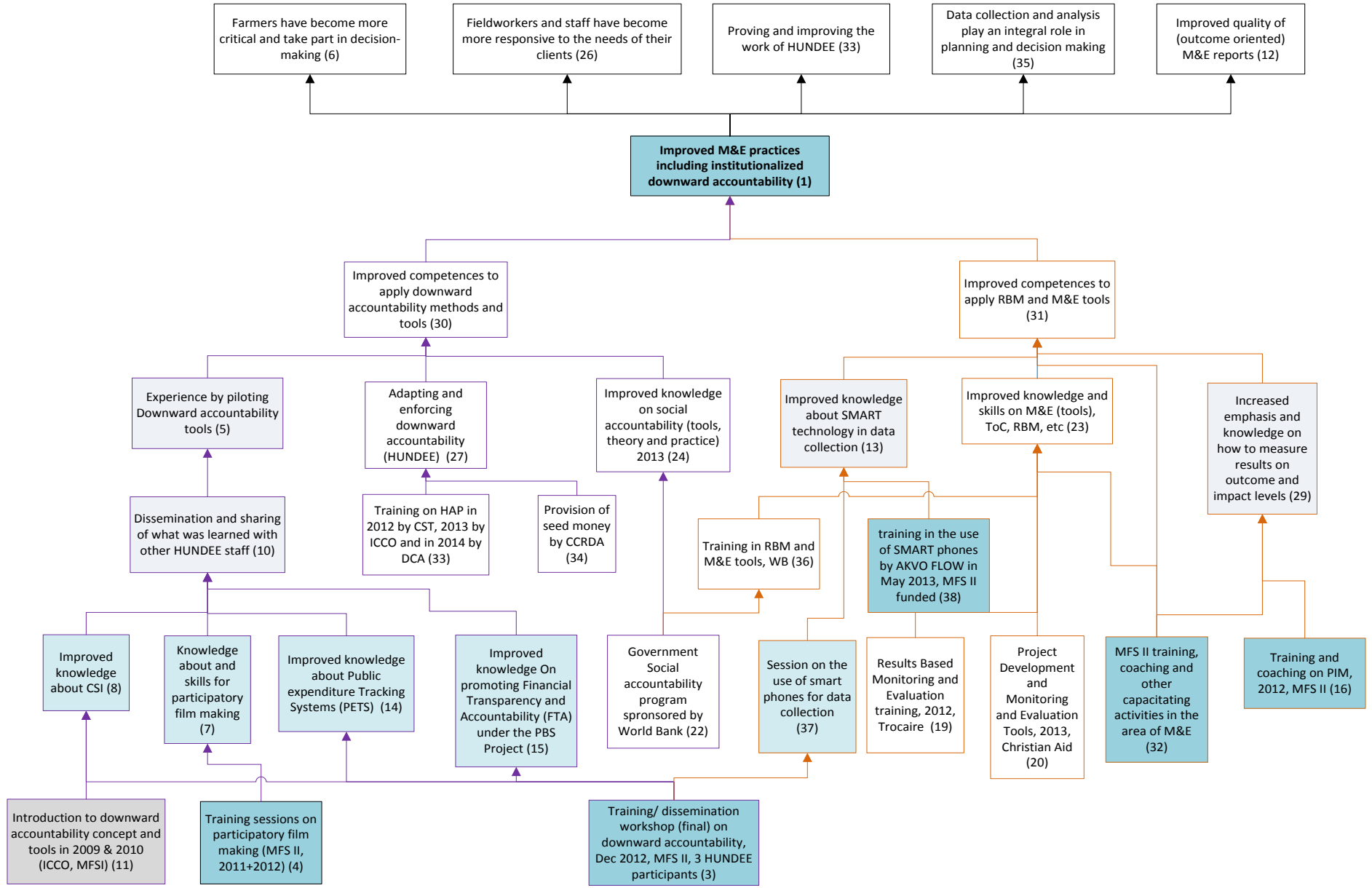
The other reason for improved M&E practices, including downward accountability, was improved competences to apply Rights Based Management (RBM) and M&E tools (31). This has been the result of various changes and capacity development interventions which are mentioned below.

- Knowledge on SMART technology in data collection has been improved (13) *(sources: endline workshop; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12)*, i.e. the use of smart phones for data collection for M&E purposes. This knowledge was gained during a session on the use of smart phones for data collection (37) during the final MFS II funded training/dissemination workshop on downward accountability, Dec 2012, MFS II (3) *(sources: endline workshop; Report seminar downward accountability & client feedback mechanism 2012 Ethiopia 11.12.12),* and from a one day training in the use of SMART phones by AKVO in May 2013, MFS II funded (38) (source: *feedback HUNDEE*)
- Staff's knowledge and skills have also been improved in (P)M&E tools like the Theory of Change (ToC), RBM and other M&E tools (23), (*sources: 2013 annual performance report).*

This was the result of four capacity development interventions: the government funded social accountability program (sponsored by the World Bank) (22) (*sources: endline workshop; 2013 annual performance report),* where HUNDEE was one of the implementing partners. For this programme, in 2013 selected staff were trained in (among others) Results Based Management (RBM), and Monitoring and Evaluation (Tools) (36), (*sources: endline workshop; 2013 annual performance report).*
These knowledge and skills were also built by the participation of 2 staff in a Result Based Monitoring and Evaluation training provided by Trocaire) in 2012 (19) (*sources: endline workshop; 2012 annual performance report)*, and the participation of 2 staff in a Project Development and Monitoring and Evaluation Tools training provided by Christian Aid in 2013, in Yabelo (20) (*sources: endline workshop)*.
Furthermore, continuous MFS II training, coaching and other capacitating activities within the C6NGO framework in the area of M&E (32) (*sources: endline workshop; CFA assessment sheets A and B)* have contributed to improved knowledge, skills and competences in the area of M&E. ICCO (MFS I and II) has over time supported HUNDEE to effectively implement its M&E activities through providing technical support and by introducing various approaches. Information on activities, results and finances are put together and analysed by ICCO while monitoring and evaluating its programmes at various levels. ICCO, through MFS II funding, has also supported strengthening of the capacity of the SPO through monitoring visits and exposure visits. Such as the linking and learning across the East African Region. Due to regular trainings, coaching and other capacitating activities within the C6NGO framework, HUNDEE staff were able to improve their planning, monitoring and follow up, and reporting of project activities. Information at outcome and impact level are now given attention, well analysed and documented (*sources: endline workshop; CFA assessment sheets A and B).*

A third reason for improved competences to apply Rights Based Management (RBM) and M&E tools (31) has been the increased emphasis and knowledge on how to measure results at outcome and impact levels (29) (*sources: endline workshop; Strategic plan (Final) 2010-2014)*. This was mainly due to the continuous training and coaching by ICCO (MFS II) in general (32) (*sources: endline workshop)* and more specifically the training and coaching organized on Performance Impact Monitoring (PIM) by ICCO (MFS II) in 2012 (16) (*sources: endline workshop; CFA assessment sheet A)*: this has oriented the monitoring and reporting towards following how each activity leads to impact. This is being followed in all HUNDEE implemented projects. All area offices report using the formats developed for the purpose to report on PIM (12). During coaching and field visits, ICCO staff supervise how this is implemented.

HUNDEE Improved M&E capacity causal map - draft



5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited Hundee staff in the organizations HQs in Addis Ababa and explained the purpose and the process of the 5C end line assessment. During the visit the team agreed on the workshop dates including the type and number of staff who will attend the workshop. In addition, the team also gave the "support to capacity development sheet" to be filled by HUNDEE staff.

The Ethiopian 5C assessment team conducted the assessment in four visits. The first visit was to conduct the self-assessment workshop and ask the staff to fill the self-assessment form in their respective five subgroups (management; program; M&E; HRM and administration and field staff). Out of the ten participants, five have also participated in the 2012 baseline study. This was followed by a second visit to carry out a brainstorming session and develop a general causal map that explains the key organisational capacity changes that have occurred in Hundee since the baseline in 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessment and to better understand the change in Hundee's capacity since the baseline in 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms. Finally, the fourth visit was made to carry out the process-tracing workshop. In the process tracing workshop four organisational capacity change areas that were identified based on the review of the various documents received from the SPO and CFA including the result of the self-assessment workshop were presented to the workshop participants. First they were asked if they also agree with the team's assessment in terms of these key organisational capacity changes to focus on during process tracing. These were organisation capacity changes within the capability to act and commit and the capability to adapt and self-renew and could possibly be linked to MFS II capacity development interventions.

The process tracing exercise helped to get the information for description of organisational capacity changes, and the attribution of these changes in Hundee to specific factors and (MFS II and non-MFS II funded) capacity development interventions.

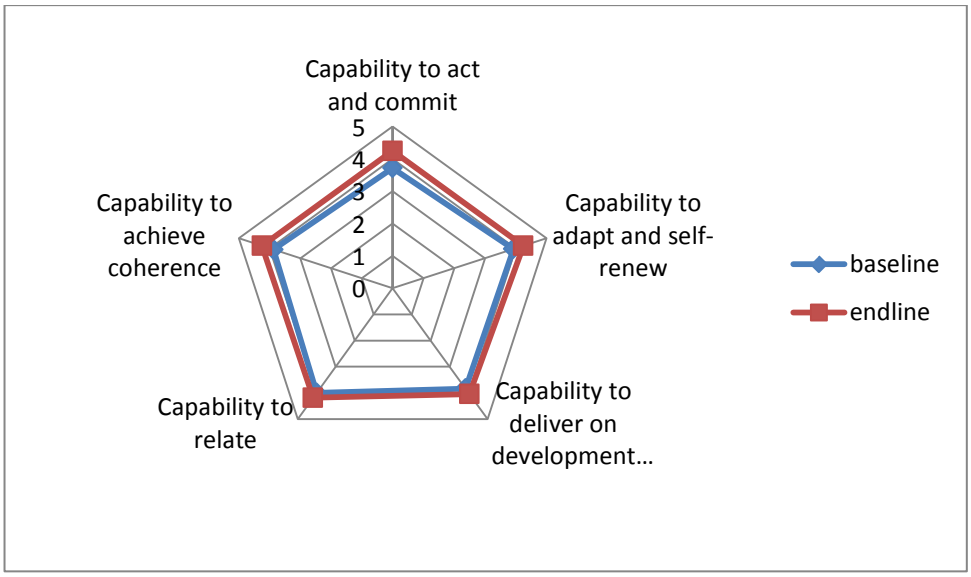
The plan of the evaluation team to also conduct two interviews with Hundee partners didn't materialize because the interview overlapped with other activities that were to be carried out by the assessment team in the SPO. Hundee is an organization, which does not involve consultants for its activities. It tries to accomplish activities with its own staff. Therefore, no consultant interviews have been carried out. In addition, the plan to have an interview with the general manager of Hundee failed because he was unable to get time since he was on leave during the interview period.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity development

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years many improvements took place in the indicators under the capability to act and commit. The leader at HUNDEE is responsive and the Board has become more engaged in decision making and guiding the management since the baseline. Board and management meetings are held on a more regular basis. In 2014 HUNDEE updated its organogram. The new organisational structure segregates staff duties and provides more clarity on roles and responsibilities. The board, management and different donors felt the need for this more clear organisational structure because of the expansion of the organisation in terms of themes and geography. Strategies are now articulated based on situation analysis and M&E findings. Staff skills in HUNDEE have improved, especially in using ICT for data collection, sharing of information, community managed disaster risk management, reporting, resilient livelihoods etc. because of many trainings offered by different donors including ICCO under MFS II. No staff has left the organisation since the baseline and most staff have enjoyed working at HUNDEE for over ten years because of the enabling work environment. The salary scale has improved shortly before the endline evaluation. HUNDEE also revised its HR policy and provides limited staff loans. The total annual budget of HUNDEE doubled from 25 million in 2012 to 50 million in 2014 because the credibility of the organisation and the resource mobilisation capacity improved. This resource mobilisation capacity was also supported by ICCO through quality assurance of their proposals. With the new organisational structure there are now dedicated staff members for resource mobilisation, there is more clarity on responsibilities in this matter and there is a more proactive approach to exploring new funding opportunities.

In the capability to adapt and self-renew HUNDEE also improved in many indicators. The organisation has slightly improved its M&E application because staff capacity to exercise and internalize the organisational accountability framework has increased. There is now an M&E team for each unit to strengthen the M&E system. ICCO has also been supporting HUNDEE to monitor and evaluate at different levels of impact and has provided training on downward accountability in 2012 and 2013. The organisation is using M&E findings slightly more strategically as these findings have been used in project development. In terms of critical reflection, HUNDEE has institutionalized transparency and collective decision making and has established a grievance committee to resolve conflicts. HUNDEE keeps tracking its operating environment and has expanded its channels for getting information through working with other NGOs. Through implementing downward accountability, HUNDEE has become more responsive to its stakeholders and has gained the trust of the community.

In terms of the capability to deliver on development objectives, HUNDEE shows some improvement. The organisation has very slightly improved in having more clear operational plans that consider financial inflation so that there is no budget shortage for implementation. HUNDEE now has a budgeting officer and has improved in its planning and resource allocation. Administration costs have been reduced to work more cost-effectively. Through mainstreaming downward accountability mechanisms HUNDEE is well aware of client satisfaction in projects funded by various donors.

In the capability to relate, HUNDEE has improved as well. Understanding of the importance of working in networks has improved at top management level due to the advice of ICCO. HUNDEE is working more with networks and gets more information through them. Through the downward accountability mechanism, field staff and program staff have become more responsive to the target groups and visit them frequently. Within the organisation, between head office and field offices communication and information sharing has improved through the use of ICT. The new organisational structure also entails a formal communication and documentation system.

Finally, HUNDEE has improved in three of the four indicators under the capability to achieve coherence. Staff are now more aware of the vision, mission and strategy of the organisation and are involved in the process of revisiting them, which creates a sense of ownership. There was an improvement in operational guidelines because the HR and financial policy were revised and a Disaster Risk Reduction guideline was develop (with ICCO's support). HUNDEE's programs have grown to be more complementary. In the operation areas all projects fall under one unified leadership.

During the endline workshop some key organisational capacity changes were brought up by HUNDEE's staff: improved capacity to facilitate behavioural change in rural communities; improved capacity in adaptive management; improved capacity in communication and information sharing; improved capacity to apply an integrated (multidisciplinary) M&E system; improved capacity in resource mobilization; and improved capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas. The evaluators considered it important to also note down the SPO's story and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team. Please note that this information has not been validated with other sources. But then again, this wasn't the purpose of this 5C evaluation.

According to HUNDEE staff present at the endline workshop, the capacity to facilitate behavioural change in rural communities improved because of understanding about the appreciative inquiry approach (through a training on Asset Based Community Development (ABCD) by the COADY institute in 2012) and knowledge about identifying the opinion leaders or other power centres. HUNDEE gained this latter knowledge through understanding the power of mass mobilization which they gained during training on mass mobilization by GIZ in 2013. Secondly, the organisation improved its capacity in adaptive management because they understood the interest and areas of concern of the government. They gained this understanding by identification of possible alternatives that could be accepted by the government that would be in agreement with the new CSO regulation and that came out of the internal reflection on adaptive management by HUNDEE. Thirdly, HUNDEE improved its capacity in communication and information sharing because of access to information technology (broadband network, computers, smart phones etc. funded by MFS II), knowledge and skills in data management and computer utilisation for different purposes (due to a MFS II funded computer skills training), and knowledge and skills on data collection, sharing and receiving by using smart phones because of an MFS II funded training on this topic. Fourthly, the organisation improved its capacity to apply an integrated (multidisciplinary) M&E system because HUNDEE realized the need to involve all department units in M&E and the M&E responsibilities for the different programs/departments and M&E manager were clarified. Both these developments were due to the realisation that the work cannot be done by one person after HUNDEE expanded its work in terms of geographic areas and themes. The need to involve all departments in M&E also came from the need for quality reporting which takes all programmes into account. How this capacity was improved and the role of MFS II funded interventions will be further explained in 5.3. Fifthly, HUNDE improved their resource mobilisation capacity because they started preparing big proposals, had a good track record, were willing to diversify their work, realised that donors' preferences are changing because of general limitations in terms of funding and the general manager showed networking and leadership capacity. HUNDEE started to prepare big proposals because of knowledge on detailed program proposal preparation they gained during a financial management training by Trocaire in 2013 and because they were forced to look for big projects to run the organisation because of the CSO regulation that allows only 30 percent of the project budget to be used for administrative purpose.

Finally, and according to HUNDEE staff, the organisation improved its capacity to design drought resilient livelihood programs in pastoral and semi-pastoral areas because of their improved skill in preparation of proposals related to Community based Disaster Risk Reduction and Management

(CDRRM) and their improved capacity to implement resilience projects. The knowledge on CDRRM and implementing it was gained through training on CDRRM and the experience sharing/visit to Tigray, Dire Dawa and Awassa in 2013 (both funded by MFS II). This training and experience sharing/visit came about from the needs assessment carried out in 2013 by the IRR consortium to identify capacity gaps in the area of CDRRM with the support of ICCO (MFS II funded). All in all, there is some mention of MFS II funded capacity development interventions in the improved capacity for integrated M&E; improved capacity in communication and information sharing; and improved capacity to design drought resilient livelihood programs. During process tracing these and more MFS II funded interventions (such as trainings on these computer skills, and the use of smart phones and CMDRR; and the provision of broadband connection, computers and smart phones) have clearly come up and we therefore refer to 5.3, where the role of MFS II funded capacity development interventions in organisational capacity changes of HUNDEE will be further explained. Other factors that were mentioned by HUNDEE staff include external factors like trainings by other funders (GIZ, Trocaire); changing funding climate; and CSO regulations. Also, there have been internal factors like internal reflections; expanding the program and have a good relationships with the government.

5.3 Attributing changes in organisational capacity development to MFS II

This section aims to provide an answer to the second and fourth evaluation questions:

1. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*

2. *What factors explain the findings drawn from the questions above?*

To address the question of attribution it was agreed that for all the countries in the 5C study, the focus would be on the capability to act and commit and the capability to adapt and self-renew, with a focus on MFS II supported organisational capacity development interventions that were possibly related to these capabilities. 'Process tracing' was used to get more detailed information about the changes in these capabilities that were possibly related to the specific MFS II capacity development interventions. The organisational capacity changes that were focused on were:

- Enhanced resource mobilisation capacity
- Improved ICT capacity for information sharing and communication
- Improved competences for gender mainstreaming
- Improved M&E practices including institutionalized downward accountability

The first and the third organisational capacity changes fall under the capability to act and commit. The last one (M&E) falls under the capability to adapt and self-renew. The second one falls under both mentioned capabilities. The organisational capacity change areas that were chosen are based on document review as well as discussions with the SPO and CFA. Each of these organisational capacity changes is further discussed below.

The following issues are discussed for the MFS II funded activities that are related to the above mentioned organisational capacity changes:

a. Design: the extent to which the MFS II supported capacity development intervention was well-designed. (Key criteria: relevance to the SPO; SMART objectives)
b. Implementation: the extent to which the MFS II supported capacity development was implemented as designed (key criteria: design, according to plans during the baseline);
c. Reaching objectives: the extent to which the MFS II capacity development intervention reached all its objectives (key criteria: immediate and long-term objectives, as formulated during the baseline);
d. The extent to which the observed results are attributable to the identified MFS II supported capacity development intervention (reference made to detailed causal map, based on 'process tracing').

Please note that whilst (d) addresses the evaluation question related to attribution (evaluation question 2), the other three issues (a, b and c) have been added by the synthesis team as additional reporting requirements. This was done when fieldwork for the endline process had already started, and therefore inadequate information is available on this. Then again, this wasn't the purpose of this 5c evaluation.

Enhanced resource mobilisation capacity

The following MFS II capacity development interventions supported by ICCO were linked to the key organisational capacity change "Enhanced resource mobilisation capacity":

1. Financial management training in Hawassa in 2013 (14)
2. Technical support, coaching and mentoring by ICCO regional office/staff (15+30)
3. Orientation, training and other support for finance staff on accounting procedures and adaption to CSA regulations (17+18)
4. Training on financial management for NGOs (MANGO) by CST, CSSP, ICCO (MFS II funded) and Misereor (20)
5. Improved ICT infrastructure since 2012 (26)

The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives. This is because the effects of these interventions were observed during process tracing as related to the organisational capacity change area "enhanced resource mobilization capacity", and they came up during document review, endline workshop, interviews and self-assessments.

1. *Financial management training in Hawassa in 2013 (14)*

Design

This intervention was not mentioned as planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. However, during the endline assessment ICCO indicated that this training was given to enhance the capacity of the organization in aspects of timely, quality and good financial & record systems, and that the longer term expectation was institutionalized financial systems and enhanced involvement of all stakeholders in programming, implementation and monitoring of its programs.

Financial management training was not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey. However, establishing and strengthening accountability systems was mentioned as important, so in that sense this training was relevant to the organisation.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation

The training was conducted in Hawassa in May 2013, and was given by two ICCO finance officers. The HUNDEE managing director attended this training. Topics dealt with are: Budgeting, Financial Reporting, and Grants management (Donor relations & sub-grant management) through the FC C6NGO consortium.
As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that the training helped the financial personnel to improve their knowledge about internal control, risk assessment, planning, reporting and other financial operations. It improved their ability to fulfil financial donor requirements, and to prepare realistic project budgets and financial reports. ICCO observed as a result of this training timelier and better quality reporting. This all contributed to an improved financial management capacity. The immediate objective of this training seems to be achieved. To what extent the longer term objective/expectation has been achieved is not possible to assess.

2. *Technical support, coaching and mentoring by ICCO regional office/staff (15+30)*
This support was not specifically mentioned as planned for during the baseline but HUNDEE staff mentioned at the endline workshop that this technical support, coaching and mentoring by ICCO regional office/staff has been helpful to improve their ability to fulfil financial donor requirements, and to prepare realistic project budgets and financial reports, in addition to the training mentioned above, and that it also deepened their knowledge about internal control, risk assessment, planning, reporting and other financial operations. This contributed to an improved financial management capacity. Because no further details are known this intervention cannot be further analysed, then again this wasn't the purpose of this evaluation.

3. *Orientation, training and other support for finance staff on accounting procedures and adaption to CSA regulations (17+18)*
This support was not specifically mentioned as planned for during the baseline but HUNDEE staff mentioned at the endline workshop that this support has been helpful to fulfil the Ethiopian government financial reporting requirements for the Civil Societies Agency (CSA) regulations: ICCO support was both financial and technical support in coaching, through hiring a consultant at consortium level on organizational development tools (including strategic plan revision, financial management and accounting manuals and M&E manual particularly PIM (performance impact monitoring). Because no further details are known this intervention cannot be further analysed, then again this wasn't the purpose of this evaluation.

4. *Training on financial management for NGOs (MANGO) by CST, CSSP, ICCO (MFS II funded) and Misereor (20)*
This was another capacity development intervention that was (only) mentioned at the endline workshop. Based on the process tracing causal map it can be said that the training helped the financial personnel to improve their knowledge about internal control, risk assessment, planning, reporting and other financial operations, and to improved knowledge about how to identify gaps related to payment, collection and accounting structures. This contributed to improved competences to prepare realistic project budget and financial reports. It is not known to which extent ICCO contributed to this training. Because no further details are known this intervention cannot be further analysed, then again this wasn't the purpose of this evaluation.

5. *Improved ICT infrastructure since 2012 (26)*
The provision or improvement of ICT infrastructure with laptops, computers, CDMA phones, and flash disks, at head office and local offices, was planned for during the baseline survey, along with training in basic computer skills. The expected immediate effect was improved efficiency in communication using electronics technology in report writing and designing. The long term expectation was a more effective and efficient resource use. At the endline workshop it was mentioned as having been helpful to explore websites for potential financial sources, and to be more knowledgeable about current donor trends and requirements.

Attribution of observed results to MFS II capacity development interventions
The enhanced resource mobilization capacity is due to:
1. Improved capacity in project proposal development (2)
2. Improved financial management capacity (3)
3. Improved understanding of the usefulness of networking (4)
4. Improved knowledge about current funding trends and donor intelligence (5)
5. Improved ability to engage target communities and make them aware of their potentials for their own development (6)

(see 4.3.1)

The improved financial management capacity can to a large extent, and the improved knowledge about current funding trends and donor intelligence to some extent be attributed to MFS II supported capacity development interventions. Based on the process tracing causal map the other related changes cannot be attributed to MFS II supported capacity development interventions. These five changes will be discussed hereunder:

1. The improved capacity in project proposal development can be attributed to HUNDEE's improved capacity and analytical skills, and ability to mobilize multi-disciplinary teams for project proposal writing, both acquired through the long experience they have in implementing different kinds of rural

development projects. Also, the knowledge and skills HUNDEE has in gender analysis and its use in project proposal preparation, a major issue in rural development projects, contributed to the improved capacity for project proposal development. These competences were further developed by training in gender analysis tools in Tanzania with financial support from Oxfam Canada in 2014.

2. The improved financial management capacity can be attributed to:

a. An improved capacity to manage a larger number of projects, which, is related to experience in working on development projects.
b. An improved ability to fulfil financial donor requirements, which can to a large extent be attributed to MFS II supported capacity development interventions, i.e. the financial management training in Hawassa in 2013 and the technical financial support and mentoring by ICCO regional office. This improved ability can to some extent be attributed to the pre award assessments by donors in general, i.e. the organisational financial capacity assessment at the final stage of the funding process.
c. An improved ability to fulfil Ethiopian government financial reporting requirements, which can partly be attributed to MFS II supported capacity development interventions, i.e. by technical support provided for the adaptation of the financial system to CSA regulations, and and the subsequent orientation and training provided for finance staff on accounting procedures and adaption to the Ethiopian CSA regulations. PACT provided similar support.
d. Improved competences to prepare realistic project budgets and financial reports, which can to a large extent be attributed to MFS II supported capacity development interventions, i.e. by the financial coaching and mentorship of ICCO regional office experts, the financial management training by ICCO in 2013 in Hawassa, and training on financial management (MANGO), which was provided by? ICCO (MFS II) and others.

3. The improved understanding of the usefulness of networking (4) can be attributed to becoming and being active participant in several networks and consortia, where funding opportunities are exchanged and peer organization recommend each other for funding.

4. The improved knowledge about current funding trends and donor intelligence can be attributed to experience and feedback from failed funding requests in general and to the increased exploration of potential financial sources through websites. The latter can be attributed to the improved ICT infrastructure, which was provided with MFS II funding.

5. The improved ability to engage target communities and make them aware of their potentials for their own development can be attributed to HUNDEE's long standing philosophy about working with the community, respecting the communities' cultures and norms including getting their consent on the interventions that will be implemented. This has contributed to building trust over time, and mobilized community resources. The community trust and their involvement in project design and implementation also attracts funders. In addition, the orientation that some HUNDEE staff received about the principles and useful empowerment tools integrated into the Asset Based Community based Development (ABCD) approach by Oxfam Canada in 2003, 2012 and 2014 helped to reinforce HUNDEE's philosophy and the community trust and community resource mobilization capacity.

On the whole, based on the process tracing causal map, it can be said that HUNDEE's enhanced resource mobilisation capacity can partly be attributed to MFS II supported capacity development interventions, notably by improved financial management capacity: through training and technical support on adapting financial system and accounting procedures in line with CSA regulations (although this was also done by other organisations); through coaching and mentorship. Furthermore, the organisation increased its knowledge on funding trends and donor intelligence partly because of an improved ICT infrastructure (MFS II). There are also other factors to which enhanced resource mobilisation capacity of HUNDEE can be attributed. These include internal factors like experience working on development projects, and experience and feedback from previous fields funding proposals. But there has also been support from other donors like by OXFAM Canada, provided the training on gender analysis tools and oriented the organisation to principals and useful empowerment tools integrated into to the ABCD approach. Then a range of funders have also contributed to the earlier mentioned trainings related to financial management capacity. Being an active member of new and existing consortia and networks helped them in understanding the importance of networks for resource mobilisation.

Improved ICT capacity for information sharing and communication
The following MFS II capacity development interventions supported by ICCO were linked to the key organisational capacity change "Improved ICT capacity for information sharing and communication":

1. Training on ICT based data collection using smart phones in May 2013 (8)
2. Coaching/suggestions made and subsequent project proposals on ICT during 6NGOs consortium meeting of 2012 (23)
3. Training on different data analysis software and website development in 2013 (16)
4. Exchange visit to Kenya on FED and ICT, Oct 2013 (22)
5. Training on basic computer skills in 2013 (19)
6. Training on computer troubleshooting & hardware maintenance in 2012 (21)

Note: hardware was also provided in terms of smartphones, TV and video deck, and computers and wifi internet infrastructure. These are discussed where relevant under the related capacity development interventions mentioned above. The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives. This is because the effects of these interventions were observed during process tracing as related to the organisational capacity change area "Improved ICT capacity for information sharing and communication", and they came up during document review, endline workshop, interviews and self-assessments.

1. *Training on ICT based data collection using smart phones in May 2013 (8)*
This training was not specifically mentioned as planned for during the baseline but HUNDEE staff present at the endline workshop indicated that the knowledge gained at this training improved their knowledge and skills to collect data on the MFS II related project using smart phones. The data are collected and sent to Kenya for analysis. The initial idea was developed as a result of information sharing during the ICT project development by value chain consortium members, in Addis Ababa in 2012, see further below. Furthermore, there was a felt necessity to improve efficiency in data collection, storage and analysis. The frequently used paper based data collection method was taking a long time for data collection and entry. Therefore, to reduce the time taken and improve efficiency HUNDEE as well as the CFA showed interest to use smart phones for data collection. In line with this, smart phones were provided by ICCO in 2013. This was complemented by training by AKVO on ICT based data collection using smart phones (MFS II funded by ICCO Alliance). The training was given to the ICT project focal person and ICT expert for one day in May 2013. The training focused on methods of data collection using smart phones loaded with data collection tool (questionnaires).
Nowadays the community (target groups) started to use smart phones for sharing information and marketing, also as a result of staff making more use of ICT technologies. This includes sharing price information through text messages. The introduction and use of smart phones seem to be successful. However, because no further details are known this intervention cannot be further analysed.

2. *Coaching/suggestions made and subsequent project proposals on ICT during 6NGOs consortium meeting of 2012 (23)*
These 6NGOs consortium meetings were not specifically mentioned as planned for during the baseline. HUNDEE staff particularly mentioned the meeting of 2012, in which the ICT project was developed because it resulted in several suggestions and initiatives that were developed and implemented after this workshop, notably the use of smart phones for data collection and information sharing for the target groups (FMOs) as described above, and the use of multimedia and group methods for training and disseminating agricultural technologies to farmers. HUNDEE wanted to use ICT to reach a wider audience. In line with this, to help in preparation of the training materials and documenting the information for technology use, agriculture research centres were involved. Furthermore, since most of the information sharing was done through TV and video, the provision of TV and video decks by C4C/IICD/ICCO in 2013 facilitated the implementation. Nowadays the target groups started to use computers for data storage and word processing (especially farmers cooperatives) and to learn improved agricultural technologies through the use of ICT, such as TV and video deck. Because no further details are known this intervention cannot be further analysed.

3. *Training on different data analysis software, and website development, in 2013 (16)*
Design

5. *Training on basic computer skills in 2013 (19)*

These trainings were planned during the baseline survey and given as one training. Details about the specific design are not known, but that wasn't the focus of this evaluation. Specific immediate and long term objectives were not given during the baseline survey, although in general terms the objective was to "improve efficiency in communication using electronics technology in report writing and designing". At the endline survey it was mentioned that the immediate objective of this training was to enable HUNDEE to use its ICT infrastructures (ICT centres, tools & gadgets, MIS), that was also provided with MFSII funding and to "improve efficiency in communication using electronics technology in report writing and designing". The long term objective was the provision of access to up-to-date and reliable information sources to its target groups, which are smallholder farmers and their organization, and "the effective and efficient use of resources". It was also mentioned that this training was to fill the gap in computer use and internet application at HUNDEE.

Computer skills or ICT were not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but it was mentioned as having been useful during the endline workshop.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation

The training took place in 2013 and was given by Digital Opportunities Trust (DOT) Ethiopia. A total of 15 staff members drawn from Finance and Administration and Program Operations Management Departments and Monitoring and Evaluation unit of HUNDEE have received training on basic computer skills and various software applications (SPSS, Access, Adobe, Photo Shop, etc.). Similar training was also provided for about 12 local project staff working in HUNDEE's Bale and West Shoa program offices. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Based on the process tracing causal map it can be said that participation in the training resulted in an improved knowledge & skills in data analysis using the ICT infrastructure for data collected by HUNDEE and an improved understanding about social media, internet & office applications. The knowledge gained through this training was put into use with the provision of wi-fi internet infrastructure and computers by ICCO in 2013. According to the CFA evidence for success is that HUNDEE now has ICT infrastructures (ICT centres, tools & gadgets, MIS); that staff are able to use this ICT infrastructure; improved access to telephone & internet connection and networks for HUNDEE staff; that ICT centres are established for its target groups-farmer unions; the hiring of an ICT officer to support its target groups and an updated website. The target groups started to use computers for data storage and word processing (especially farmers cooperatives) and to learn improved agricultural technologies through the use of ICT; such as TV and video deck. It seems that the short term objective has been reached and also the long term objective to a large extent. However, not having objectives that were defined as SMART objectives makes it difficult to assess.

4. Exchange visit to Kenya on FED and ICT, Oct 2013 (22)

Design

This intervention was not mentioned as planned for during the baseline survey. Details about the specific design are not known, but that wasn't the focus of this evaluation. However, immediate and long term objectives were given during the endline survey: the immediate objective was a cross country experience exchange among HUNDEE and Consortium members in Kenya and Ethiopia to facilitate learning from one another to enhance their development results. The long term objective was to have established a strong link with market actors leading to self-sustainability.

This intervention was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but it was mentioned as having been useful during the endline workshop.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation
The exchange visit took place in October 2013. HUNDEE director and one senior management staff participated. The focus was to exchange experiences on the use of ICT and business approaches. As far as the evaluation team knows, this intervention was implemented as designed.

Reaching objectives
Based on the process tracing causal map it can be said that participation in the exchange visit deepened the understanding and interest relates in the use of ICT for disseminating improved agriculture technology in an efficient way. Furthermore, according to the CFA, it enhanced the outlook with regard to production for market, i.e. a change of mind set to adapting production to market demands. It seems that the short term objective has been reached and the long term objective to a some extent. However, not having objectives that were defined as SMART objectives makes it difficult to assess.

6. *Training on computer troubleshooting & hardware maintenance in 2012 (21)*
This training was not specifically mentioned as planned for during the baseline but HUNDEE staff present at the endline workshop indicated that the knowledge and skills gained in this training, i.e. in basic computer hardware maintenance and trouble shooting, was a pre-requisite for improved ICT capacity. Therefore, although this is a primary skill for only a small number of staff, staff wanted to mention it as an important skill. Because no further details are known this intervention cannot be further analysed.

Attribution of observed results to MFS II capacity development interventions

The improved ICT capacity was due to:

1. Improved ICT competencies for data collection using smart phone and computer based data analysis (2)
2. enhanced interest and competencies on the use of ICT (TV, video deck) for technology dissemination (3)
3. Improved competencies to use social media, internet & office applications (5)
4. Improved competencies in computer hardware maintenance (6)

(see 4.3.2)

Based on the process tracing causal map it can be said that the latter three contributing causes can be completely and the first one almost completely attributed to MFS II supported capacity development interventions.

1. The improved ICT for data collection using smartphone computer-based data analysis, can be partly attributed to the training on ICT based data collection using smart phones; the training MFS II funded training on different data analysis software and website development; and the provision of smart phones by (also MFS II funded). Ideas and proposals for these ICT interventions were developed during the 6NGO consortium meeting in 2012 (MFS II). Also PCI/USAID provided smartphones for women's self-help groups.

2. The enhanced interest and competencies in the use of ICT for technology dissemination can to a great extent be attributed to MFS II supported capacity development interventions such as the provision of the organisation with a TV and video deck, and the exchange visits to Kenya , which helped the organisation in gaining competencies on the use of ICT for technology dissemination. The 6NGOs Consortium meeting has sparked of these initiatives. Furthermore, the agricultural research centre documenting information for technology use has helped to improve this interest and competencies, by assisting in preparing training materials and documenting the information for technology use. To involve them was an initiative of the 6NGO consortium (MFS II funded).

3. The improved competencies to use social media, Internet and office applications can be fully attributed to MFS II capacity development interventions such as training on basic computer skills, the provision of Wi-Fi Internet's structure and computers, which helped to improve these competences.

4. Improved competencies in computer hardware maintenance can also be fully attributed to MFS II supported capacity development interventions, in particular the training on computer troubleshooting and hardware maintenance.

On the whole, ICT capacity has improved which can almost entirely be attributed to MFS II funded capacity development interventions, by providing training and hardware: in particular training capacity based data collection using smart phones; training on data analysis software and website development; training on basic computer skills; and training on computer troubleshooting and hardware maintenance; provision of smart phones; provision of DVD and video deck; provision of Wi-Fi internet infrastructure and computers. The 6NGO consortium meeting has been the main source of some of these ideas and proposals. The provision of smartphones by USAID and the engagement of the agricultural research centre documenting information for technology use have a relatively minor role.

Improved competences for gender mainstreaming

The following MFS II capacity development interventions supported by ICCO were linked to the key organisational capacity change "Improved competences for gender mainstreaming":

1. Training on gender and value chain development in 2012 (23)
2. Coaching on Gender mainstreaming in value chain within Consortium Framework (2)
3. Exchange visit to Kenya Oct 2013 (19)

The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives. This is because the effects of these interventions were observed during process tracing as related to the organisational capacity change area " Improved competences for gender mainstreaming", and they came up during document review, endline workshop, interviews and self-assessments.

1. *Training on gender and value chain development in 2012 (23)*
This intervention was not mentioned as planned for during the baseline, but HUNDEE staff mentioned this at the endline workshop: this training not only helped to improve their knowledge on gender and value chain development, but that within the MFS II Consortium Framework reviewing projects with a gender lens has been promoted through this training. This contributed to improved knowledge about areas that needed improvement to become more gender sensitive and responsive. Because no further details are known this intervention cannot be further analysed, then again this wasn't the purpose of this evaluation.

2. Coaching on Gender mainstreaming in value chain within Consortium Framework in 2013 (2)
Design
This intervention was not mentioned as planned for during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. However, during the endline assessment ICCO indicated that this training was given to enhance equitable participation of both men and women in its program. The longer term expectation was that HUNDEE would mainstream gender in all its programs as cross cutting issue.

Gender mainstreaming was not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey. However, according to their Strategic plan 2010-2014, working on gender equality and women empowerment initiatives is not a matter of choice for HUNDEE, but rather a guiding principle, so the subject is relevant to the organisation.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation
The Ethiopian office of Fair and Sustainable implemented this intervention in 2013. Details about how this coaching was conducted are not known by the evaluation team. As far as the evaluation team knows, it was implemented as designed, however, since details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that the coaching improved HUNDEE's staffs' knowledge on gender and value chain development, and that within the MFS II Consortium Framework reviewing projects with a gender lens was promoted through this training. This contributed to improved knowledge about areas that needed improvement to become more gender sensitive and responsive. The coaching also improved competencies to address gender issues, empower women, and promote their economic development. Within the C6NGOs consortium framework the number of women has increased as participants as well as at decision making levels. The immediate objective of this intervention seems to be achieved. To what extent the longer term objective/expectation has been achieved is not possible to assess.

3. *Exchange visit to Kenya Oct 2013 (19)*
HUNDEE staff mentioned at the endline workshop that this exchange visit contributed to HUNDEE's knowledge about women in value chain development in general, and how to improve women's membership and leadership, address gender issues, empower women and promote women's economic development in VCD. This contributed to improved competencies to address gender issues, empower women, and promote their economic development. This intervention will be further analysed under "improved ICT capacity".

Attribution of observed results to MFS II capacity development interventions
According to HUNDEE staff present at the endline workshop, contributing factors to the improved competencies for gender mainstreaming consist of the following:

1. Alignment of HUNDEE's organizational systems, policies, procedures and programs to adequately reflect HUNDEE's commitment to gender equality (15)
2. Improved knowledge about women and value chain development (9)
3. Improved competencies to address gender issues, empower women and improve women's economic development (6)
4. Improved knowledge and understanding about gender based reporting (22)

(see 4.3.3)

The first and third related changes can for a small part, the second one entirely, and the last one cannot be attributed to MFS II supported capacity development interventions.

1. Alignment of HUNDEE's organizational systems, policies, procedures to reflect gender equality can be attributed to:

a. Improved knowledge about areas that need improvement to become more gender sensitive and responsive, which can be partly attributed to MFS II supported capacity development interventions, i.e. the training and coaching in gender mainstreaming in VCD, which made the organisation review its projects with a gender lens. OXFAM Canada has also played an even more important role in terms of annual organisation wide gender audits and training on gender analysis tools and providing tools and a manual. Furthermore, other donors have promoted gender mainstreaming.
b. HUNDEE's commitment and operationalization of its gender task force, which was created in 2009 but further operationalised after a gender audit by Oxfam Canada in 2012.

2. The improved knowledge about women and value chain development (VCD) can entirely be attributed to MFS II supported capacity development interventions, i.e. the training and coaching in women in VCD, and the exchange visit to Kenya in 2013.

3. The improved competencies to address gender issues, empower women and improve women's economic development can partly be attributed to MFS II supported capacity development interventions, i.e. the coaching in gender mainstreaming in VCD, and the exchange visit to Kenya in

2013, as described above. On the other hand this can be attributed to the gender training, tools, and manual provided by Oxfam Canada, and improved knowledge on women's right and protection from harmful traditional practices from different trainings of the Community Food Security Enhancement through Promotion of Community-Based Organization project of USAID, 2012-2014.

4. The improved knowledge and understanding about gender based reporting cannot be attributed to MFS II supported capacity development interventions, but was due to HUNDEE's own experience, CST training on gender mainstreaming in 2013, and donor gender disaggregated reporting formats in general.

Overall, HUNDEE's improved competences for gender mainstreaming can partly be attributed to MFS II supported capacity development interventions: i.e. training, coaching and an exchange visit to Kenya in relation to gender in value chain development which helped the organisation to review projects with a gender lens and increase their knowledge on these issues. Especially Oxfam Canada has also played an important, even more important role in terms of supporting annual organisation wide gender audits; a training on gender analysis with related tools and manual. Other donors have also played a role in terms of promoting gender mainstreaming and providing training on gender mainstreaming (CST). Internal factors like previous experience and establishing a gender task force have also played a role. And a USAID funded project has helped the organisation in addressing gender related issues.

Improved M&E practices including institutionalized downward accountability

The following MFS II capacity development interventions supported by ICCO were linked to the key organisational capacity change "Improved M&E practices including institutionalized downward accountability":

1. Training sessions on participatory film making (2011+2012) (4)
2. Training/ dissemination workshop (final) on downward accountability, Dec 2012 (3)
3. Training in the use of SMART phones by AKVO in May 2013 (38)
4. Training, coaching and other capacitating activities in the area of M&E (32)
5. Training and coaching on PIM, 2012 (16)

(see 4.3.1)

The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives. This is because the effects of these interventions were observed during process tracing as related to the organisational capacity change area 'Improved M&E practices including institutionalized downward accountability[3]', and they came up during document review, endline workshop, interviews and self-assessments.

1. *Training sessions on participatory film making (2011+2012) (4)*

This training was not specifically mentioned as planned for during the baseline survey in 2012 but HUNDEE staff present at the endline workshop indicated that the knowledge and skills about participatory filmmaking gained in this training, contributed to the dissemination and sharing of what was learned with other HUNDEE staff as one of the downward accountability tools. The ICCO trainer considers participatory film making as a PME and a capacity development tool since it encourages participants to reflect and learn from their experiences and draw lessons for a broader audience. This participatory training was done twice, in 2011 and 2012 as part of a training trajectory on downward accountability that started in 2009. Because no further details are known this intervention cannot be further analysed. Then again, this wasn't the purpose of this evaluation.

2. Training/ dissemination workshop (final) on downward accountability, Dec 2012 (3)

Design

This workshop, or training in downward accountability was not mentioned as planned for during the baseline survey, only in general terms as M&E capacity development. Likewise, only one objective in general terms was given during the baseline survey "Effective monitoring and evaluation undertaken".

[3] Hereafter referred to as "Improved M&E practices"

However, this workshop was the concluding workshop of a longer training trajectory on downward accountability that started in 2009. At the endline survey it was mentioned that this training trajectory was undertaken to capacitate HUNDEE (together with the other 5 NGOs in the 6NGO consortium) to pilot downward accountability tools, aiming at improving the quality and effectiveness of the services of HUNDEE to its clients, its accountability to its clients, etc. The long term expectation was mainstreaming downward accountability in all its programs and institutionalizing the approach.

Strengthening accountability mechanisms, including downward accountability was mentioned in the Theory of Change (ToC) developed during the MFS II 5C baseline survey. HUNDEE adopted the downward accountability in its strategies in 2009, inspired by a workshop (2009) organised by ICCO (MFS I funding) to introduce client satisfaction instruments (CSI). The C6NGO consortium, including HUNDEE, decided to join the pilot because it was thought that CSI would enable the service taker (client) to get better quality service; also it was expected to improve the credibility among clients (trust worthiness, good relationship, and transparency).Therefore it can be said that the whole training trajectory was very relevant.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation
As mentioned above, the workshop was the final intervention of a training trajectory on downward accountability that started in 2009, and included the following elements:

1) Introduction training course on Downward Accountability (2009, MFS1)
2) Field work preparation & Implementation with coaching on the side (2010, MFS1)
3) Sense-making Workshop (August 2010, MFS1)
4) Participatory film making (March 2011, MFS 2)
5) Round 2 Field work – with training session and coaching (November 2011, MFS2)
6) Participatory film making (December 2012, MFS 2)
7) Final dissemination conference (December 2012, MFS2)

On top of the downward accountability tools like Client Satisfaction Instruments (CSI) and participatory film making, at the final dissemination workshop participants also increased their knowledge on Promoting Financial Transparency and Accountability (FTA) under the Protection of Basic Services (PBS) Project, Public expenditure Tracking Systems (PETS), and the use of smart phones for data collection. At the final workshop/conference, three HUNDEE staff participated. It is not known who participated at the other interventions in this training trajectory. However, it is known that field staff was trained by staff who participated at this workshop to learn about Client Satisfaction Instruments and to help with the implementation of the pilots. As far as the evaluation team knows, it was implemented as designed, however, more details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Reaching the objectives of the workshop cannot be seen separately from reaching the objectives of the whole training trajectory. Based on the process tracing causal map it can be said that as a result of this training trajectory, HUNDEE is successfully implementing tools such as consumer panel and consumer satisfaction surveys in its program. Measuring satisfaction/ dissatisfaction of services became part of the monitoring program. It is not just used at project level, but it has also become institutionalized at organizational level. The improved M&E practices, including downward accountability, have led to a shift in mind-set in both providers as well as clients: farmers have become more critical and take part in decision-making, more than before. Furthermore, field workers and staff have become more responsive to the needs of their clients. Based on the above it seems that the short term objective has been reached and also the long term objective to a large extent. However, not having objectives that were defined as SMART objectives makes it difficult to assess.

3. *Training in the use of SMART phones by AKVO in May 2013 (38)*
This training was not specifically mentioned as planned for during the baseline but HUNDEE staff present at the endline workshop indicated that the knowledge gained at this training improved their knowledge and skills to collect data on the MFS II related project using smart phones. The data are

collected and sent to Kenya for analysis. The initial idea was developed as a result of information sharing during the ICT project development by value chain consortium members, in Addis Ababa in 2012, see further below. Furthermore, there was a felt necessity to improve efficiency in data collection, storage and analysis. The frequently used paper based data collection method was taking a long time for data collection and entry. Therefore, to reduce the time taken and improve efficiency HUNDEE as well as the CFA showed interest to use smart phones for data collection. In line with this, smart phones were provided by ICCO in 2013. This was complemented by training by AKVO on ICT based data collection using smart phones (MFS II funded by ICCO Alliance). The training was given to the ICT project focal person and ICT expert for one day in May 2013. The training focused on methods of data collection using smart phones loaded with data collection tool (questionnaires).

Nowadays the community (target groups) started to use smart phones for sharing information and marketing, also as a result of staff making more use of ICT technologies. This includes sharing price information through text messages. The introduction and use of smart phones seem to be successful.

However, because no further details are known this intervention cannot be further analysed.

4. Training, coaching and other capacitating activities in the area of M&E (32)

Design
This is not a particular intervention but in general terms M&E capacity development was planned for during the baseline survey, with the objective “Effective monitoring and evaluation undertaken”. Other specific objectives were not given.

Strengthening and creating effective M&E mechanisms was mentioned in the Theory of Change (ToC) developed during the MFS II 5C baseline survey. Therefore the training, coaching and other capacitating activities in the area of M&E were relevant.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically, but rather asked about the expected immediate and long term effects of the interventions.

Implementation
ICCO (MFS I and II) has over time supported HUNDEE to effectively implement its M&E activities through providing technical support and by introducing various approaches, like Results Based Management (RBM) and M&E tools. Information on activities, results and finances are put together and analysed by ICCO while monitoring and evaluating its programmes at various levels. ICCO, through MFS II funding, has also supported strengthening of the capacity of the SPO through monitoring visits and exposure visits. Such as the linking and learning across the East African Region. ICCO has also put increased emphasis measuring results at outcome and impact levels. As far as the evaluation team knows, it was implemented as designed, however, more details about the specific design cannot be provided, since this wasn’t the focus of the evaluation.

Reaching objectives
Based on the process tracing causal map it can be said that, in addition to the results achieved in the area of downward accountability described above, HUNDEE staff have improved their knowledge, skills and competences in applying M&E (tools), ToC, RBM, etc.; and on measuring results at outcome and impact level. HUNDEE now deploys impact assessment tools for proving and improving. Furthermore, data collection and analysis play an integral role in decision-making and planning, and significant changes have been observed in the quality of the reports: according to the CFA the quality of reports had immensely improved. The reports are well aligned now with contracts reporting conditions, which was not the case at the start of 2012. Based on the above it seems that HUNDEE has strengthened and improved its M&E. In the absence of SMART objectives, it is difficult to assess whether they have been reached.

4. Training and coaching on PIM, 2012 (16)
The training and coaching on performance impact monitoring (PIM) was in fact part of the training, coaching and other capacity development support mentioned above and as such not mentioned separately as planned during the baseline survey. However, operationalizing the performance impact monitoring (PIM) manual was mentioned in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, and it was mentioned separately during the endline survey, which indicates its

relevance. Based on the process tracing causal map it can be said that the training and coaching on PIM has increased the emphasis and knowledge on how to measure results on outcome and impact levels (29).

Attribution of observed results to MFS II capacity development interventions
The "improved M&E practices including institutionalised downward accountability" was due to:

1. Improved competences to apply downward accountability methods and tools (30)
2. Improved competences to apply RBM and M&E tools (31)

Both contributing factors can be partly be attributed to MFS II supported capacity development interventions.

1. The improved competences to apply downward accountability methods and tools can be attributed to:

- Experience by piloting Downward accountability tools (5)
- Adapting and enforcing downward accountability (HUNDEE) (27)
- Improved knowledge on social accountability (tools, theory and practice) 2013 (24)

  - The first one can be almost entirely attributed to all MFS II funded capacity development interventions, knowledge and competencies related to the learning trajectory on downward accountability mentioned above, starting from 2009 with MFS I funding, as well as the training sessions on participatory filmmaking.
  - The second one can be attributed to HUNDEE's own dedication to apply downward accountability methods and tools, which is reflected in the HUNDEE 2010-2014 Strategic Plan and the 2013-2015 Operational Plan. To help HUNDEE adapt and institutionalize downward accountability an orientation and TOT training on Humanitarian Accountability Partnership (HAP) was organized by Cafod/Sciaf/Trocaire (CST) in 2012, ICCO in 2013 and Danish Church Aid (DCA) in 2014. Furthermore, the seed money provided by CCRDA in 2014 facilitated the implementation of HAP which is a process of self-assessment to see how much HUNDEE has institutionalized social accountability.
  - The improved knowledge on social accountability tools, theory and practice was the result of being part of the "Social accountability program", a government program sponsored by the World Bank that was launched in 2013 with HUNDEE as one of the implementing partners.

2. The improved competences to apply RBM and M&E tools can be attributed to
- Improved knowledge about SMART technology in data collection (13)
- Improved knowledge and skills on M&E (tools), ToC, RBM, etc. (23)
- Increased emphasis and knowledge on how to measure results on outcome and impact levels (29).

The first and the last change can be attributed to MFS II capacity development interventions, the second change to some extent:

- The improved knowledge about SMART technology in data collection can be attributed to the session on the use of smart phones for data collection at the final workshop on downward accountability (MFS II) in December 2012, and from a one day training in the use of SMART phones by AKVO in May 2013.
- The improved knowledge and skills on M&E (tools), ToC, RBM, etc. can partly be attributed to the knowledge and skills acquired by the MFS II capacity development interventions, notably the training, coaching and other capacitating activities in the area of M&E. However, other funders together played a more important role: the training in Results Based Management (RBM), and Monitoring and Evaluation (Tools) in 2013 of selected staff for the government funded social accountability program sponsored by the World Bank; the participation of 2 staff in a Results Based Monitoring and Evaluation training provided by Trocaire in 2012; and the participation of 2 staff in a Project Development and Monitoring and Evaluation Tools training provided by Christian Aid in 2013.
- The increased emphasis and knowledge on how to measure results on outcome and impact levels can be attributed to the MFS II training, coaching and other capacitating activities in the

area of M&E and the training and coaching on participatory impact monitoring (PIM), both MFS II funded.

On the whole, based on the process tracing causal map it can be said that the “improved M&E practices including institutionalised downward accountability”, can partly be attributed to MFS II supported capacity development interventions, and particularly in the area of downward accountability through the training trajectory on downward accountability that started in 2009 (MFS I) the workshop organised by ICCO on client satisfaction instruments, and continued with MFS II funding; including the training sessions on participatory filmmaking. In terms of improved competences to apply RBM and M&E tools, this can be attributed to efforts by training and coaching supported by MFS II (M&E and PIM) but also training by different funders, including the World Bank, Trocaire, and Christian Aid.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 270-280**.**

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

13_019520 Budget - Malt Barley VC Project -adjusted final.pdf
13_019520 Budget - Malt Barley VC Project.xlsx
13_031026 Project Plan Considerations - Malt Barley Hundee input AvR 05.07.2013.doc
13_033484 Project Plan Basic Hundee malt barley input AvR 05 13_034024.doc
13_033484 Project Plan Basic Hundee malt barley input AvR 05.07.2013.doc
13_034013 13_031026 Project Plan Considerations - Malt Barley Hundee i.doc
13_034033 Budget Malt Barley - Revised - July 2013.xlsx
13_034033 Budget Malt Barley - Revised - July 2013-blad1.pdf
13_034033 Budget Malt Barley - Revised - July 2013-blad2.pdf
13_034112 Specific Contract Terms and Conditions.DOC
13_036027 Letter of Co-financing Agreement.DOC
13_036032 Contract General Terms Conditions.DOC
14_020170 Feedback letter on progress reporting.DOC
75-01-02-034 Confirmation 2013.pdf
Closure Letter.doc
HAM Approval_26-11-2012_11-44-48.pdf
HAM Report B12-020 - final v 5 (Annual Narrative Report HAM report B12-020).docx
Letter of confirmation 2014 C-001347.pdf
O-scan.xlsx
O-scan-2014.pdf
O-scan-2014.xlsx
Report - ETHIOPIA EXCHANGE VISIT to Kenya - final v 2 (CD5).pdf
Report_seminar_downward_accountability&client_feedback_mechanism_2012_ethiopia_11.12.12(CD2).pdf
Returned Signed Addendum Contract 75-01-02-034.doc
Returned signed Contract -Amended.doc
Returned signed contract.doc
Signed Addendum contract.doc
Signed Contract.doc
Year-end letter without reports.DOC
Yearly feedback on project 75-01-02-034.pdf
12_023414 Letter for Closure Project File.DOC
12_038368 ProjectPlan Considerations.DOC
12_061384 ProjectPlan Basic Information.DOC
12_061651 Specific Contract Terms and Conditions.DOC
12_062253 ProjectPlan Basic Information.DOC
12_062255 Specific Contract Terms and Conditions.DOC
12_063905 Contract General Terms Conditions.DOC
12_063907 Letter of Co-financing Agreement.DOC
13_007929 - Payment lines for Addendum for Hundee.doc
13_019519 Proposal Malt barley value chain project - Final.doc
13_019520 Budget - Malt Barley VC Project - budget by year.pdf
13_019520 Budget - Malt Barley VC Project - summary.pdf
HUNDEE - 2012 Plan Background.doc
HUNDEE annual plan (2013).doc
HUNDEE three year operational plan (2013- 2015-1st DRAFT).doc
Strategic plan (Final).doc
2012 Annual performance report.doc
2013,19 Annual performance report .doc

Beyene-HUNDEE final report submitted.doc
Community Food Security Enhancement (Narrative report).docx
HAM Report B12-020 - final Hundee v 4.docx
HAM-ICCO - Report (Annual Financial Report - HAM Proj- 2013).pdf
HAM-ICCO - Report (Annual Financial Report - HAM Proj- 2013).xlsx
HAM-ICCO Year 2 Operational plan.pdf
HAM-ICCO Year 2 Operational plan.xlsx
Hundee project proposal v2 12-7-2012.docx
Revised HAM Budget.pdf
Revised HAM Budget.xls
Bank Details.JPG

Fieldwork data:
B_5C endline_support to capacity development sheet_ICCO-FED _ HUNDEE-with interview.docx
A_5c endline_assessment sheet_C4C_Ethiopia_HUNDEE_ICCO-IICD- June 2014 DKA-with interview.docx
J_5c endline self-assessment sheet_field staff-area office managers_Ethiopia_HUNDEE.docx
M_5c endline interview guide_subgroup_program staff_selected indicators_Ethiopia_HUNDEE.docx
N_5c endline interview guide_subgroup_MandE staff_selected indicators_Ethiopia_HUNDEE-compeleted.docx
Q_5c endline observation sheet_Ethiopia_HUNDEE 0912.docx
R_5c endline_observable indicators at SPO_Ethiopia_HUNDEE -EL.docx
F_5c endline self-assessment sheet_management_Ethiopia_HUNDEE.docx
G_5c endline self-assessment sheet_programme staff_Ethiopia_HUNDEE.doc
H_5c endline self-assessment sheet_MandE staff_Ethiopia_HUNDEE.doc
I_5c endline self-assessment sheet_Ad & HRM staff_Ethiopia_HUNDEE.docx
S_5c endline_overview_trainings_HUNDEE_staff_Ethiopia (PT).docx
T_5c endline_questionnaire_training_management_perspective_Ethiopia_HUNDEE_namemanager (PT).docx
U_5c endline_questionnaire_training_participant_perspective_Ethiopia_HUNDEE_nameparticipant (PT).docx
W_5C endline_Ethiopia_capacity development interventions implemented by ICCO (C4C) since 2011 (HUNDEE).docx
Report - ETHIOPIA EXCHANGE VISIT to Kenya - final v 2 (CD5).pdf
Report_seminar_downward_accountability&client_feedback_mechanism_2012_ethiopia_11.12.12.pdf

List of Respondents

Alliance / CFA officers:

No.	Name	Function
1	David Kamukama	Program Officer, FED program/Regional Business & Economic Development Advisor
2	Miep Lenoir	M&E officer IICD
3	Ramon Salat	Connect4Change Officer, IICD
4	Dieneke de Groot	Coordinator PMEL unit at **ICCO**; Secretary ICCO Alliance
5	Olaf Erz	Regional Manager East Africa IICD; M&E officer
6	Maurits Servaas	Global PME Advisor ICCO Alliance
7	Rob Witte	Program Coordinator FED (Fair Economic Development) - ICT at ICCO

HUNDEE staff:

No.	Name	Function in the organisation
1	Zegeye Asfaw,	General Manager
2	Girma Tiruneh,	Personnel management
3	Tadesse Debela,	Area Office Coordinator
4	Hanan Raya	Gender Focal Person
5	Ashebir Kebede	Value chain Development program Officer
6	Mulugeta Mosisaa	O P. Manager
7	Tamirat Nigusse	Value Chain Officer
8	Zewdie Takele	PME Manager
9	Askale Dula	Accountant
10	Hirko Belay	Program unit

Others:

Appendix 1 Methodological approach & reflection

1.1 Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

1.2 Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[4] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

[4] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Key steps to assess changes in indicators are described

16. Provide the description of indicators in the relevant formats – CDI team
17. Review the descriptions per indicator – in-country team & CDI team
18. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
19. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
20. Organise the field visit to the SPO – in-country team
21. Interview the CFA – CDI team
22. Run the endline workshop with the SPO – in-country team
23. Interview SPO staff – in-country team
24. Fill-in observation sheets – in-country team
25. Interview externals – in-country team
26. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
27. Provide to the overview of information per 5c indicator to in-country team – CDI team
28. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
29. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
30. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o -2 = Considerable deterioration
   - o -1 = A slight deterioration
   - o 0 = No change occurred, the situation is the same as in 2012
   - o +1 = Slight improvement
   - o +2 = Considerable improvement

2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;

- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

***Purpose of the fieldwork*:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

***Self-assessments*:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

*Step 12. Provide the **overview of information** per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

*Step 13. **Analyse the data and develop a draft description** of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

*Step 14. **Analyse the data and finalize the description** of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

*Step 15. **Analyse the information** in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

1.3 Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.

Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.

Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[5]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[5] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- **5C Indicators**: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the **capacity development interventions implemented by the CFA** (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:

- In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
- During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
- During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
- During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour.

The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.

The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

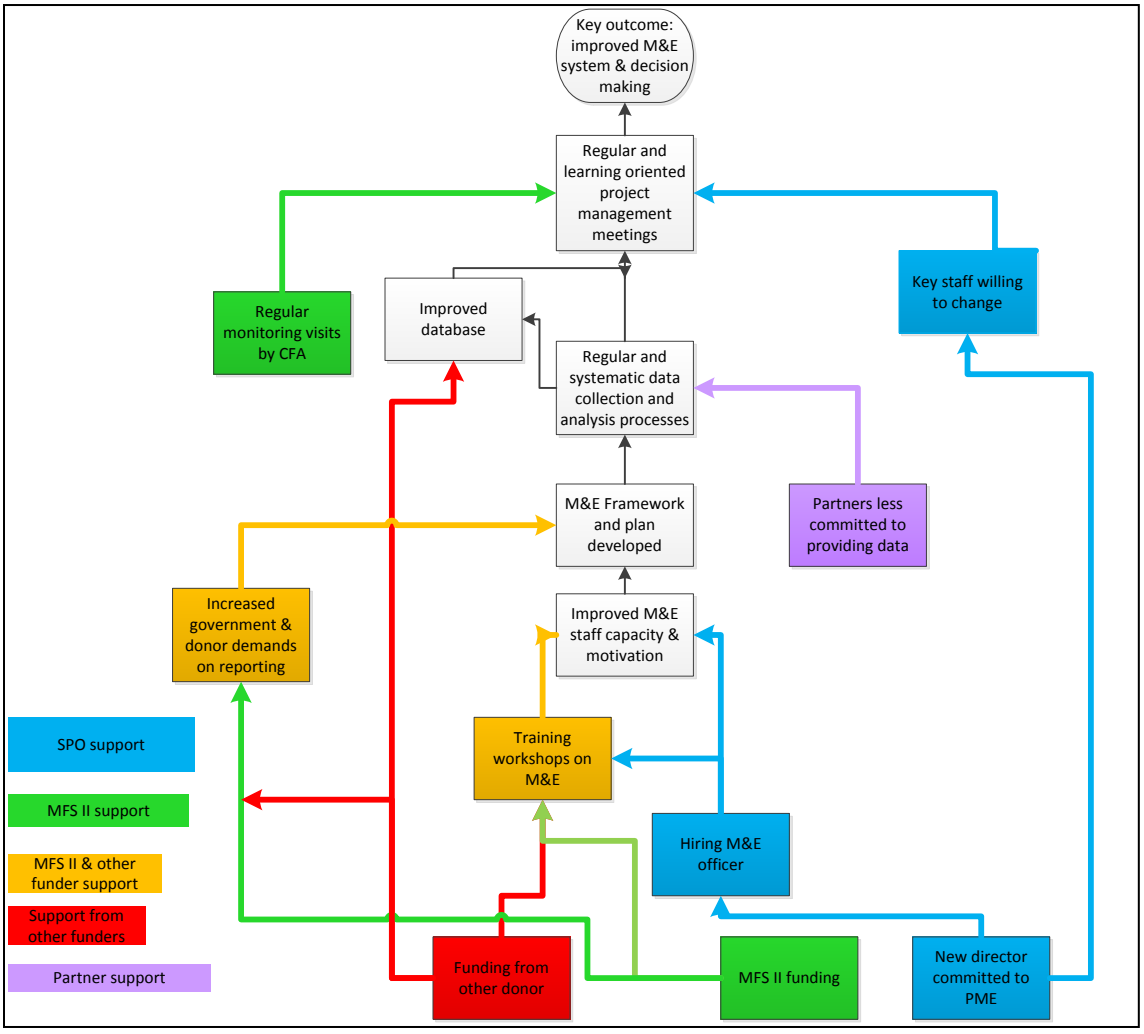


Figure 1 *An imaginary example of a model of change*

*Step 5. Identify **types of evidence** needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

*Step 6. **Collect data** to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

*Step 7. **Assess the quality** of data and **analyse data**, and develop the **final detailed causal map** (model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes*

subcomponent Y and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

Confirming/ rejecting a causal relation (yes/no);
Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) **Description of causal relation**	**Confirming/ rejecting a causal relation (yes/no)**	**Type of information providing the background to the confirmation or rejection of the causal relation**	**Strength of evidence: strong/ rather strong/ rather weak/ weak**	**Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed/ rejected**
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

1.4 Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

1.5 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational

capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors, rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

Capacity is referred to as the overall ability of an organisation or system to create value for others;

Capabilities are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);

Competencies are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

The capability to act and commit;

The capability to deliver on development objectives;

The capability to adapt and self-renew;

The capability to relate (to external stakeholders);

The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organization (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organization.

There exists a responsive, transparent, collective and accountable leadership role in HUNDEE. The leadership actually and effectively engages in all organizational aspects, including strategic and operational issues. The Board of Directors is helping the organization to define the strategic directions, and most importantly advises the management team on coping with changing circumstances on a quarterly, bi-annual and annual basis. In general, the influence of the board in the decision making process of the organization improved since the baseline. The Board is more engaged in providing general guidance to the management team, and demands evidence in respect to implementation of its recommendations. The Board has been helpful in guiding the management to achieve program outputs and outcomes and fully acts and speaks as the owner of the organization. The Board and management have made efforts to represent HUNDEE within the civil society landscape as one of the most effective and legitimate organisations among its constituencies and partners. Staff members of HUNDEE noted that strategic issues are identified and solutions sought in participation with all concerned bodies throughout the structure of the organization. Bi-annual staff review meetings have been organized and conducted to discuss strategic issues and solicit solutions for challenges. Management became more responsive and action-oriented, and reflections on the feed backs of project monitoring have taken place when needed. On the other hand, some staff members indicated that the manner of leadership is still the same with the same Managing Director who has continued to engage in all organizational aspects, including strategic and operational issues through support and encouragement by ICCO. Through the Consortium framework (C6NGO), the leadership skills of both the management and staff have been enhanced through shared trainings and exchanges.

Score: From 4 to 4.5 (slight improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

HUNDEE is currently implementing the five year strategic plan developed before the baseline period that enabled the organization to identify and effectively work on core organizational issues and strategies. Hence, HUNDEE has been focused on the realization of its long-term objectives and goal through organizational development, improving the resource base/funding of the organization, enhancing on-going learning through consistent application of PME, maintaining and enforcing good public relations, and ensuring program quality and outreach expansion since the baseline. Particularly,

the focus of the organization for the last two years was on getting more funds through preparing competent proposals and timely reporting. The strategic direction was not updated since the baseline. According to some staff members in the self-assessment, HUNDEE leadership used to give strategic guidance based on the organizations values rooted in helping the community, and this has continued since the baseline. This approach is still considered satisfactory according to these members of staff. Most staff members stated that HUNDEE has improved its capacity to cascade values and principles of the organization to all staffs and stakeholders through periodic workshops on a bi-annual basis. Mentoring and coaching are part of the overall process of organizational management at HUNDEE. The top management has created a conducive environment for experience sharing and performance monitoring among the different branch offices, and improved top management responsiveness to requests of area offices and backstopping. The board and management meetings are held on a more regular basis. The Board has approved a new organization chart that allowed program teams to focus more on thematic or program areas under a Program Department, rather than on managerial issues. The new organizational structure has allowed the staffs under the program unit to focus on program implementation than managerial issues. The administration and finance department is reorganized to give effective support to the programs and accountability lines have been made very clear after the baseline. Both the Board and the Management Team felt that the old structure needed to be replaced by a new one that will be congruent to the considerable expansion of the organization, both in terms of geography and new themes it tries to address. Some staff members noted that engaging in continuous organizational learning and in-house reflection has significantly enhanced capacity of the top management and the whole staff in understanding current development discourses as well as helped to further refine and enrich intervention approaches, strategies and programs for better results.

Score: From 3.5 to 4 (slight improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

There has been no staff turnover in HUNDEE since the baseline. Rather most of the staffs particularly the senior staff members have been working for more than ten and above years in the organization due to the existing enabling working environment. The basic reason is that commitment, supportive leadership and collegial relationship has existed in the organization. Most of the staff who participated in the baseline assessment were present in the end line assessment. There was no leadership change which could have created an unstable environment. Besides, some staff members who are working on the VCD and C4C projects did not leave the organization, and seem to be highly motivated due to the nature and innovativeness of the work they are involved in.

Score: From 4 to 4.25 (very slight improvement)

1.4. Organizational structure: 'Existence of clear organizational structure reflecting the objectives of the organization'

Observable indicator: Staff have copy of org structure and understand this

The organizational structure has been improved to capture the new arrangement in mainstreaming M&E and gender since the baseline. The organization has updated its organogram (organizational structure) in 2014 and all staff members were fully engaged during the development process and final discussion. Besides, the new organizational structure clearly defined roles and responsibilities of the staff and there is a well-articulated job description for each staff member. In addition to the commitment of the management and Board of Directors, ICCO has helped the organization in discharging of duties and responsibilities both at organizational level and particularly in value chain and ICT project implementation. Different donors also encouraged the development of clear organizational structures and the segregation of staff duties.

The Board has approved a new organization chart that allowed program teams to focus more on thematic or program areas under a Program Department. The administration and finance department is reorganized to give effective support to the programs and accountability lines have been made very clear after the baseline. Both the Board and the Management Team felt that the old structure needed to be replaced by a new one that will be congruent to the considerable expansion of the organization, both in terms of geography and new themes it tries to address.

Score: from ? (no baseline information) to 4

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Strategies are well articulated in HUNDEE in a way that situation analysis and monitoring and evaluation are used to inform strategies. The organization consistently reviews and aligns organizational systems, policies, procedures and programs to adequately reflect HUNDEE's commitment to gender equality and to enhance organizational competitiveness in the changing environment by the end of the planned period. To ensure this, the organization has prepared a TOR to conduct an organization–wide assessment, annual participatory review and reflection forums, situation analysis and establishing a gender audit task force. This was described in the 2013 annual plan and has been implemented.

Score: from ? (No baseline information) to 4

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

HUNDEE day to day operations were already in line with the strategic plan and there was no change in this regard. HUNDEE has an annual plan which is aligned to the strategic plan as well as the government development plan (National Transformation Plan). There are joint project activities plans at project offices through the involvement of different stakeholders at community level and review meetings take place quarterly and bi-annually at each respective area office. The project operations are developed into monthly and weekly action plans. There is also effective monitoring and evaluation by the head office team and area office as well as by external consultants. HUNDEE field staffs, due to regular trainings and capacitating activities within the C6NGO framework (MFS II), were able to improve their planning, monitoring and follow up, and reporting of project activities. Efforts were made to focus on outcomes rather than outputs in their reports. Accordingly, significant changes have been observed in the quality of the reports. However, it was noted that often plans are not implemented within the given time frame, and delay of implementation has been observed. This is sometimes due to delays in approvals from local authorities which is to a large extent caused by the NGO law. Besides, before the baseline there was an accountability session on a weekly basis to update progresses and revise plans but recently after the baseline this has not been repeated.

Score: from 4 to 4 (no change)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

Staff skill at HUNDEE has improved since the baseline particularly related to using ICT for data collection, sharing information and the use of community managed disaster risk management program implementation. The ICT skills came as a result of training as well as the infrastructure created through MFS II funds. Staff skills have improved due to experience working with HUNDEE for a long time, experience sharing, and different training and provision of ICT tools like CDMA, smart mobile, flash disc

and Wi-Fi internet access etc. Hence, basic ICT based documentation and information sharing is being practiced by both the Head office and Area offices staff through broadband and mobile internet technologies. Skills in interaction with FMOs has improved, and client satisfaction feedback is used to support FMOs. Project implementation capacity of HUNDEE staffs has been improved and this was demonstrated where 69% of the FMOs who had worked with them since 2011 were supported and graduated at the end of 2013 to effectively participate in the local market. The quality of reports also immensely improved and the reports were well aligned with contract reporting conditions by the end of 2013, which was not the case at the start of 2012 according to the CFA feedback. ICCO and other donors have helped the organization through training to improve staff skills not only in ICT but also implementation of new thematic areas like Community-based Disaster Risk Management, resilient livelihood for pastoralist communities; livestock development and marketing; principles and practices of social accountability; downward accountability etc. Some staffs noted that members of the middle managerial level (program officers) are now capable in project proposal development and are able to communicate with donors. This organizational layer has become more independent since 2012 due to the fact that the top management is becoming more confident of staff skills in this regard. There is also improved capacity of staff in the area of basic business skills and designing business investment related projects due to the provision of training for staff on basic business skill and entrepreneurship. More information about enhanced staff skills and what the training staff received it is described below in 1.8.

Score: From 3.5 to 4.5 (improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO are offered appropriate training opportunities

HUNDEE staff training needs assessments were undertaken at various levels and trainings were provided on different topics as identified in the “gaps analysis” since the baseline. Hence, short-term trainings on subjects quite related to the project/program engagements were facilitated for selected staff by different donors and networks. These include training on livelihood and Marketing, Child Welfare and Development, Financial Management, Project Development and Monitoring & Evaluation, Female Genital Mutilation and Harmful Traditional Practices, Women and Value Chain Development, Value Chain Development Strategies and Livelihood, Basic Computer Skills, Self-Help Groups Promotion Operational Modalities, Results Based Management, Monitoring and Evaluation Tools, Child Support Index (CSI), and Journey of Life, to mention some. These trainings were implemented in partnership with Pact Ethiopia, Oxfam Canada, ICCO, Trocaire/Cafod/Sciaf Joint Office, Consortium of Self-help groups Promoters in Ethiopia (CoSAP) and Misereor with a duration ranging from 2 to 5 days. Besides, training on financial Management, leadership and management in humanitarian works, behavioral change facilitation/techniques and tools, project development, Results Based Management, value chain theory and application including ICT in value chain, Community-Based Disaster Risk Reduction, humanitarian accountability, and social accountability, theory and practice, and CMDRR training was given based on capacity assessment. Overseas training opportunities and exchange visits have also been organized for a few senior level professionals, and the training was cascaded down to lower level functionaries. According to some staff members, HUNDEE has gone through different phases as a result of the Dutch CFA support and has adjusted itself to organizational development supported by its mentor and funder, ICCO. This support has helped the organization to stay afloat and become more effective in the promotion of farmer’s marketing organizations dedicated to value chain promotion. ICCO has also helped the organization with the new orientation to become more innovative and business oriented through the organizational development program. As a result of this, HUNDEE had the opportunity to make exchange visits to Kenya and Uganda to have a feel of how NGOs are supporting farmers running their own business enterprise. There has also been regular reflection and coaching on which knowledge and experience is exchanged within the organization.

Score: From 3.5 to 4.5 (improvement)

1.9.1. Incentives: ‘Appropriate incentives are in place to sustain staff motivation’

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

Generally, the organization has made efforts to improve its staff remuneration. HUNDEE has made a salary revision and the salary scale was improved recently before the endline. Transport service (car at HQ) is given to core and senior staff since 2012. As mentioned during the baseline report there has been an enabling working environment for staffs in HUNDEE, and the new salary scales motivate the staff to discharge their duties and responsibilities. The newly approved organizational structure and salary scale goes with the current inflation rate and market price in the country. This is due to the fact that HUNDEE has taken a long time to realize the strong commitment of staff members by addressing issues related to salary increment and cope with inflation. HUNDEE has also revised its HR policy and provides a limited staff loan for staff in case the need arises. However, some staff members indicated that though the board and management have promised to increase the salary scale it is not yet been implemented.

Score: From 3 to 3.5 (slight improvement)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

The total annual budget of the organization increased from 25 million in 2012, to 33 million in 2013, and 50 million in 2014. As a result the HUNDEE intervention area increased from seven decentralized offices to nine area offices. This is due to the fact that managerial capacity in lobbying with different donors for resources mobilization has improved and the credibility of the organization (due to good performance) has also increased. Besides, the organization has focused on development of competitive proposals and there was a call to participate in an innovative fund in 2013 by ICCO. New donors have started to support the organisation financially since the baseline. HUNDEE is now operating in new areas like pastoral areas and with new interventions related to health issues for instance. Besides, HUNDEE management works on resources mobilization through diversifying its donors: the SPO has managed to secure funding for multi-year (3-5 years) projects, e.g. HAM Foundation and Malt Barley projects. Positive developments are also that the Oromia regional State recommends some donors to come and work with HUNDEE due to its good image as an effective and accountable grassroots organization.. In summary, the source of funding has been diversified and the level of funding has been increasing overtime since the baseline. For instance, the total annual budget of the SPO has increased by about 50%. ICCO worked well with HUNDEE to fund-raise through quality-assurance of their proposals, and fund management. This was reflected for instance in the project proposal of Malt Barley projects.

Score: From 4 to 5 (improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

HUNDEE has revised its organizational structure in a way that includes fundraising, proposal development and income generation through designating specific people for resource mobilization. Senior management and the General Manager are responsible for resource mobilization and are engaged in approaching different donors through lobbing and competing in different calls for proposals. Program managers also involved in resource mobilisation. Responsibility for resource mobilization is better defined for HUNDEE management and competent staff in developing project proposals. Besides,

quality of proposals improved to operate in the competitive environment for funding since both the numbers and quality of staff increased since the baseline. According to the some staff, there is no new way of getting funds like organizing events for fundraising and no separate unit for fundraising in the organization. The main issue is that there is a more pro-active approach to tapping into available sources of funding.

Score: From 4 to 4.5 (slight improvement)

Summary of capability to act and commit

There exists responsive, transparent, collective and accountable leadership role in HUNDEE. The leadership effectively engages in all organizational aspects, including strategic and operational issues. The Board of Directors is helping the organization in defining the strategic directions, and most importantly, on a regular basis advises the management team on coping with changing circumstances. HUNDEE has been focused on the realization of its long-term objectives and goal through organizational development, improving the resource base/funding of the organization, enhancing on-going learning through consistent application of PME, maintaining and enforcing good public relations, and ensuring program quality and outreach expansion. There has been no staff turnover in HUNDEE since the baseline. Rather, most of the staff members (particularly the senior ones) have been working at the organization for more than ten and above years due to the existing enabling working environment. Most of the staff who participated in the baseline assessment were present in the end line assessment. A new organizational structure clearly defines roles and responsibilities of staffs and hence there are well-articulated job descriptions of staff. Besides, strategies are well articulated at HUNDEE in a way that situation analysis and monitoring and evaluation are used to inform strategies. HUNDEE day to day operations were already in line with the strategic plan. HUNDEE field staffs, due to regular trainings and capacitating activities within the C6NGO framework (MFS II), were able to improve their planning, monitoring and follow up, and reporting of project activities. Efforts were made to focus on outcomes rather than outputs in their reports. Accordingly, significant changes have been observed in the quality of the reports. Staff skill at HUNDEE has improved since the baseline particularly in relation to using ICT for data collection and sharing information, and use of community managed disaster risk management program implementation. HUNDEE staff training need assessments were undertaken at various levels and trainings were provided on different topics as identified in the gaps analysis. Short-term trainings on subjects quite related to the project/program engagements were facilitated for selected staff by different donors and networks. Regarding incentives, HUNDEE reasonably improved the salary scale , although some staff indicated not to have seen this taken place, while a transport service has been given to core and senior staff since 2012. The organization's funding sources have improved, hence the total annual budget of the organization increased from 25 million in 2012, to 33 million in 2013, and 50 million in 2014. As a result HUNDEE intervention areas increased from seven decentralized offices to nine area offices. Funding procedures changed in the sense that fundraising, proposal development and income generation are specifically designated to senior management and the general manager and, in collaboration with program staff, are more proactive in terms of resource mobilization and engaged in approaching different donors through lobbying and competing in different calls for proposals.

Score: from 3.7 to 4.2 (slight improvement)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organizational).

Participatory project monitoring has become practice in HUNDEE and has not changed greatly since the baseline. HUNDEE regularly conducts participatory monitoring and downward accountability. These lessons are adopted continuously. TROCAIRE and other donors have given training on downward

accountability and HUNDEE has developed a draft organizational accountability framework and oriented staff members on accountability and complaint handling. Staff capacity to exercise and internalize the accountability framework has increased. Hence, HUNDEE has started to document best practices (for example, downward accountability implementation process, disaster risk practices, livelihood enhancement projects, etc.) to use for scaling up. The organization has also refined and continuously adapted data collection tools, and conducted participatory review and reflection. There is internal reflection to improve M&E activities. The organization has established an M&E team for each unit to make the entire staff (programs and finance and administration) to get involved on issues of monitoring and evaluation in a regular basis. Accordingly seven teams were established under the Monitoring &Evaluation unit that strengthened the existing M&E system. Hence, frequency of monitoring increased along with the increased number of staff involved, and training on MEL (Monitoring, Evaluation and Learning) was provided for staff. Therefore, the involvement of all program units has improved in the application of M&E and reflection on the feedback generated through monitoring and evaluation has improved. On top of this, ICCO has over time been supporting HUNDEE to effectively implement its M&E activities through providing technical support and introduction of various approaches. Information on activities, results and finance are put together and analyzed while monitoring and evaluating its programs at various levels. Information at outcome and impact level are now given attention, well analyzed and documented. ICCO, through MFSII funding, has supported strengthening of the capacity of the SPO through monitoring and exposure visits. Moreover, linking and learning across the East African Region facilitated by ICCO has also benefited HUNDEE in this regard. Quality and practicability of indicators have improved, and an information gathering template has been developed and practiced.

Score: From 4 to 4.5 (slight improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

The organization has established an M&E team for each unit to make the entire staff (programs and finance and administration) to get involved on issues of monitoring and evaluation in a regular basis. Accordingly seven teams were established under the Monitoring &Evaluation unit that strengthened the existing M&E system. Hence, frequency of monitoring increased along with the increased number of staff involved, and training on MEL (Monitoring, Evaluation and Learning) was provided for staff. Staffs understanding about the importance of monitoring and evaluation and their attitude towards this has improved. Frequent orientation on the importance and functionality of monitoring and evaluation has been given to staff at all levels by the senior staff. ICCO and other donors have strong interest in strengthening of M&E to ensure quality performance of projects, and in capacitating senior staff in Performance Impact Monitoring (PIM) development. Although staffs were trained on PIM by ICCO they have not continuously used it because of budget limitations. Besides, M&E unit staffs have enough understanding to practice M&E. The training on downward accountability was provided by ICCO though hiring a consultant, Jerry from Kenya in 2012 and 2013. Almost all project staff has good knowledge of M&E through joint and shared capacity support under the C6NGO framework. Furthermore, the organization has conducted a capacity building for 70 staff at the end of 2014. There is a responsible person to coordinate the M&E activities. HUNDEE area office staff members are more aware of results/outcomes reporting. The malt barley project plan also verified this by saying that HUNDEE and other consortium members performed frequent follow up and monitoring on the general situation of the target group. TROCAIRE and other donors have given training on downward accountability and HUNDEE has developed a draft organizational accountability framework and oriented staff members on accountability and complaint handling. Staff capacity to exercise and internalize the accountability framework has increased.

Score: From 4 to 4.5 (slight improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

HUNDEE has showed slight improvement in this regard with focus at the level of outcomes and impact, and in terms of processing and utilizing the M&E information. For this to be effective interdisciplinary teams were established to support M&E to report at output and outcome levels. The M&E findings have been considered and were utilized in project development. The lessons learnt were shared among project staff and senior management at head office level. Staffs have now a better idea about how the information produced from M&E can be used as an input in the organization's future strategic direction. However, information that is used for future strategies is obtained by external evaluators most of the time. ICCO and other donors also encourage using lessons learnt from the monitoring and evaluation findings. As a result, the organization has started to incorporate outcome and impact in monitoring and reporting. In response, donors have provided feedback on reports focusing on outcomes rather than activities and outputs. Although staffs were trained on PIM (Performance Impact monitoring) by ICCO they have not continuously used it because of budget limitations.

Score: From 4 to 4.25 (very slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

HUNDEE has established a grievance committee to resolve conflicts and manuals are prepared due to the introduction of downward accountability. The training on downward accountability was provided by ICCO though hiring a consultant, Jerry from Kenya in 2012 and 2013. Besides, field staff meetings that are held on a quarterly, bi-annual and annual basis, have also been organized to reflect ideas and views. There have been frequent meetings with program personnel to reflect on program/operational issues and staff are free to reflect on any issue. The top management also inspires critical reflection among staffs at all levels and there is a good culture to adapt new initiatives that are important for the organization. The organization has also felt that engaging in continuous organizational learning and in-house reflection has significantly enhanced organizational leaders, management and project staff members in understanding the current development discourses as well as in further refining and enriching intervention approaches, strategies and programs for better results. It was also evident in the organization 2014 annual plan, where HUNDEE has institutionalized transparency and collective decision making by the end of 2014.

Score: From 4 to 4.5 (slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

The organization still has a flat not hierarchical kind of organizational system and as a result the door is open for all staffs to reflect ideas. Ideas of all staff members on new findings are appreciated by management and by senior staff. Moreover, new findings generated during evaluation and implementation are strongly appreciated and the management is committed to strengthen results. Staff members have full freedom to bring new ideas and their ideas are used for the implementation of the program. There is a high freedom to present one's own ideas and the environment motivates staff to be innovative in implementing objectives of the organization. Ideas are always welcomed and used

based on its relevance and feasibility. It is observed that all HUNDEE staffs especially technical staffs are free to forward ideas that contribute to effectiveness and efficiency of programming and implementation of activities.

Score: From 4 to 4 (no change)

2.6. System for tracking environment: 'The organization has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

In this regard according to the self-assessment, HUNDEE has been operating in a similar way as the base line period. Most of the activities in scanning the environment were done by the General Manager, senior staff and project coordinators. The strategic plan of the organization has stated that while mechanisms for scanning the environment remain relevant even today, the fact that HUNDEE is working with other NGOs has expanded channels of getting information.

Score: From 3.5 to 3.75 (very slight improvement)

2.7. Stakeholder responsiveness: 'The organization is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

HUNDEE has enhanced the implementation of downward accountability and this has helped to get trust from the community. This is due to the fact that all the project activities are clearly explained or communicated to the community, and the government-NGO forum has been used to explain the operations of HUNDEE. The commitment of the staff and the awareness training given to stakeholders influenced this change. TROCAIRE and other donors have given training on downward accountability and HUNDEE has developed a draft organizational accountability framework and oriented staff members on accountability and complaint handling. Staff capacity to exercise and internalize the accountability framework has increased. Hence, HUNDEE has started to document best practices (for example, downward accountability implementation process, disaster risk practices, livelihood enhancement projects, etc.) to use for scaling up. Besides, social accountability projects implemented by HUNDEE have contributed to the promotion of downward accountability. Moreover, stakeholders are familiarized on HUNDEE's problem handling mechanism during the project launching workshop. Based on the report of the seminar on downward accountability and client feedback mechanism in 2012, farmers have become more critical and take part in decision-making, more than before, while fieldworkers and staff have become more responsive to the needs of their clients.

Score: From 4 to 4.25 (Very slight improvement)

Summary capability to adapt and self-renew

Participatory project monitoring has become practice in HUNDEE and has not changed greatly since the baseline. HUNDEE regularly conducts participatory monitoring and downward accountability. These lessons are adopted continuously. TROCAIRE and other donors have given training on downward accountability and HUNDEE has developed a draft organizational accountability framework and oriented staff members on accountability and complaint handling. Staff capacity to exercise and internalize the accountability framework has increased. Hence, HUNDEE has started to document best practices to use for scaling up. The organization has also refined and continuously adapted data collection tools, and conducted participatory review and reflection. There is internal reflection to improve M&E activities. Quality and practicability of indicators has improved, and an the information gathering template is

developed and practiced. There is more of a focus on collecting data at outcome level, and information generated informed strategic decision-making. However, training on Programme Impact Measurement provided by ICCO is not always implemented by staff due to lack of budget. Furthermore outcome level information is mainly collected by external evaluation consultants. The M&E findings have considered and utilized in project development and lesson learnt shared among project staff and senior management at head office level. Staffs have now better idea about how the information produced from M&E is used as an input in the organization's future strategic direction. On the other hand, HUNDEE have established grievance committee to resolve conflicts and manuals are prepared due to the introduction of downward accountability.

The organization has established an M&E team for each unit to make the entire staff (programs and finance and administration) to get involved on issues of monitoring and evaluation in a regular basis. Staffs understanding about the importance of monitoring and evaluation and their attitude has improved. Frequent orientation on the importance and functionality of monitoring and evaluation has been given to staff at all levels by the senior staff. Besides, M&E unit staffs have enough understanding to practice M&E. Frequency of monitoring increased along with the increased number of staff involved, and training on MEL (Monitoring, Evaluation and Learning) that was provided for staff.

Regarding critical reflection, field staff meetings are held on a quarterly, bi-annual and annual basis, so as to reflect ideas and views. There have been frequent meetings with program personnel to reflect on program/operational issues and staff are now free to reflect on any issue. The top management also inspires critical reflection among staffs at all levels and there is a good culture to adapt new initiatives that are important for the organization. New findings generated during evaluation and implementation are appreciated and the management has committed to strengthen results. Most of the activities in scanning the environment were done made by the General Manager, senior staff and project coordinators, and is mainly based on collaborating with other NGOs.

Score: from 3.9 to 4.2 (slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organisation has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

The planning procedures follow the project proposal document and the operational plan is prepared at head office level. The project activities are first explained and discussed with project staff. Confusion in implementation is reduced by creating awareness through lessons from projects assessment reports and recommendation as well as feedback during field visits. Besides, consortium meetings and discussions have helped in clarifying project activities. Moreover, most organizations (donors) have now allowed to revise plans based on feedback and this helps to clarify the issues which are not clear. There is a systematic induction for new employees and intensive orientation for finance personnel. Unlike the baseline period, HUNDEE has considered financial inflation during project proposal development and there is no budget shortage for project implementation. Projects are timely implemented due to better planning practices, appropriate allocation of staff, and frequent follow-up on the projects by the M&E staff and supervisors. Activities are specifically assigned to each staffs involved in the project and hence timely follow up of project implementation is being achieved. Every project officer, finance department and area office coordinator has a copy of the project implementation plan and budget so that everyone is well aware of the implementation plan. Every year an operational plan with budget is prepared and submitted to CSO as well as shared with each area office. According to the CFA assessment, all projects have an operational plan and budget, and the plans are used in the day to day activities. An improvement is noted in submission of operational plans. However, the financial status of the project is not timely communicated.

Score: From 4 to 4.25 (Very slight improvement)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

HUNDEE planning and resource allocation have improved, and appropriate persons for budget control and planning are assigned (such as a budgeting officer). Training on budget tracking was provided to relevant staff by other donors (non-MFS II). Some staff members stated that though it is difficult to conduct input-output analysis, the organization has given due attention to the cost effective approach without compromising quality services. The allocation of operational and administration costs are guided by the 30/70 CSO guideline, and the community and other stakeholder's contributions are being recorded. Some staffs noted that unless the situation unexpectedly changes, the budget is expensed as planned. Besides, vehicle-related costs are expensed according to the budget line item in the project. Nevertheless the vehicle maintenance cost is huge for which the organization has to generate money from different funding sources. There is proportionally less administration cost compared with the baseline period in the organization.

Score: From 3.5 to 4 (slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

HUNDEE has sustained its strength in delivering planned outputs as specified in the agreement. It was seen that project implementation capacity of HUNDEE staff has been improved and this was demonstrated for example where 69% of the FMOs who had worked with them since 2011 were supported and have graduated at the end of 2013 to effectively participate in the local market. However, monitoring and evaluation has been organized in a new way that core program and finance staff take a leading role to easily monitor projects and programs of the organization. HUNDEE has started a new reporting system that consists of a output reporting system to check whether the planned outputs of both physical and financial performance are attained. The M&E unit uses this as a bench mark for further analysis. According to the CFA assessment, there has been an improvement in delivering the required planned outputs as per the plan. Plans are implemented as expected in some projects whereas in others set targets may not be fully met due to financial constraints, delays in release of finances and procurement as a result of bureaucratic procedures.

Score: From 4 to 4 (no change)

3.4. Mechanisms for beneficiary needs: 'The organization has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

In this regard, HUNDEE has put in place systems and tools to measure client satisfaction through regular monitoring meetings with different committees and beneficiaries that fully participate in the whole process of the project. Unlike during the time of the baseline, downward accountability tools are mainstreamed in all program levels due to the fact that organization-wide trainings were given on downward accountability tools including client satisfaction to exercise in various projects by ICCO, CCRDA, KNH, CST, and ESP2. HUNDEE has involved target groups right from inception to the whole process of a project. The organization conducts participatory project evaluations that involve stakeholders and adjustments are made on critical needs of target groups. Participatory discussions with beneficiaries take place at different stages of a project including design, implementation and evaluation stage. Workshops, field visits and stakeholder consultation forums have been pointed out as

mechanisms through which the organization checks whether services meet beneficiary needs. Beneficiaries also provide feedback on the quality of services they are getting from the SPO.

Score: From 4 to 4.5 (slight improvement)

3.5. Monitoring efficiency: 'The organization monitors its efficiency by linking outputs and related inputs (input-output ratio's)'

This is about how the SPO knows they are efficient or not in their work.

Due attention is given and results were realized to measure both at head office and area offices the implementation of projects as per plan, and accomplishments in terms of outputs realised, timeliness and resource allocation. E

To increase efficiency in budget utilization the organization assigned a budget officer. In addition to the M&E unit, the newly assigned Program Operation Department took responsibility to oversee organizational project budget utilization and activity implementation. The organization has improved communication between the top management and staff members, and the frequency of field visit and data collection was increased. However, there is no formal system for input-output ratio analysis. Finance and program departments have not yet routinized the discussion of cost efficiency.

Score: From 3.5 to 3.5 (no change)

3.6. Balancing quality-efficiency: 'The organization aims at balancing efficiency requirements with the quality of its work'

This is about how the SPO ensures quality work with the resources available

In this regard, HUNDEE has gone through the principle of 'value for money' in all resource utilization. Both the economic use of resources and delivery of standard quality outputs are checked and all staffs are well aware about quality services through the experience that they've gained over the years. As indicated in the baseline, HUNDEE has also not yet developed an efficiency-quality guideline and made no progress in this regard.

Score: From 4 to 4 (no change)

Summary capability to deliver on development objectives

HUNDEE has considered inflation during project proposal development and there is no budget shortage for project implementation. Operational plans prepared at head office level. Confusion in implementation is reduced by creating awareness through lessons from projects assessment reports and recommendations as well as feedback during field visits. Every year operational plans with budgets are prepared and submitted to Civil Society Organisations as well as shared with each area office. Hence, all projects have an operational plan and budget, and the plans are used in the day to day activities. HUNDEE planning and resource allocation have improved and an appropriate person for budget control and planning has been assigned (like budgeting officer). This showed the organization has given due attention to the cost effective approach without compromising quality services. HUNDEE has sustained its strength in delivering planned outputs as specified in the agreement. However, the monitoring and evaluation unit has been organized in a new way that core program and finance staffs take a leading role to easily monitor projects and programs of the organization. Plans are implemented as expected in some projects whereas in others set targets may not be fully met due to financial constraints, delays in release of finances and procurement as a result of bureaucratic procedures. HUNDEE has put in place systems and tools to measure client satisfactions through regular monitoring meetings with different committees and beneficiaries are fully participating in the whole process of a project. Unlike during the time of the baseline, downward accountability tools are mainstreamed in all

program levels due to the fact that organization-wide trainings were given on downward accountability tools including client satisfaction to exercise in various projects funded by ICCO, CCRDA, KNH, CST, and ESP2. In addition to the M&E unit, the newly assigned Program Operation Department took responsibility to oversee organizational project budget utilization and activity implementation. Both the economic use of resources and delivery of standard quality outputs are checked and all staffs are well aware about quality services.

Score: from 3.8 to 4.0 (very slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organisation maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organisation'

This is about whether the SPO engages external groups in developing their policies and strategies, and how.

HUNDEE involves its stakeholders at program formulation and implementation levels, and the organization maintains good relationships with its stakeholders, even though there is limited engagement on policy matters according to the CFA assessment. HUNDEE staffs hold regular meetings with stakeholders during project launching, planning, review workshops, reporting and feedback sessions, and the SPO is open to collaboration with stakeholders. Stakeholders participate from problem identification to evaluation, and their inputs are taken seriously. HUNDEE has engaged with the existing and new networks like the consortium of self-help groups Ethiopia. According to the staff self-assessment, HUNDEE has always tried to look out of the box and learn from the experience of other organizations with which they have working relationships. For example the organization has limited experience in working in pastoralist and agro-pastoralist areas of the country. Open mindedness of the organization in close alliance with NGOs that have tangible experience working with pastoralist communities make it possible to engage with these target groups.

Score: From 4 to 4 (no change)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

HUNDEE's top leaders and management team recognize and value the role that partnership and networking has between civil society organizations and other relevant development actors can play in the design, implementation and effective delivery of development services. Hence, the organization has improved its bargaining power as a result of engagement in networks which in turn helps to get and provide information as well as share experience. Furthermore, major donors showed a clear preference for applications coming from alliances rather than from single competitors. Due to this reason, the organization has joined a number of such alliances either as a member or as a lead agency due to increased recognition of HUNDEE among network organizations. This was evident in the annual performance report in 2012 where HUNDEE is currently a member of such national consortiums and networks as CCRDA (Consortium of Christian Relief and Development Association), PANE (Poverty Action Network of Ethiopia), harmful traditional practices (HTP's) national Network, CoSAPE (Consortium of Self-Help Group Approach promoters in Ethiopia) and the like. At regional level, HUNDEE is one of the founding members of NeCSO (Network of Civil Society organizations in Oromia) and also part of the steering committee of the GO-NGO forum currently headed and hosted by the government of the regional state. In addition, HUNDEE is currently promoting the implementation of a three year value chain development project in partnership with and consortium of six local NGO's. In sum, HUNDEE has actively participated in different networks and forums and plays a leadership role in

the networks , such as CCDRA, 6NGO forum, due to the fact that understanding the need in working with networks by the top management has improved and due to ICCO's advice to work in networks. Besides, the FED Alliance/Consortium of 6 NGOs pioneered by ICCO is expressing an interest to work together even when the program is over in December 2014. A good example of this is the expression of intent of working as alliance for the Clinton Foundation project on value chains with small farmers producing maize and soya beans for producing supplementary food for children.

Score: From 4 to 4.25 (very slight improvement)

4.3. Engagement with target groups: 'The organisation performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

HUNDEE had good culture in this regard and has maintained it because engaging in effective networking and collaboration with key stakeholders and all boundary partners is crucial for smooth implementation of development programs/projects and delivery of efficient, effective and quality of services to the intended beneficiaries. The program managers, M&E unit and focal persons frequently visit target beneficiaries. Frequent field monitoring and evaluation by different donors has been undertaken. There is continued improvement of community satisfaction in HUNDEE development services and increased community responsiveness. In the seminar report on downward accountability and client feedback mechanisms in 2012 showed that farmers have become more critical and take part in decision-making, more than before. Fieldworkers and staff have become more responsive to the needs of their clients.

Score: From 4 to 4.25 (very slight improvement)

4.4. Relationships within organisation: 'Organisational structure and culture facilitates open internal contacts, communication, and decision-making'

How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

HUNDEE has improved communication and information sharing due to better internet access through the support of the ICT project for ICT training and provision of ICT materials like smart mobiles and Wi-Fi internet supported by ICCO. There is a good communication system with top management both upwards, and horizontally within the organization. The improved access to telephone and internet between HUNDEE office and field offices has facilitated efficient communication and information exchanges among staff members and stakeholders. Besides, the new organizational structure opens a door for a formal communication and documentation system that enables every individual to present their ideas freely at every level of the organizational structure. Staffs have open access to communicate with top management and board when needed.

Score: From 4 to 4.25 (very slight improvement)

Summary capability to relate

HUNDEE involves its stakeholders at program formulation and implementation levels, and the organization maintains good relationships with its stakeholders even though there is limited engagement in terms of developing policies and strategies for HUNDEE, according to the CFA assessment. HUNDEE staffs hold regular meetings with stakeholders during project launching, planning, review workshops, reporting and feedback sessions, and the SPO is open to collaboration with stakeholders. Stakeholders participate from problem identification to evaluation, and their inputs are taken seriously. HUNDEE has engaged with the existing and new networks like the consortium of

self-help groups Ethiopia. HUNDEE's top leaders and management team strongly recognize and value the role that partnership and networking between civil society organizations as well as with other relevant development actors can play in the design, implementation and effective delivery of development services. Hence, the organization has improved its bargaining power as a result of engagement in networks which in turn helps to get and provide information as well as share experiences.

HUNDEE is currently a member of such national consortiums and networks as CCRDA (Consortium of Christian Relief and Development Association), PANE (Poverty Action Network of Ethiopia), and harmful traditional practices (HTP's) national Network, CoSAPE (Consortium of Self-Help Group Approach promoters in Ethiopia) and the like. At regional level, HUNDEE is among the founding members of NeCSO (Network of Civil Society organizations in Oromia) and is also part of a steering committee of the GO-NGO forum currently headed and hosted by the government of the regional state. There is continued improvement of community satisfaction in HUNDEE development services and increased community responsiveness. In the seminar report on downward accountability and client feedback mechanisms in 2012 showed that farmers have become more critical and take part in decision-making, more than before. HUNDEE has improved communication and information sharing due to better internet access through the support of ICT project for ICT training and provision of ICT materials like smart mobile and Wi-Fi internet provided by ICCO. There is good communication system with top management both upwards and horizontally within the organization.

Score: from 4 to 4.2 (very slight improvement)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

There has been increased awareness of staff on the vision, mission and strategy of HUNDEE, and staff have been involved in this process, which also created a sense of ownership. Considerable improvement can be seen at the strategy and policy level due to regularity and efficient participation of the board and staff. Vision, mission and strategies are to be regularly discussed in the organization according to the HUNDEE 2012 Plan Background information, although it is not clear whether this is also being done. The organization has reviewed the vision, mission and program objectives to add a more gender sensitive perspective. Strategic documents and project proposals are designed in line with this. Furthermore, each work unit has the responsibility to introduce new employees to the vision, mission and values of the organization and induction is given priority by HUNDEE.

Score: From 4 to 4.25 (very slight improvement)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

There was a strong reminder from the board to revisit all policies and guidelines to facilitate smooth functioning of the organization. Due to this, some changes have been made, but the work is still in progress. Management is fully cognizant of the urgency of updating policies, manuals and while fully engaged in developing new ones. Hence, HUNDEE has produced a draft code of conduct and a child protection policy. The financial manual was also revised to capture the costs of programs and activities. The HR and financial policies are updated or revised to capture the current situation. Moreover, the organization has developed a Disaster Risk Reduction (DRR) guideline through the support of ICCO. The training and coaching provide by MFSII partners and the Regional Office on finance matters and

issues were useful inputs for the revision exercise that has been going on. The SPO has also drawn lessons for the preparation of DRR manuals through the use of a risk analysis report undertaken by other partners to update the aforementioned manuals and guidelines.

Score: From 3.5 to 4.5 (improvement)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organization'

This is about whether the operations and strategies are line with the vision/mission of the SPO.

HUNDEE's previous two strategic planning documents provided a roadmap for overall organizational operations and aligning of its core programs and policy initiatives to key organizational areas. It has also served as primary source of inspiration out of which its operational plans are derived and developed during the last couple of years. Thus, all programs are more related to the organization's vision, mission and strategic objectives. HUNDEE has diversified its program and reached more areas and target groups since the baseline, but these are still in line with the vision, mission and strategies of the organization.

Score: From 4 to 4 (no change)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

This is about whether the efforts in one project complement/support efforts in other projects.

In this regard, HUNDEE has improved a degree of complementarity and synergy between programs and this is explained by the implementation of cereal banks and value chain development, self-help groups and Dabaree projects, Community Managed Disaster Risk (CMDRR) and the livelihood enhancement program and the like. There has been a new orientation that all are responsible for the success of projects implementation in a mutually supportive manner. In the operation areas all projects are under unified leadership, and program performance assessment are included to the extent to which 'mutuality' exists between and among projects. HUNDEE has diversified its program and reached more areas and target groups since the baseline. Particularly the training on Disaster Risk Reduction given to the staff has helped the organization to improve skills on designing suitable programs and projects for the underserved nomadic communities pertaining to resilient livelihood to droughts.

Score: From 4 to 4.25 (very slight improvement)

Summary capability to achieve coherence

Vision, mission and strategies are regularly discussed in the organization. HUNDEE has reviewed the vision, mission and programs objective in a more gender sensitive manner, and strategic documents and project proposals are designed in line with this. There has been increased awareness of staff on the vision, mission and strategy of HUNDEE, and staff have been involved in this process, which is also created a sense of ownership. In terms of policy and operational documents for the organisation, HUNDEE has produced a draft code of conduct and a child protection policy. The financial manual has also been revised to capture the costs of programs and activities. The HR and financial policies are updated or revised to capture the current situation. Moreover, the organization has developed Disaster Risk Reduction (DRR) guidelines through the support of ICCO. HUNDEE's previous two strategic planning documents provided a roadmap for overall organizational operations and aligning of its core programs and policy initiatives to key organizational areas. It has also served as primary source of inspiration out of which its operational plans are derived and developed during the last couple of years. Moreover, HUNDEE has improved its degree of complementarity and synergy between programs. An example of this is with the project involving cereal banks and value chain development, self-help

groups and Dabaree projects, Community Managed Disaster Risk (CMDRR) and the livelihood enhancement program and the like.

Score: from 3.9 to 4.2 (Slight improvement)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-059

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

A QUESTIONNAIRE FOR THE IMPACT EVALUATION OF FARMERS MARKET ORGANIZATIONS IN ETHIOPIA

Project Location: **Oromia Region**

Type of survey: **END line**

Respondents: **Farmer households**

The survey is conducted by:

International Food policy research Institute, Eastern and Southern Regional Office, Addis Ababa, Ethiopia

A10	Enumerator's name	
A11	Supervisor's name	
A12	Data entry person's name	

Part A – **Identifications**

To be filed by the enumerator

A04	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	
A05	Time the interview started, 24 hour clock ("hh: mm")	
A06	Time the interview ended, 24 hour clock ("hh: mm")	
A07	Zone	
A08	District/woreda:	
A09	Peasant Association (PA, Kebele) (Code D)	
A09a	Is the respondent from a Kebele where there is an FMO? 1=Yes, 2=No	
A09b	If yes, which FMO (Code D)	

zone (Code B)	**woreda (Code C)**	**Kebele /FMO (Code D)**		
1. Western Arsi	1. Sinana	1=Kituma	9=Alebaba	17=Ali Wayo
2. Bale	2. Jeldu	2=Bikilitu	10=Feyne	18=Kersa ilala
3. West shoa	3. Seddan Sodo	3=Sambitu	11=Rimmessa	19=Dolu kersa
4. South west shoa	4. Dewo	4=Suqui waqeyo	12=Keceicho gerbi	20=Jalela
	5. Arsi Negele	5=Godaracha	13=Abdi Rabii	21=Meda-gudina
	6. Shashemene	6=Kilbe Abo	14=Hawi Gudina	22=Awara Badesse
		7=Siba robe	15=Borata Gaalo	23=Bute Filicha
		8=Wuli Gotera	16=Gadisa dahmota	24=Alelu illu

Ask respondants

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about reproductive health and water supply. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.

A01	Name of the household head	
A01a	Household (questionnaire) ID(see the code from code book)	
A01b	Name of the Respondent	
A02	Relationship of the respondent with the household head (Code A)	
A03	Telephone no. of the household head or other household member	

Relation to the HH head (code A)

1=Household head, 2= Spouse 3= Son/daughter, 4= Parent 5=Son/daughter in-law 6=Grand child
7=Other relative, 8= Hired worker 9=Other, specify

PART B- Household Composition

	B01	B02	B03	B04	B05	B06	B07	B08	B09	B10
Member code	Name of household member (start with respondent and make a complete list before moving to B02	Sex **Code D**	Age (years)	Relation to HH **(Code A**)	Marital status **(Codes E)**	Education level **(code F)**	Completed years of formal education	Religion **(Code G)**	Main Occupation **(Code H**)	Secondary Occupation (Code H)
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

Sex ***(Code D)***	**Marital status (Codes E)**	***Education (codes F)***	**Religion** **Code G**	**Occupation** **Code H**
0. Female	*1. Married living with spouse/s*	*0. None/Illiterate*	0=none	1= farming
1. Male	*2. Married but spouse away*	*1. Adult education or 1 year of education*	1= orthodox	2=salaried
	3. Divorced/separated	*2. Religious education*	2=other christian	3=casual labour
	4. Widow/widower	*3. Elementary (1-5)*	3=Muslim	4=housekeeping
	5. Never married	*4. Elementary (6 completed)*	4=wakefeta	5=student
	6. Other, specify……	*5. Secondary (7-11)*		6= Business
		6. Secondary (12 completed)		7= None
		7. Tertiary (some)		8= other, specify ----------
		8. Tertiary (finished)		
		Others (specify…….		

Part C. Household Asset

HOUSING		Code	Answers
C01	Do you own this house?	1=Yes 2=No	|
C02	Major material wall is made of	1=Wood and Mud 2=Wood and Grass 3=Reed and Bamboo 4=Mud and Stones 5=Cement and Stones 6=Hollow Bricks 7=Bricks 8=mud bricks 9=Other (specify)	
C03	Major material floor is made of	1=Earth/Mud 2=Wood 3=Cement 4=Ceramics/Tiles 5=Other (specify) ----------	
C04	Major material roof is made of	1=Corrugated Iron Sheet 2=Thatch and Grass 3=Wood and Mud 4=Reed and Bamboo 5=Clay 6=Other (specify) ----------	
C05	Total number of rooms in the house		
C06	Does the house have access to electricity?	1=Yes 2=No	
C07	Does the house have access to piped water?	1=Yes 2=No	
C08	Total number of outbuildings including kitchens but not including toilets		
C09	Type of toilet	1=Pit latrine (Private) 2=Pit latrine (Shared) 3=Flash toilet (Private) 4=Flash toilet (Shared) 5=Field/Forest 6=Containers (Household utensils) 7=None	
C10	How much does it cost if you want to sell		

Household furnitures				
Item	Furniture	C11. Do you own? √ = yes, × =no	C11. What type?	C13. Estimated value
1	Bed		1= made from wooden 2=made from rubber 3= made from animal skin 4=made from iron	
2	Mattress		1= spongy 2=cotton 3=grass/crop residue 4=spring	
3	TV		Screen size ----------inch	
4	Sofa set		1= leather 2= cloth 3= wood	
5	Refrigerator			
6	Dining tables		Number =----------	
7	Chairs		Number ---------	

Machinery owned by the household			
	Type	C14. Number	C15. Estimated value in ETB
1	Vehicle		
2	Tractor		
3	Motor cycle		
4	Bicycle		
5	Radio /CD player		
6	Mobile		
7	Hand watch		
8	Grinding mill		
9	Water pump		
7	Other……..		

PART D- Land and Crop Production

Land holding by the household (it is the total for the household)				
	Land type	D01 How many hectares	D02 Fertility status (1=fertile 2= medium 3=degraded)	D03 Annual rental value in ETB
1	Rain fed crop land-owned			
2	Rain fed crop land –rented in			
3	Irrigated crop land-owned			
4	Irrigated crop land-rented in			
5	Rain fed grazing land			
6	Wood lot /forest			

Meher Crop production: list all the crops planted in 2005/06 (E.C) meher. //2005 planted & 2006 harvested)//			
	D04a Type of Crop Planted in 2005 (see codes below)	D04b Land size in hectare	D09 Total Harvested in quintal in 2006
1			
2			
3			
4			
5			
6			

Crops code: 1=Teff 2=wheat, 3=Maize 4= Barley 5=Chickpea 6=Lentil 7=fababean 8=field pea 9= Haricot Bean 9.1=grass pea 10=Oil seeds (10.1 sesame, 10.2= Linseed 10.3=Grape seed 10.4=Niger seed) 11=fruits 12=vegetables (12.1=irish potato 12.2= Sweet potato 12.3=Onion 12.4 =Garlic 12.5 =Tomato 12.6 =Gesho 12.7= enset 13=others, ----------

Meher Crop production: list all the crops planted in 2006/07(E.C) meher. //2006 planted and 2007 harvested//						
	D05 Type of Crop Planted in 2006 (see codes above)	D05a Land size in hectare	D07 Fertilizer used in kg	D08 Did you use improved seeds √ = yes, x=no	D09a Total expected Harvest in quintal in 2007	D09b. The quality of grain you usually produce (use the code below)
1						
2						
3						
4						
5						
6						

Quality codes	**Teff** 1=magna 2=white 2=mixed 3=red	**Wheat** 1=bread 2=durum	**Maize** 1=yellow 2=white	**Barley** 1=malt 2=food	**Haricot bean** 1=large &flat seed 2=small and circular seed	**Chickpea** 1= Kabuli (large seed) 2=Desi (small seed)

D09c. Did you plant any crop in belg season last year (2006)?

D09d. If yes, what is (are) the crops

D11 Type of Crop Planted (see codes above)	D11a Land size in hectare	D13 Fertilizer used in kg	D14 Did you use improved seeds √ = yes, × =no	D15 Total Harvested per plot in quintal

PART E- Livestock Production

Livestock: Please describe your household's livestock assets:				
	Animal type	E01 Number owned now	E04 How many did you sell for the last 12 months	E05 Total value received from the sale of all this animals in ETB
1	Cow			
2	Oxen			
3	Heifer			
4	Bull			
6	Goats			
7	Sheep			
8	Camel			
9	Donkey			
10	Horse			
11	Poultry			
12	Bee hives			

Part F- Access to Markets and Marketing

Distance from markets/roads

	Markets/Roads	**F01. How far is your home from the following markets and roads in KM**	**F01_1. How far is your home from the following markets and roads in hrs**
1	Dry season gravel road		
2	All weathered-gravel road		
3	Asphalt road		
4	Cooperative		
5	Village market		
6	Woreda market		
7	Zonal/regional market		
8	Central market		

Is there any person or company which buys the following commodities or services in your Kebele? (ask for each commodity or service)

	Commodities or services	*F05a. Yes/no*	*F05b. Type of buyer/seller*	*F05c. How many?*	*F05d. Certainty of the market 1=good 2=bad*	*F05e. If no, what about in your Woreda*	*F05f. Type of buyer /seller*	*F05g. How many?*	*F05h. Certainty of the market 1=good 2=bad*
1	*Teff*								
2	*Bread wheat*								
3	*Durum wheat*								
4	*Food barley*								
5	*Malt barley*								
6	*Maize*								
7	*Chickpea*								
8	*Haricot bean*								
9	*Oil crops*								
10	*Vegetables*								
11	*Fruits*								
12	*Milk*								
13	*Butter*								

Type of buyer/seller: 1=consumer 2=wholesaler 3=retailer 4=cooperative 5=NGO 6=Government office
How many: 1=1-2 2=3-5 3=6-10 4= >10

Is there any person or company which sells the following commodities or services in your Kebele? (ask for each commodity or service)

	Commodities or services	*F05i. Yes/no*	*F05j. Type of buyer/seller*	*F05k. How many?*	*F0l. Certainty of the market 1=good 2=bad*	*F05m. If no, what about in your Woreda*	*F05n. Type of buyer /seller*	*F05o. How many?*	*F05p. Certainty of the market 1=good 2=bad*
1	*Fertilizer*								
2	*Improved seeds*								
3	*Herbicides/pesticides*								
4	*Machinery rental*								
5	*Grain bank*								
6	*Transportation service*								

Type of buyer/seller: 1=consumer 2=wholesaler 3=retailer 4=cooperative 5=NGO 6=Government office
How many: 1=1-2 2=3-5 3=6-10 4= >10

Market information:				**Answer**
I	Do you ask (search) price information prior to selling your output?	1=Yes 2=No		
J	If you want to know the market price Tef/wheat/maize today, can you get it?	1=Yes 2=No		
K	If yes, whom you ask	1=check from Radio or TV 2= other farmers 3=DAs/agricultural office 4= Traders in the village 5= traders in distant markets	6=relatives/friends 7= FMO 8= ECX 9=others	
L	If the answer for F12 is 2 and above How do you ask them?	1=face to face contact 2 =through third person 3== through phone		
M	If the answer F13 is phone, how did you receive?	1= Calling 2=SMS 3=through special application software		
N	How reliable/relevant is the information you obtain through mobile phones?	1=perfect, 2= very good, 3= good, 4= somewhat reliable, 5= not reliable		
O	If you do not use mobile phones to ask for price information, why?	1=I do not have mobile phone 2=I do not have any reliable source to ask 3=The information through mobile phone is not reliable and relevant 4= others		

Output marketing : Describe the crops and animal products sold last year (2006 EC)								
	Commodity	F09 Have you sold the following agricultural products in 2006? √ = yes, × =no	F10 **How frequent** you sell	F11 **Total quantity** sold in 2006 in quintal	F12 **Total Birr** received	F13 **Place of sale**	F14 **Buyer**	F15 **If not to the FMO, why?**
1	Teff (qt)							
2	Wheat (qt)							
3	Maize (qt)							
4	Barley (qt)							
5	Chickpea (qt)							
6	Lentil (qt)							
7	Faba bean (qt)							
8	Field pea (qt)							
9	Haricot bean(qt)							
9.1	Grass pea (qt)							
10.1	Sesame (qt)							
10.2	Linseed (qt)							
10.3	Grape seed (qt)							
10.4	Niger seed (qt)							
11	Fruits (qt)							
12.1	Irish potato (qt)							
12.2	Sweet potato (qt)							
12.3	Potato (qt)							
12.41	Chat(qt)							
12.4	Onion (qt)							
12.5	Garlic (qt)							
12.6	Tomato (qt)							
12.7	Gesho (qt)							
12.8	Enset (kg)							
13	Milk (Litter)							
14	Butter (kg)							
15	Cheese (kg)							
16	Honey (kg)							
17	Eggs (No)							
18	Trees (No)							

F10	Frequency:	1=daily 2=weekly 3=monthly 4= quarterly 5=bi-annual 6=once in a year
F13	Place of sale	1=village market 2=Woreda market 3=zonal/regional market 4=central market
F14	Buyer	1=FMO, 2=trader 3= consumer 4= multi-purpose cooperative
F15	Reason	1= the FMO is not buying 2= the price is not attractive 3= they rejected the quality 4= there is no FMO in my place 5= other, specify ----------

Input marketing:							
	Inputs	F16 Have you purchased the following inputs last year √ = yes, × =no	F17 Total quantity Purchased	F19 Total Birr paid	F20 Place(s) of purchase	F21 Seller(s)	F22 Reason for not buying form FMO?)
1	Fertilizer in quintal						
2	Seeds in kg						
3	Herbicides /insecticides in liter						
4	Tractor in ha (rent)						
5	Animal breeds number						
6	Concentrates (fagulo, furushka..etc.) quintal						
7	Vet services number of animals treated						
7a	AI & Bull service. Number of cows						
8	Forage (crop residue, grass etc) quintal						
9	Casual labor (unit=man-day)						

F20	Place of purchase	1=village market 2=Woreda market 3=zonal/regional market 4=central market
F21	Seller	1=FMO, 2=trader 3= producer 4= multi-purpose cooperative 5= Government 6=Others
F22	Reason	1= not selling this input 2=not selling at interesting price 3= no credit offered 4= Quality is poor 5= other, specify ----------

G. FMO and its services <<if A09a=2, scape to H >>

Membership to FMO			**Answer**
G03	Are you a member of the FMO in your Kebele?	1= yes 0=no	
G04	If no, why?	1= the FMO is very far 2= I am not eligible 3= No benefit of being member 4=others specify	
G05	If yes, since when you became a member	Year (E.C)	
G06	If yes; What is your role in the FMO?	1=Ordinary member 2=Committee member 3=Chair	
G07	If yes, do you participate in meetings (regarding activities of FMO, selling, finance)	1= yes, always 2= yes, regularly 3= yes, rarely 0=no	
G08	If yes, how much did you pay for the membership	ETB	
G09a	If yes, do you own shares in the FMO?	1=yes 0=no	
G09	If yes to G09a, how many shares do you own	number	
G10	Did you receive a dividend last year?	1= yes 0=no	
G11	If yes, how much	ETB	

Selling to the FMO: ask even if the respondent is not a member

G12.Have you sold any output to the FMO last year-2006? 1=yes 0=no

If yes, ask G14

	Commodity	G14 Total quantity sold in quintal	G15 Total Birr received	G16 When did you sell? (month)	G17 When did you receive the cash? 0= on cash, 1=within one week 2=more than one weeks	G18 Why did you choose to sell to the FMO and not to another buyer? (code A)
1						
2						
3						
4						
5						

Code A: 1= No other buyers available at that time, 2=they offered the best price, 3=they pay a dividend, 4=the FMO is an important organization for farmers, 5= we are obliged to sell to the FMO 6= they provide transport services, 7= they provide storage services, 8=they provide credit, 9= other, specify----------

Services obtained from FMO:

	Services	G19 Have you ever obtained/purchased the following services from the FMO? √ = yes, × =no	G20 Did you obtain the following services within the last 12 months? √ = yes, × =no	G21 How do you rate the services? 1=bad 2=fair, 3=good, 4= very good 5=excellent
1	Training on agricultural production			
2	Training on post-harvest skills			
3	Training on marketing and business development			
4	Price information			
5	Quality grading and standardization			
6	Seeds			
7	Fertilizer			
8	Insecticides			
9	Credit supply			
10	Tractor rental service			
11	Harvester rental service			
12	Consumer goods (sugar, edible oil)			

Perception on FMO performance: do you agree on the following statement? please tick one box						
		Totally disagree 1	Somehow disagree 2	Neither agree nor disagree 3	Somehow agree 4	Totally agree 5
G22	The FMO is my preferred buyer of agricultural crops					
G23	The FMO strengthens the position of smallholders in the market					
G24	Farmers selling through the FMO receive better prices					
G25	I sell through the FMO because I think that farmers' organizations are important					
G26	The FMO is my preferred source~~s~~ of input supplies					

		1=yes 0=no
G27	The FMO in my kebele strengthens the position of farmers in the market	
G28	The FMO is a weak organization as important decisions are not made by its members	
G29	Since the establishment of the FMO it is easier for me to get proper market information	
G30	The major task for the FMO is to provide the members access to inputs and consumer goods	
G31	The major task for the FMO is to provide the members access to good selling opportunities for their outputs	

LIST experiment (skip if A09a=2)

G31. Group of the respondent 1=A 2=B

G32. If A, I will read to you the following statements and you will tell me on how many of them do you agree.

1. I always sell to traders I know on the local market
2. Fertilizer is generally available for farmers in my kebele
3. Outputs are easily sold in the primary market close to the kebele
4. The FMO in my kebele strengthens the position of farmers in the market

Answer

G33. If B, I will read to you the following statements and you will tell me on how many of them do you agree.

1. I always sell to traders I know on the local market
2. Fertilizer is generally available for farmers in my kebele
3. Outputs are easily sold in the primary market close to the kebele

Answer

G34. If A, I will read to you the following statements and you will tell me on how many of them do you agree.

1. Private traders in my kebele generally cheat
2. Access to proper seeds for farmers is badly organized
3. The road infrastructure in my kebele makes it difficult to transport my crop

Answer

G35. If B, I will read to you the following statements and you will tell me on how many of them do you agree.

1. Private traders in my kebele generally cheat
2. Access to proper seeds for farmers is badly organized
3. The road infrastructure in my kebele makes it difficult to transport my crop
4. The FMO is a weak organization as important decisions are not made by its members

Answer

PART H-Non-farm Income and Household expenditures

Non-farm income:				
	Income sources	H01 Have you generated any income from the following sources last year (2006 E.C) √ = yes, × =no	H02 Total amount your family generated last year in ETB	H03 Who generated? **(1=household head, 2= other family member, 3=both)**
1	Casual labour			
2	Salary			
3	Trade			
4	Handicraft			
5	Remittance			
6	Aid (cash or food)			

Frequent cash expenditures (weekly)			
	Item name	H04 In the **last 7 days** did your household spend money on this item? √ = yes, × =no	H05 How much did the household spend on the item in the *last 7 days*? [ETB]
1	Food and drinks (cash only)		
2	Cigarettes/tobacco etc)		
4	Fire wood		
5	Charcoal		
6	Kerosene		
7	Other fuel (not electricity)		

Monthly cash expenditures			
	Item name	H06 In the **last 30 days** did your household spend money on this item? √ = yes, × =no	H07 How much did the household spend on the item in the *last 30 days*? [ETB]
1	Electricity		
2	Water and grabage disposal		
3	Soap/washing & cleaning products		
4	Personal care (barber, hair dresser, toothpaste,		
5	Transport expenses		
6	Communication (cell phone, mail, …)		
7	Entertainment (socializing)		
8	House rent		

Less frequent expenditures (in the last 12 months)			
	Item name	H08 In the **past 12 months**, did your household spend money on this item? √ = yes, × =no	H09 How much did the household spend on the item in the *last 12 months*? (ETB)
1	Clothes and shoes (including school uniforms)		
2	Furniture (tables, chairs, beds, etc)		
3	Blankets/bedsheets		
4	School fees and other educational expenses		
5	Social events (wedding, funeral, etc)		
6	Housing improvement (latrine, new roof, etc)		
7	Human health expenses (medicine, hospital , …)		
8	Vehicle purchase or repair (car, bicycle, motorcycle)		
9	Contributions & membership fees (associations/church/sports etc)		
10	Taxes		

PART I - FOOD SECURITY

Household Food insecurity Scale: For each of the following questions, consider what has happened in the past 1 month. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 1 month? (Circle the answer)

Event		Frequency of event			
		Never (0 times)	Rarely (1-times)	Sometimes (3-10 times)	Often > 10 times
I01	Did you **worry** that your household would not have enough food?	0	1	2	3
I02	Were you or any household member not able to eat the kinds of foods you **preferred** because of a lack of resources?	0	1	2	3
I03	Did you or any household member eat a **limited variety** of foods due to a lack of resources?	0	1	2	3
I04	Did you or any household member eat food that you **did not want** to eat because a lack of resources to obtain other types of food?	0	1	2	3
I05	Did you or any household member eat a **smaller meal** than you felt you needed because there was not enough food?	0	1	2	3
I06	Did you or any other household member eat **fewer meals** in a day because there was not enough food?	0	1	2	3
I07	Was there ever **no food** at all in your household because there were no resources to get more?	0	1	2	3
I08	Did you or any household member go to sleep at **night hungry** because there was not enough food?	0	1	2	3
I09	Did you or any household member go a whole day **without eating** anything because there was not enough food?	0	1	2	3

Dietary Diversity Score: Which one of the following categories of food was eaten in this household during the last 7 days? (Mark with x if a food category was present in the diet for that specific day, X otherwise)			
	Categories of food	I10 Yesterday	I11 During the last 7 days
1	Cereals and root-crops (rice, bread, injera, millet, potatoes, etc…)		
2	Pulses (peanuts, haricots, sesame, chick peas, lentilles, green peas, other peas…)		
3	Fruit		
4	Meat/Fish		
5	Dairy products (milk, butter, cheese, yoghurt, etc…)		
6	Eggs		
7	Vegetable oil/fat (ghee, oils…)		
8	Sugar, honey, drinks with sugar (coca cola, fanta, etc..)		
9	Any other food item Specify ----------		

Please check if the questionnaire is complete

FINAL PART: ENUMERATOR NOTE

EN1 What language you used for the interview?	Amharic.....……1 Oromigna..... 2 Tigrina ..... 3 Somali ..... 4 Guaragigna ..... 5 English..... 6 Other (SPECIFY:_____) 7
EN2 Did you use any other languages?	Yes ..... 1 → SPECIFY: _____ No 0
EN3 Which one (anyone else) beside respondent was present during the interview?	No one…….…....0 Husband/wife……..1 A child ≥ 5 years……..…2 A child < 5 years …….....3 An adult, household member…….…….4 An adult, non-household member…….……..5
EN4. Did the respondent find some of the questions difficult, embarrassing or confusing	Yes No
EN5: If confusing, which question(s) was confusing?	
EN6: What is your evaluation of the accuracy of respondent's answers?	Excellent……..1 Good…….2 Fair……3 Not so good……4 Very bad…….5
EN6 Do you believe the work you are doing for this project is difficult?	Very difficult ..... 1 Somewhat difficult ..... 2 About ok …..... 3 Very easy..... 4

Connect 4 Change

CAVC/C4C/OGRI

Report MFS II Joint Evaluations (C5)

Achievement of MDGs

Country	Ethiopia
Consortium	Connect4change
Responsible Dutch NGO	IICD
Project (if applicable)	CAVC/C4C/OGRI
Southern partner organisation	FC

The project/partner is part of the sample for the following evaluation component(s):

Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

Evaluation team:

University of Groningen: Clemens Lutz, Nicolas Duran

IFPRI/ESARO Ethiopia: Getaw Tadesse and Samson Jemaneh

1. Introduction

The general aim of this project was to support the "Integration of ICT in the Agricultural Commodity Value Chain". The project was implemented by a consortium of 6 NGOs (ADAA, CDI, ERSHA, FC, HUNDEE, OSRA) in five administrative zones of Oromia Regional State and promoting Farmers Marketing Organizations (FMOs). One of the NGOs (FC) represented the other NGOs and lead and managed the consortium. The core intention of the six NGOs was to stimulate market access strategies for poverty alleviation. Two projects proposed by the consortium and addressing the same target group were supported by Dutch NGOs. One project, for which ICCO was the responsible Dutch NGO (see Report MFSII Joint Evaluation C7), focused on organizational support for FMOs and their Unions, while the second project (this evaluation), for which IICD was the responsible Dutch NGO, provided an ICT infrastructure for the involved FMOs, their Unions and the NGOs supporting these farmers' organizations. Access to information was expected to improve the livelihoods of smallholder farmers: 'the consortium of NGOs has identified that lack of reliable information is the main challenge to improve farmers' competitiveness in the agricultural commodity value chain to achieve the overall objective'(project document, August 2011).

The objective of this project was to improve the livelihood of smallholder farmers by promoting market oriented autonomous farmers organizations (137 FMOs and 6 Unions) that provided their members and other farmers in their vicinity with greater market access, which, in turn, enhanced their participation in local markets. It was expected that ICT utilization would bring about innovations in the value chain, easy ways of information sharing, dissemination and collaborations in the value chains while laying a foundation for informal and formal market integration or value chain upgrading. By doing so, it was expected to contribute to increased market participation, market efficiency and better prices for farmers and, ultimately, to poverty reduction.

Impact of this project is measured through a 'difference-in-difference' analysis. Farmers (control group and treatment group) were interviewed in September 2012 (baseline) and September 2014 (endline). Several outcomes on specified indicators, as mentioned in the project document, are assessed and also some more general indicators for improved livelihoods (food security and income from agricultural activities) are analyzed. With regard to the outcome indicators we confirm a successful increase in sales to the FMO. However, at the same time we observe some serious weaknesses: 50% of the members in the endline study do not sell to the FMO, most of the surplus is sold to private traders and the role of the

FMO in providing market information is still at its infancy. We conclude that it is too early to assess the efficiency of the project as significant investments are made in ICT but the effect on outcome indicators is still lacking or weak. It is too ambitious to expect that Unions could be established, an ICT infrastructure created and outcomes realized within a three year time-period.

The report is structured as follows. The next section describes the context of the project. Subsequently, an overview of project activities is provided. Section 4 discusses the data collection. Section 5 provides the findings and section 6 discuss the results. The final section draws conclusions.

2. Context

From the project document (August 2011) we take the following description of the context of the project: "Ethiopia is one of the Sub-Saharan African countries which liberalized their economies and developed poverty reduction strategies that underpin market-led strategies for broad based agricultural development and economic growth. This strategy makes agriculture a top priority to bring about sustainable development. Within agriculture, these strategies place heavy emphasis on the grain sector for improved production, privatization and commercialization. While agricultural development policy of Ethiopia is designed to support market-led agricultural development, competitiveness of smallholder producers and commercialization of small scale production depends on the development of viable and remunerative market linkages which the policy actions still lack to address mostly at the lower end of value chains."

"Agricultural productivity in Ethiopia is very low compared to other Sub-Saharan African countries. Various literatures indicate that inefficiency of domestic agricultural markets is mentioned as one of the factors held responsible for the reduced productivity of farmers and for the poor performances of the agricultural sector in the developing countries, particularly in Ethiopia. However, the capacity of smallholder farmers to produce the required quality and quantity of product as per demand of the buyers is not well developed due to the limited agricultural extension services. Audio-visual learning materials on different topics (textbooks, guidelines, CDROM, video and audio) on the improved agricultural practices could support for the increased production, productivity and quality of agricultural production."

The government of Ethiopia provides support for the further development of cooperatives. The current poverty-reduction strategy confirms the need to support producer cooperatives as a means of strengthening and empowering smallholders' market participation in the liberalized market environment (FDRE, 2005).

This context is in line with a large body of literature showing that farmers market organizations reappeared on the international development agenda (Bernard et al., 2010; Bernard et al., 2008; Fisher and Qaim, 2011; World Bank, 2007). Some of the involved FMOs have a background in former cereal banks and have been re-established in the 90s. Now these organizations are seen as important instruments linking farmers to markets, increasing agricultural productivity, and ultimately reducing rural poverty. Through collective action, farmers market organizations are expected to strengthen the farmers' market position and to improve rural livelihoods. The empirical study of Bernard et al. (2010) on cooperatives in Ethiopia concluded that cooperatives can secure higher prices for their members' output although this ability does not necessarily lead to an increase in the quantity of output commercialized by the members. They also conclude that the poorest of the poor tend to face considerable constraints on membership in marketing cooperatives. However, poorer non-member households still benefit from positive spill-overs. The World Bank (2008, p155) addresses this as a challenge for producer organizations to resolve the conflict between efficiency and equity: "Producer organizations typically operate in the context of rural communities where they are subject to norms and values of social inclusion and solidarity. This may clash with the requirements of professional, business-oriented organizations that must help members compete to survive in the market place".

In particular this project promotes farmers' marketing organizations and their competitiveness in agricultural commodity value chains. The final objective is to address poverty in the targeted farming communities. The indirect objective formulated for this project is to improve the capability of the NGOs and the position of FMOs in agricultural value chains through ICT supported services. The direct beneficiaries are smallholders. The targeted smallholders have a weak position in agricultural markets. Their production was low in quantity and quality. They have no access to reliable and relevant information. As a result they gained low income from the sales of their products, which in turn exposed them to transitory food insecurity.

3. Project description (taken from the C4C project proposal)

The consortium of six NGOs namely Africa Development Aid Association (ADAA), Centre for Development Initiative (CDI), Ethiopian Rural Self Help Association (ERSHA), Facilitator for Change (FC), HUNDEE-Oromo Grassroots Development Initiative and Oromo Self Reliance Association (OSRA) are promoting Farmers Marketing Organizations (FMOs) in five administrative zones of Oromia Regional State: South West Shoa, East Shoa, West Shoa, West Arsi and Bale Zone. The missions of these NGOs are quite similar and concern for example, "integrated community development", "to restore self-sufficiency in the life of people in Ethiopia" or "to see a poverty free Ethiopia where men and women equally enjoy dignified life". These NGOs are involved in the implementation of all kinds of donor-financed projects. Their activities concern among others education, health services, women and child protection, water supply and sanitation, agricultural crop production and Farmers Marketing Organizations (FMOs).

Since 2006 former Cereal Banks are encouraged to become oriented towards market oriented entities or 'Farmers Marketing Organizations (FMOs)'. ICCO facilitated this transformation. Cereal Banks were selected (115 FMOs) that could make the shift from a food security to a market oriented organization. Starting 2008, five NGOs (CDI, ERSHA, FC, HUNDEE and OSRA) decided to promote the program in a harmonized approach to improve the quality of work in a more cost efficient way (first program period 2008-2010). For this, they anonymously selected FC as a lead organization for the program. After one year of implementation in 2009, the African Development Aid Association (ADAA) having experience in promoting CBs, joined the consortium.

In the project proposal we read the following about the vision behind the project: "As the weakest link in the value chain is at the lower level of the chain, i.e. at farmers and farmers' market organizations level, the focus of these NGOs is on improving the capacity of FMOs for production enhancement and improved market linkages. The farmers and FMOs have little access to reliable market information to be competitive in the market. The consortium members believe that information and communications technology (ICT) offers a growing number of ways to exploit opportunities and address constraints to value chain growth and competitiveness."

Dependent on regional circumstances the FMOs are specializing in trading one or two of the following six commodities: Teff, Malt Barley, Haricot Bean, Lean seed, Wheat and Maize. The consortium planned to create 7 Unions of FMOs to allow members to benefit from economies of scale and market power. Through this organization farmers are also expected to be able to hire a skilled Union manager improving the financial and technical capabilities and market information management.

The ICT project (C5) has two components, ICT for organizational strengthening and transparency (information about the FMO membership base, information about buyers and suppliers) and ICT for market & production information. The ICT infrastructure for market information is implemented at union level and all unions are covered. Thus, ICT for market information covers all FMOs through the Union. Only a subset of FMOs receives ICT support for organizational strengthening and transparency (54 FMOs were planned to receive computers).

The project was formerly designed for two years and four months of implementation (September 2011-2013). However, due to the long process of project approval the project commenced in January 2012 and ended in December 2013. Project activities continue as a new project and additional budget was approved for the years 2014/2015.

The project objectives for 2011 – 2013 are:

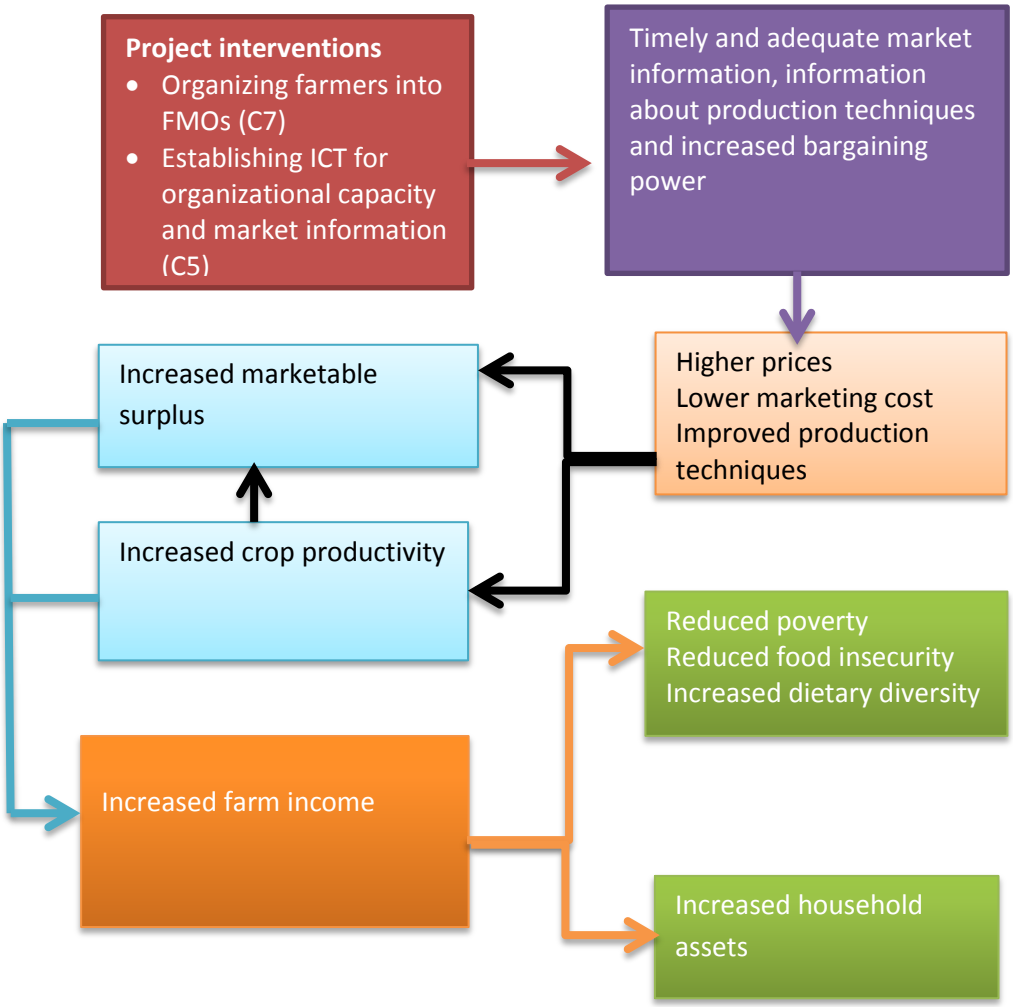
1. Enhanced efficiency and effectiveness of the 6 NGOs for the promotion of value chain development using ICT
2. Enhanced competitiveness of 115 FMOs in the decision making process of their 13,560 member households through accessing relevant and reliable market information
3. Enhanced efficiency and effectiveness of 137 FMOs/Union using ICT services that improve 16,440 member households' productivity by 2013.

The first objective targets the NGOs. In the project document is described that first the NGOs needed to enhance their capacity through information sharing and learning. The improved effectiveness and efficiency resulting from this was expected to play a significant role in increasing incomes of smallholders. The second objective targets the 115 FMOs, former Cereal Banks that were expected to make the strategic shift from a food security or supply driven production system to a market oriented (demand driven) approach. Improved market information (outputs and inputs) would help farmers to make the right production decisions.

The third objective focuses on technical agricultural information dissemination (production techniques and weather forecasts) to improve productivity and quality and targets a larger group of farmers/FMOs. In line with the project objectives and activities as described in the project proposal we derive the following theory of change for this project (Figure 1).

Financial support from IICD/ICCO (525,049 Euro is the project budget for 6 NGOs). The major planned activities of the project include developing a database of members, FMOs/Unions, input suppliers and buyers, linking FMOs/unions to reliable information sources, provision of training on ICT usage, coaching and mentoring of FMOs/unions in data collection, data entry, interpretation and utilization, facilitate the production enhancing of e-bulletins (sending by email) and bulletins.

Figure 1: Theory of change and expected impact of the project:



Which outputs, actions and outcomes were envisaged?

With regard **to objective 1,** "enhanced efficiency and effectiveness of the 6 NGOs for the promotion of value chain development using ICT", two outputs were expected:

- Established management information system (membership) for the 6NGOs through the use of ICT
- Improved networking and collaboration among consortium members and other stakeholders for learning and information sharing

The following activities were envisaged:

1 Need Assessment of ICT usage at each organizational level
2 Deploying social media / website development / update / content development
3 Equipping each NGO with ICT tools
4 Training of NGO staff, Application of ICT tools for communication and development
5 Experience sharing visit

The following outcomes (verifiable indicators) were specified in the logical framework of the project document regarding objective 1:

1 6 NGOs equipped with ICT (computers, printers, network)
2 6 NGOs apply ICT tools for development
3 NGOs opened discussion points
4 90% of NGO project staff accessed ICT for communication and technical skill improvement
5 Improved understanding on a range of business related issues

In the final project report concerning the activities in 2013 we read that all these planned activities were implemented in line with the project document. The needs assessment was carried out, the ICT infrastructure at NGO level is operational, NGO staff was trained and the experience sharing visit was organized (visit to a similar consortium in Kenya). Although we did not verify the last two more qualitative outcomes (4 and 5) we expect that results come close to the intended goals as all the planned activities were implemented.

With regard **to objective 2, "**enhanced competitiveness of 115 FMOs in the decision making process of their 13,560 member households through accessing relevant and reliable market information", the following output was specified:

- An established interactive market information system through the use of ICT

The following activities were envisaged:

1 Establishing a central information desk at union level
2 Identify and link to potential information sources
3 Organizing workshops on the development of interactive market information systems for chain actors and supporters
4 Preparation of e-bulletin about FMOs business portfolio (downward accountability) for members.
5 Training on ICT devises usage for FMO leaders (basic skills, sms texting, market info management, website accessing)

The following outcomes (verifiable indicators) were specified in the logical framework of the project document regarding objective 2:

1 Improved access to market information by FMOs and members
2 Improved trade performance – 50% increase in sales and profit of FMOs
3 50% increase in business transaction turnover with reliable buyers
4 10% increase in number of members
5 Improved access to business and support product services
6 90% of the members are satisfied by the services of FMOs and Unions

In the final project report on project activities in 2013 we read that most of these activities were implemented. Four ICT centres were established at Union level in four different sites (TuluBollo – FC and OSRA, Ambo – ERSHA, Ginchi – HUNDEE, Shashemene – ADAA and CDI). The Hundura Becho Union also provides computer skill training to surrounding community members at certificate level. These training activities provide income and assist the Union to cover ICT related costs. Out of the planned 54 FMOs only 24 FMOs are provided with computers, mainly due to lack of access to electricity. Those FMOs that received the computers are now using it for report writing and data management. It is claimed that 44 FMOs are able to store and retrieve their data easily (they modernized their data management system).

The link to potential information sources is still at its infancy. Information from the ECX is exploited by 2000 farmers (project report 2013), a new software product (TERRA) will be launched, the bulletin to update FMO members only knows a first number. FMO leaders

prepared audit reports but they are waiting to disseminate the information to their members.

In 2012, a three-day workshop was organized for chain actors on the development of an interactive market information system. In the same year a three-days training for Unions and 44 FMOs was organized. In the reporting period 659 persons are trained on SMS texting, computer skills and on how to request market information from sources like the ECX (Ethiopian Commodity Exchange).

With regard to the verifiable indicators we note that our household study will discuss the results regarding indicators 1-2-5-6 (Section 5). In the project report 2013 it is claimed that those FMOs which are exchanging information increased their turnover more than 6 times. At the same time the annual report of the C7 project provides a less promising picture and notes that the average working capital utilization rate was only 87%. It is also reported that the membership rate increased by 7% (1142 members)

With regard to **objective 3, "**enhanced efficiency and effectiveness of 137 FMOs/Union using ICT services that improve 16,440 member households' productivity by 2013", the following output was specified:

- Established MIS

The following activities were envisaged:

1 Creating general awareness on ICT to the community at large
2 Deploying social media for knowledge sharing and discussion
3 Developing audio visual on improved agricultural technology
4 Establishing and disseminating e-library on a bi-annual basis

The following outcomes (verifiable indicators) were specified in the logical framework of the project document regarding objective 3:

1 75% of the members accessed information on production and quality enhancing technologies
2 Improved productivity of agricultural commodities by 25%
3 Improved product quality and traceability of agricultural commodities
4 Increased outreach to ICT utilization by 15.000 low income smallholder farmers

Regarding the activities the project report (2013) noted that the most important changes regarding ICT is the general awareness created at FMO and Union level. They are familiar

with ICT tools. An audio/visual documentary on the agronomic practices of three commodities was developed. This material serves targeted households and other farmers as well. This enabled the project to reach and benefit more people than initially expected.

With regard to the verifiable indicators we note that our household study will discuss the results regarding indicators 1-2-4 (Section 5). From the information available at NGO level we conclude that 5781 (almost 40%) small-scale producers and entrepreneurs use ICT to access production and market information

The overall goal of the project is the improvement of livelihoods of smallholder farmers through integrating ICT in their daily practices. Two verifiable indicators were formulated in the project proposal regarding this goal (logical frame): an increase in crop sales income and personal investment at HH level (new livestock asset, HH utensils, children at school, construction material etc.). With regard to crop sales income we read in Section 8.7 of the project document that a 25% increase in income from crop sales is strived for. In the household study (Section 5) we discuss the results we obtained regarding these indicators.

The household study allows us to test some outcome indicators at household level. We recall the following specific outcome indicators and translated them in effects at household level:

1 Improved access to market information for members. *Indicator: F07, F09, F011, G19.4*
2 Improved trade performance – 50% increase in sales to the FMOs. *Indicator: F12, F14, F18, G13-G18*
3 Increased membership (10%). *Indicator: G03*
4 90% of the members are satisfied with the services of FMOs and Unions. *Indicator: G21*
5 75% of the members accessed information on production and quality enhancing technologies. *Indicator: G19*
6 Improved productivity of agricultural commodities by 25%. *Indicator: D09*
7 Increased outreach to ICT utilization by low-income smallholder farmers. *Indicator: F07, F09*

We also test the following more general outcome indicators derived from the overall goal of the project:

1 An annual increase of crop sales income (25%). *Indicator:* F12, F14
2 An increase in personal investment at HH level (new livestock asset, HH utensils, children at school, construction material etc.). *Indicator: livestock, mobile phone, radio*
3 Food security. *Indicator: I01 – I11*

4. Method

The objective of this evaluation is to describe changes in outcome indicators that can be attributed to participation in the project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants (Armendariz, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not automatically provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized control trial (RCT). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RCTs, is not always possible because of program implementation or ethical reasons.
As we were not involved in the design of the project, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model one needs to have information about relevant indicators of the treatment group and the control group at two points in time, preferably before (baseline) and after (end-line) the intervention. While the RCT methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RCT method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact

of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

The DD method works best if the treatment and comparison group are as comparable as possible. One popular method to achieve this is the propensity score method (PSM) (Rosenbaum, 1983). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by the intervention. These include stable characteristics of the household. If there is a proper baseline, outcome variables during baseline can also be used for matching, because they were not yet affected by the treatment. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. The DD method is then applied to households with propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded.

As indicated above, we first applied PSM and then estimated a DD model. Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[1], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y, and is an unbiased estimate of the average impact on the dependent variable Y of being assigned to the treatment group provided the assumption of no selection on un-observables holds.

[1] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on un-observables. Adding DD to PSM helps picking up the time-invariant heterogeneity, but bias can still remain due to time-variant un-observables. We note that the possibility of time varying heterogeneity between control and treatment groups is less likely in this study as both groups are located in the same region and belong to the same agro-ecology and administrative system. We were also informed that no specific interventions were taking place in the Kebeles that are part of the control group. Yet, a positive significant effect in the DD model is a strong indication of an influential intervention. An insignificant effect (or even a significant negative effect), however does not necessarily imply that the intervention does not work, as in our analysis we only measure short-term effects.

Many of the outcome variables considered in the analysis are binary. In these cases, we estimated a linear probability model (LPM) and report the marginal effect of D_i^C for the impact of the project on outcome Y.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The DD model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As we deal with a number of drop-outs in the endline survey (Table 1) all estimations are done on the balanced panel.

5. Data collection

This project C5 is strongly linked to the MFS II C7 – project of the FMO consortium. C7 deals with the same regions, FMOs and SPOs (NGOs). The subset of FMOs that participated in C5 project activities is sometimes smaller than the total number of FMOs involved in C7. Only 24 FMOs received an ICT infrastructure (treatment group 1) and only 44 FMOs participated in the trainings. However, the support given to the Unions, benefited all the FMOs as they have access to the market information and the information regarding production techniques. The projects are complementary. C7 is more oriented towards the strengthening of the organization of the FMOs and their Unions. This project (C5) focuses on the ICT service at Union/FMO level. Due to these linkages it is not possible to isolate the effects and impact of

each project. Taking the complementarity into account it is also not useful to do that for the different indicators. However, some of the outcome indicators specified for C5 (outcome indicators 1-5-7) are more related to the ICT focus area of the project.

We conducted a survey of farmer households to measure the effects of the project. A first survey took place in September/October 2012 and a second survey in October/December 2014. The September 2012 survey can be considered as a kind of baseline but two limitations have to be taken into account. First, we described in Section 2 that most of the treated FMOs had already a relationship with the involved Ethiopian and Dutch NGOs and received support in the past to strengthen their organization. The performance of the FMOs may reflect the effects of earlier projects from which they benefitted. Moreover, implementation of the project activities (C5) started in January 2012. Knowing that it takes some time to observe the first effects of the intervention and that the data regarding the farming system resulted from decisions made before January, it seems to be reasonable to assume that the observations made for the first survey can be considered to be a baseline. The second survey can be regarded as a kind of end-line result. Although the project finished at the end of 2013 and the survey took place in October 2014, it is argued that the information obtained about the farming activities resulted from decisions made at the end of the project.

Next to the surveys we also did some qualitative studies at the level of the treated FMOs (ADAA - Abdi Rabii, Hawi Gudina, Borato Gaalo; CDI - Dolu Kersa, Jalela, Meda Gudina; HUNDEE – Kituma, Suqui Waqeyo, Goda Racha; FC – Siba Robe, Feyine, Rimessa). Five students of Groningen University interviewed FMO responsibles, NGO fieldstaff and farmers to describe project activities. These qualitative studies were used to interprete the results of the survey data.

C7 and C5 cover all FMOs. We distinguish 2 treatment groups:

- T1. The treatment group, smallholders member of the 'treated' FMOs C7 and C5 (ICT for market information and ICT for organizational strengthening – objective 2).
- T2. The treatment group, smallholders member of the 'treated' FMOs C7 and C5 (ICT for market information only – objective 3)

We expect that the first treatment group is getting a more intensive treatment as computers are made available at the FMO's office. This may facilitate transparency and information

dissemination at FMO level. We also expect that the selected FMOs for the more intensive treatment are also the better performing FMOs. Therefore, a first assessment of outcome indicators will concern the analysis of differences between treatment 1 and treatment 2 groups.

We distinguish two control groups:

- C1. Control group: smallholders from the same Kebele/village non-members of the FMO. This will help us to capture spill-over effects.
- C2. Control group: smallholders in another Kebele/village without access to FMO services

We sampled 4 NGOs: Hundee, FC, ADAA and CDI. Hundee and FC are selected as they have been indicated as local SPOs in the project documentation distributed by WOTRO. ERSHA and OSRA are not sampled as they operate in the same areas where HUNDEE and FC are operating. Due to budget constraints we had to limit the number of FMOs and households interviewed.

Table 1: Distribution of the NGOs and FMOs across Woredas

NGO	Woreda	No. of FMOs supported by C7 and C5 (only ICT for market information)	No of FMOs supported by C7 and C5 (ICT for market information and organizational strengthening)	Total
HUNDEE	Sinana	4	1	5
	Agarfa	2	0	2
	Dinsho	0	1	1
	Goba	2	1	3
	Jeldu	1	4	5
	Dandi	5	0	5
	Dawo	3	0	3
FC	Seddan Sodo	8	3	11
	Becho	2	3	5
	Dewo	3	4	7
ADAA	Arsi Negele	5	5	10
	Shashemene	2	4	6
CDI	Shala	1	4	5
	Shashemene	5	4	9
	Siraro	5	0	5
Total		48	34	82

The Woredas are in different regions of the country (Table 1). The FMOs are selected in two steps: first the Woreda, then FMOs. Woredas are first selected to make our comparison groups similar. If we choose the treatment group from one Woreda and the other treatment and non-treatment control group from another Woreda, we may get very heterogeneous groups in terms of crops they produce, productivity, access to markets, roads etc. We select non-participating farmers (C1) in the same Kebele as farmers selected for T1 and T2. Random

selection of Woredas is not followed due to uneven distribution of FMOs across Woredas. We purposely selected those Woredas with a reasonable number of FMOs.

We intended to take 32 farmers from each sampled FMO, giving 256 observations for each treatment (T1 and T2). For the control group C1, 16 farmers were selected from the same Kebele (16 FMOs), giving 256 observations. For control group C2, 32 farmers were selected per Kebele without an FMO (8 Kebeles giving 256 observations). Note that an FMO is organized per Kebele. Hence we find only one FMO in a Kebele. The FMOs marked with * are receiving both C7 and C5, the FMOs/Kebeles marked with ** receive only C5 ICT market information. The difference is interpreted as a difference in the degree of treatment. Two FMOs are selected for each treatment from Arsi Negele and Shashemene because of the large number of FMOs in these Woredas. Likewise two control Kebeles without an FMO are selected from these Woredas.

Table 2: Full sample baseline and endline

Woreda	Kebele/FMO	Full sample size				SPO
		FMO members (T1+T2)		Non-FMO members (C1+C2)		
		Baseline	Endline	Baseline	Endline	
Sinana	Kituma *	39	35	14	14	HUNDEE
	Bikilitu**	29	28	15	15	HUNDEE
	Sambitu	-	-	32	28	-
Jeldu	Suqui Wageyo*	33	28	15	13	HUNDEE
	Goda Racha**	32	32	16	15	HUNDEE
	Kilbe Abo	-	-	32	31	-
Seddan Sodo	Siba Robe*	32	30	16	14	FC
	Wuli Gotera**	32	30	17	15	FC
	Ale Abeba	-	-	31	31	-
Dewo	Feyine*	32	32	16	15	FC
	Rimmessa**	32	27	16	12	FC
	Kecheicho Gerbi	-	-	32	32	-
Arsi-Negele	Abdi rabii *	40	39	8	8	ADAA
	Hawi Gudina*	37	37	11	11	ADAA
	Borata gaalo **	33	31	14	13	ADAA
	Gadisa Dahmota**	31	29	17	16	ADAA
	Ali Wayo	-	-	32	32	-
	Kersa Ilala	-	-	32	30	-
Shashemene	Dolu Karsa *	38	33	10	10	CDI
	Jalela *	46	45	1	1	CDI
	Meda-Gudina**	32	30	16	13	CDI
	Awara Badessa **	32	28	16	14	CDI
	Bute Filicha	-	-	32	32	-
	Alelu Illu	-	-	32	31	-
Total		550	514	473	446	
Attrition rate			6.55%		5.71%	

The FMOs/Kebeles marked with * are receiving both C7 and C5, the FMOs/Kebeles marked with ** receive only C5 ICT market information.

The intended number of respondents somewhat differs from the realized numbers. Three reasons explain this deviation. First, in some villages and in particular in Jalela, it was difficult

to find non-members of the FMO. As required investment for membership is quite small (50-100 Birr) and social pressure to become member may exist, it was difficult to find non-members in Jalela. Second, sampling of members and non-members was done on the basis of information provided by the FMO. During the interviews it sometimes became clear that a member (non-member) considered himself or herself a non-member (member). The third reason is attrition. About 60 observations were lost due to the decease of the household head, the household moved to another Kebele or the household was not available for the end-line interview. As attrition was relatively well distributed over the Kebeles (Table 2) and the total number is limited, it is expected that the results are not affected by attrition.

The questionnaire addressed characteristics of the household and the farming system and consisted of 8 blocks of questions: household composition, household assets, land and crop production, livestock, access to markets and marketing, the FMO and its services, non-farm income and household expenditures, food security (Annex).

6. Analyses and results

Table 3 presents some descriptive statistics for household characteristics in the baseline study. In general we observe only minor differences in the averages between the treatment and the control groups. This implies that comparison of these farmers to identify treatment effects is promising as the 'common support' can be expected to be large. The age of the household head in the control group is somewhat lower and the household size somewhat smaller (Table 3). Education levels are the same for the treatment and the control group. Quite a number of the farmers is illiterate (30%) and the average number of years of education is quite low (4 years). The main occupation for nearly all interviewees is farming. The farmers in the treatment group own a bit more land (1.8ha vs 1.5ha[2]). We conclude that differences between the averages for the two groups are quite small, although some differences between the groups are significant. In order to control for these differences propensity score matching is applied for the 'difference-in-difference' analysis (see method section).

[2] Land ownership is taken as a control variable as property rights are fixed over time. The government distributes the ownership right to farmers. Land use is more flexible as land can be rented-out or rented-in. Therefore we take the cultivated area (land area under crop) as an outcome variable (Table 5).

Table 3: Household characteristics (control variables)

	Total	N	Treatment	N	Control	N	t-stat
Demographics:							
HH Head male (%)	92	1023	91	550	93	473	1.16
HH Head Age	43.7	1023	44.5	550	42.9	473	-2.10**
Number of adults (>=15)	3.4	1023	3.5	550	3.3	473	-1.59
Household size	6.6	1023	6.8	550	6.5	473	-2.07**
Head of the household Muslim (%)	52	1020	54	549	49	471	-1.59
Head of the household Christian (%)	47	1020	45	549	50	471	1.45
Head married living with spouse (%)	91	1022	91	549	91	473	0.23
Education and Occupation:							
Education level in years finished	4.3	1023	4.3	550	4.4	473	0.29
Head illiterate (%)	30	1022	29	549	31	473	0.53
Head with some elementary education (%)	37	1022	35	549	39	473	1.31
Head with some secondary education (%)	14	1022	13	549	14	473	0.39
Farming Main occupation (%)	94	1001	94	535	94	466	0.10
Assets							
Land owned (ha)	1.7	1023	1.8	550	1.5	473	-2.34**
Distance to Woreda market (km)	9.7	959	10.0	514	9.3	445	-1.99**
Distance to all-weather roads (km)	4.6	1023	4.7	550	4.4	473	-0.67

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 4, 5, 6 and 7 provide descriptive statistics for several outcome indicators. Table 4 reports information about general assets and expenditures showing that the averages for the treatment and control groups are quite similar. Interestingly, food *in*security somewhat decreased (improvement) for the treated group and leads to a significant difference if compared with the score for the control group in the outline. Mobile phone ownership increased significantly among farmers and, in particular among farmers in the treatment group.

Table 4: Outcome indicators: Expenditures, Food Insecurity and Assets

	Total	N	Treatment	N	Control	N	t-stat
Expenditures and Food Insecurity							
Expenditures last 7 days ETB per capita (baseline)	34.5	981	31.9	524	37.4	457	1.23
Expenditures last 7 days ETB per capita (endline)	40.3	959	38.0	514	42.9	445	1.29
Food Insecurity (baseline)	15.7	1023	15.9	550	15.6	473	-0.65
Food Insecurity (endline)	15.5	960	15.1	514	16.0	446	2.63***
Assets							
Household access to electricity (%) (baseline)	16	1018	14	549	19	469	1.96**
Household access to electricity (%) (endline)	18	943	15	508	23	435	3.08***
Household access to piped water (%) (baseline)	12	1014	13	547	10	467	-1.05
Household access to piped water (%) (endline)	12	943	13	508	12	435	-0.59
Do you own a radio? (%) (baseline)	47	1023	46	550	49	473	0.78
Do you own a radio? (%) (endline)	49	960	50	514	49	446	-0.30
Do you own a mobile phone? (%) (baseline)	46	1023	47	550	45	473	-0.78
Do you own a mobile phone? (%) (endline)	69	960	72	514	66	446	-2.24**

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 5 provides some indicators for the farming system. The average fertilizer use decreased for both groups. In line with the land owned the land area under crop is somewhat higher for the treatment group. We also observe an increase in the cultivated area in the endline survey. The percentage of farmers using improved seeds is larger among members of the

FMO (treatment group). The average total quantity per hectare (in quintals) for four crops (teff, wheat, barley, maize) is quite stable and similar for treatment and control groups. We take the 4 most important crops together in order to get a reasonable amount of observations for each of the groups. The average total quantity sold and the total value of the sales are also quite similar for the treated and control groups. We observe an increase in production as a result of an increase in the cultivated area. This also explains part of the increase in sales value. Increasing prices explain the other part of the latter change.

We observe a small increase in livestock owned by the households in the period under study for both treated and control farmers. Treated farmers have on average a bit more livestock than farmers in the control group. In the baseline study only a few farmers indicated that the FMO was the most important source of market information. It is disappointing to observe that in the endline less than 10% of the farmers of the treated group (members of the FMO) indicate that the FMO is the most important source of market information. Interestingly the use of the mobile phone for getting access to market information seems to decrease among farmers (treatment and control group). This is somewhat disturbing as mobile phone ownership increased and the project invested in access to market information through mobile phones.

Table 5: Outcome indicators: Farming System

	Total	N	Treatment	N	Control	N	t-stat
Fertilizer, Crops							
Fertilizer used (kg/ha) (baseline)	162	989	153	532	172	457	1.05
Fertilizer used (kg/ha) (endline)	125	944	130	507	120	437	-1.22
Land area under crop (ha) (baseline)	1.8	1023	1.9	550	1.7	473	-1.94*
Land area under crop (ha) (endline)	2.1	960	2.2	514	1.9	446	-2.36**
Improved seeds (baseline) (%)	38	698	45	537	15	161	-7.19***
Improved seeds (endline) (%)	41	691	47	509	22	182	-6.09***
Total quantity per hectare/quintal 4 crops (baseline)	11.8	1023	11.8	550	11.8	473	0.0287
Total quantity per hectare/quintal 4 crops (endline)	11.6	960	11.6	514	11.7	446	0.1155
Average quantity sold/quintal 4 crops (baseline)	7.9	1023	8.1	550	7.7	473	-0.4662
Average quantity sold/quintal 4 crops (endline)	10.7	960	10.8	514	10.6	446	-0.2008
Average value sales 4 crops (baseline)	5288	1023	5483	550	5061	473	-0.8545
Average value sales 4 crops (endline)	8493	960	8606	514	8362	446	-0.2878
Livestock							
Livestock owned (cows/bulls/heifer/oxen/horses) (baseline)	5.4	1023	6.0	550	4.7	473	-3.83***
Livestock owned (cows/bulls/heifer/oxen/horses) (endline)	6.4	960	7.2	514	5.4	446	-3.82***
Livestock owned (goats/sheep) (baseline)	2.0	1023	1.9	550	2.0	473	0.25
Livestock owned (goats/sheep) (endline)	2.9	960	3.1	514	2.6	446	-1.44
Livestock owned (poultry) (baseline)	1.3	1023	1.5	550	1.2	473	-2.56**
Livestock owned (poultry) (endline)	1.6	960	1.8	514	1.3	446	-3.39***
Market information							
FMO most important source of information (%) (baseline)	0.5	928	0.8	500	0.2	428	-1.17
FMO most important source of information (%) (endline)	5	779	8	424	1	355	-4.36***
Market information received through mobile (%) (baseline)	27	1012	30	543	23	469	-2.53**
Market information received through mobile (%) (endline)	20	960	22	514	17	446	-2.01**

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 6 provides information about the selling and buying behavior of farmers. Among members (treatment group) the use of the FMO to buy fertilizer and seeds is quite stable for the baseline and the endline. About 45% of the members buy these inputs through the FMO. Interestingly, the role of the FMO for these inputs increases in particular among non-members (control group). Less than 50% of the farmers is selling output to the FMO. Remarkably this percentage is not increasing over time. The difference between control and treated groups is significant.

Table 6: Outcome indicators: Selling to/buying from FMO

	Total	N	Treatment	N	Control*	N	t-stat
Buying inputs from the FMO							
Fertilizer (baseline) (%)	35	699	40	538	17	161	-5.46***
Fertilizer (endline) (%)	34	691	37	509	26	182	-2.50**
Sales to the FMO							
Have you sold to the FMO last year? (% baseline)	41	612	46	465	23	147	-5.02***
Have you sold to the FMO last year? (% endline)	38	713	45	514	20	199	-6.24***
Average quantity sold to FMO quintals/4 crops (baseline)	5.9	175	6.1	144	4.7	31	-0.91
Average quantity sold to FMO quintals/4 crops (endline)	8.7	199	8.9	174	7.3	25	-0.60
Average quantity sold to traders quintals/4 crops (baseline)	9.4	715	9.6	350	9.2	365	-0.45
Average quantity sold to traders quintals/4crops (endline)	11.5	686	11.3	326	11.8	360	0.41
Average value sales to FMO 4 crops (baseline)	3743	175	3895	144	3038	31	-1.04
Average value sales to FMO 4 crops (endline)	7290	199	7435	174	6279	25	-0.59
Average value sales to private traders/4 crops (baseline)	6324	715	6649	350	6011	365	-0.99
Average value sales to private traders/4 crops (endline)	9041	686	8777	326	9281	360	0.51
Average quantity sold to FMO							
qt of teff sold to FMO (baseline)	3.9	36	4.1	32	1.9	4	-1.16
qt of teff sold to FMO (endline)	5.5	94	5.7	83	3.6	11	-1.33
qt of wheat sold to FMO (baseline)	6.2	105	6.7	83	4.3	22	-1.17
qt of wheat sold to FMO (endline)	10.1	96	10.0	83	10.5	13	0.14
Average quantity sold to traders							
qt of teff sold to trader (baseline)	4.0	266	4.3	139	3.7	127	-1.19
qt of teff sold to trader (endline)	5.0	286	4.6	130	5.3	156	0.81
qt of wheat sold to trader (baseline)	11.5	429	11.8	216	11.2	213	-0.35
qt of wheat sold to trader (endline)	11.5	445	11.3	222	11.7	223	0.22
Price received from FMO							
Teff (baseline)	1084	36	1068	32	1217	4	1.48
Teff (endline)	1173	93	1172	83	1185	10	0.25
Wheat (baseline)	652	105	645	83	677	22	1.07
Wheat (endline)	717	96	715	83	735	13	0.75
Price received from private trader							
Teff (baseline)	1045	266	1030	139	1061	127	1.04
Teff (endline)	1201	286	1200	130	1202	156	0.14
Wheat (baseline)	642	429	644	216	641	213	-0.23
Wheat (endline)	735	445	733	222	736	223	0.30

*We note that all questions regarding the FMO are not applicable to farmers in control group 2 as these villages generally do not have access to FMO services. The control group for these questions is C1. Only the questions regarding sales to traders provides the average for C1 and C2 (average quantity sold to traders, teff/wheat average and prices). ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

The total average quantity sold is quite similar for treatment and control groups (Table 5). Figures show an increase in total average sales for the period under study: 7.9 quintal to 10.7 quintal (35%). The vast majority of the output is sold to private traders as the number of observations for sales to private traders is much higher than the number of sales to the FMO. We calculated this figure for the four most important crops (teff, wheat, barley, maize). For

the two most popular crops we further analyzed the sales and the prices (Table 6). The quantity of teff and wheat sold increased significantly for all farmers. Interestingly, the FMO seems to play a relatively more important role as an increasing share is sold to the FMO, in particular by FMO members. At the same time we observe that, to date, most of the output is sold to private traders. In the endline 83 (83) farmers, members of the FMO, sold teff (wheat) to the FMO while 130 (222) farmers sold to private traders. It is also noted that the average quantities sold are quite similar. The table also indicates that the price differences between sales to the FMO and private traders are not very different. Some spillover effects become clear as non-members living in the FMO village (Control group 1) also sell to the FMO.

Table 7: Outcome indicators: FMO Services use and perceptions

	Total	N	Treatment	N	Control*	N	t-stat
Use of services (%)							
Training on agricultural production (baseline)	45	676	54	520	12	156	-9.95***
Training on agricultural production (endline)	58	291	59	247	50	44	-1.13
Training on marketing and business (baseline)	44	677	54	521	11	156	-10.24***
Training on marketing and business (endline)	55	290	57	249	46	41	-1.23
Did you receive any price information (baseline)	41	701	51	540	7	161	-10.50***
Did you receive any price information (endline)	41	691	48	509	20	182	-6.75***
Perceptions baseline-endline (1=totally disagree, 3=neither agree nor disagree, 5= totally agree))							
FMO is the preferred buyer (baseline)	3.8	645	3.9	538	3.3	107	-4.43***
FMO is the preferred buyer (endline)	3.8	687	3.9	508	3.4	179	-4.77***
FMO strengthens position farmers (baseline)	3.9	644	4.0	537	3.4	107	-4.63***
FMO strengthens position farmers (endline)	3.6	688	3.7	509	3.3	179	-3.12***
Better prices through the FMO (baseline)	3.9	645	3.9	538	3.4	107	-4.20***
Better prices through the FMO (endline)	3.6	688	3.7	509	3.2	179	-4.08***
Perceptions endline (yes =1)							
FMO is a weak organization	37	688	36	509	41	179	1.24
Since the FMO market information is easier	62	688	64	509	56	179	-2.04**
Major purpose of FMO is access to inputs/cons. goods	63	688	66	509	55	179	-2.51**
Major purpose of FMO is providing good selling opportunities	78	688	81	509	71	179	-2.68***

*We note that all questions regarding the FMO are not applicable to farmers in control group 2 as these villages generally do not have access to FMO services. The control group for these questions is C1. ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level.

Table 7 provides information about the use of FMO services and perceptions regarding the importance of the FMO. Somewhat more than 50% of the members used the FMO during the last year to get training on agricultural production, training on marketing and business and price information. For some of these services spill-over effects are quite high. In the endline study a large number of non-members indicate that they also use the FMO for these services. Perceptions regarding the role of the FMO are quite good (somehow agree). We note that scores are acceptable but do not increase over time. About 36% of the farmers in the treatment group confirm the statement that the FMO is a 'weak' organization. In general we

observe that the members are more positive about the FMO than the non-members living in the FMO village (control group 1).

The next step in the analysis is to isolate the treatment effect for the period under study. The difference-in-difference method (see method section) will be applied to analyze differences between the subgroups T1/T2/C1/C2. Differences over time and between Zones can be allocated to three effects:

- the change in the outcome variable (endline minus baseline) for the control C1/C2
- the difference in the outcome variable between the treatment T1/T2 and the control C1/C2 at the moment of the baseline
- the effect of the treatment during the period under study (endline minus baseline)

For our analysis the third effect is most important as it isolates the effect of the treatment on the treated. In the Annex the results of the analysis are given.

First we compare treatment differences between T1 and T2. We already explained that the treatment for T1 is more intensive as computer facilities are made available at FMO level. In order to test for the importance of these differences we check whether there is a significant difference in treatment effects that results from the different treatments. We do not present the results in the annex or the tables as we came to the conclusion that the different treatment does not lead to differences in the treatment effect. No significant differences in treatment are observed for expenditures, assets, farming system indicators and sales to the FMO. Remarkably, the effect on the food insecurity index and expenditures per capita was negative (5% level), meaning that the treatment effect for food insecurity was stronger (more negative meaning a further *reduction of food insecurity*), but negative on weekly expenditures. We conclude that the differences in the treatment between T1 and T2 are too small to result in significantly different outcomes.

Table 8 shows that only a few treatment effects are identified. If treatment groups T1 and T2 are compared with control group 1 the non-significance could be interpreted as the result of spillover effects. Only with regard to food insecurity and ownership of cows the treated groups show a somewhat better performance. However, most treatment effects are also not significant if the treated groups are compared with the farmers who do not have access to FMO services (C2). Food insecurity shows a treatment effect in the targeted direction. For fertilizer and improved seeds this effect is rather negative as increased use of these inputs in the C2 group is even stronger (also see tables 5 and 6). We see some improvement regarding

the FMO as a major source of information. This is a somewhat trivial result as FMOs are not operating in C2. We recall that less than 10% of the farmers in T1/T2 indicate that the FMO is their most important source for market information. Quite disappointing is that there are no treatment effects observed regarding the average quantity per hectare, the average quantity sold and the value of sales. We conclude that differences in the performance of treatment and control groups with regard to these indicators cannot be attributed to the treatment.

Table 8: Treatment effects: Expenditures, Food Insecurity, Assets, Farming System

	Control 1	**Control 2**
Expenditures and Food Insecurity		
Expenditures last 7 days ETB	ns	ns
Food Insecurity (endline)	-**	-**
Assets		
Household access to electricity and piped water (index 0-2)	ns	ns
Do you own a radio? (%) (baseline)	ns	ns
Do you own a mobile phone? (%)	ns	ns
Fertilizer, Crops		
Fertilizer used (kg/ha)	ns	-*
Improved seeds (yes=1)	ns	-**
Average quantity per hectare/quintal (4 crops)	ns	ns
Average quantity sold/quintal (4 crops)	ns	ns
Average value of sales	ns	ns
Livestock		
Livestock owned (cows/bulls/heifer/oxen/horses)	+*	ns
Livestock owned (goats/sheep)	ns	ns
Livestock owned (poultry)	ns	ns
Market information		
FMO most important source of information (%)	ns	+***
Market information received through mobile	ns	ns

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level, ns=not significant.

Table 9 confirms the average results already presented in Table 6. With regard to the buying of fertilizer we observe a negative treatment effect reflecting the steady increase of procurement of fertilizer from the FMO by non-members (C1) living in the same area. In Table 8 we compared the treated groups with farmers having no access to FMO services. Regarding total average sales and production per hectare no significant differences were identified between treated and control groups. The significant difference that exists is that there is an increase in the sales to the FMO by the members as well as the non-members living in the same Kebele.

Table 9: Treatment effects: Selling to/buying from FMO

	Control 1
Buying inputs from the FMO	
Fertilizer (%)	-**
Sales to the FMO	
Have you sold to the FMO last year?	ns
Average quantity sold to FMO	ns
Average quantity sold to traders	ns
Average value of sales to FMO	ns
Average value of sales to traders	ns
Average quantity sold to FMO	
qt of teff sold to FMO	ns
qt of wheat sold to FMO	ns
Average quantity sold to traders	
qt of teff sold to trader	ns
qt of wheat sold to trader	ns

note: ns=not significant

Table 10 shows that the estimated total value of sales to the FMO more than doubled (147%) for members (T1 and T2). The value of sales to private traders increased with 'only' 31%. The figures are somewhat lower but still encouraging for the increase in quantities (control for price increases). The figures are derived from the information presented in Table 5. Here we would certainly find a significant treatment effect if T1/T2 would be compared with C2. The fact that none of the C2 farmers sells to the FMO makes this exercise somewhat trivial as farmers in this control group (C2) have to sell 100% of their output to private traders.

Table 10: Estimated distribution of sales to the FMO and private traders (four crops)

	Sales to FMO and private traders			
	Total Quantity (four crops, quintal)		**Total Value (four crops, ETB)**	
	FMO	Private traders	FMO	Private traders
Baseline	878	3360	560,880	2,327,150
Endline	1657	3942	1,384,248	3,061,593
% incease	89%	17%	147%	31%

note: as the number of observations in the endline is lower than the number of observations in the baseline (550 vs 514) we corrected the outcomes of the endline study with the factor 550/514= 1.07.

Table 11 shows effects on the use of services obtained. As indicated in Table 7 use of services was quite stable among members. Significant increases were observed for the non-members living in the same village (C1). This is confirmed by the negative treatment effects observed in Table 11. With regard to the perceptions no differences in treatment effects are identified, which is also in line with the averages presented in Table 7. We recall that we did not ask farmers who have no access to FMOs (C2) to reply these questions as they have no experience with the services of an FMO.

Table 11: Treatment effect: Services obtained and perceptions regarding the FMO

	Control 1
Services obtained	
Training on agricultural production	-***
Training on marketing and business	-***
Did you receive any price information	ns
Comparison baseline-endline (yes =1)	
FMO is the preferred buyer (baseline)	ns
FMO strengthens position farmers (endline)	ns
Better prices through the FMO (baseline)	ns

note: ***=Significant at the 1 percent level, **=Significant at the 5 percent level, *=Significant at the 10 percent level, ns=not significant.

7. Discussion

In this section we recall the specific outcome indicators as specified in section 3 and discuss the results of our analysis pertaining to these outcomes:

1 Improved access to market information for members. *Indicator survey: F07, F09, F011, G19.4*
The results we obtain for this outcome are somewhat mixed. About 50% of the members obtained information from the FMO (Table 7). A minority (less than 10%) indicates that the FMO is the major source of market information (Table 5). The problem with this objective is the word 'improved'. We failed to observe a convincing positive trend in the baseline and the endline scores.

2 Improved trade performance – 50% increase in sales to the FMOs. *Indicator survey: F12, F14, F18, G13-G18*
If we calculate the sales to the FMO for members we observe an increase in the quantity (89%) and the value (147%). This shows that, even if we control for price changes, this targeted outcome is realized (Table 5). We urge to nuance this result as private traders continue to play the major role in output marketing. Moreover, 50% of the members do not sell to the FMO and prefer private traders.

3 Increased membership (10%). *Indicator survey: G03*
Our data provide some indication for the increase in membership. We interviewed 471 farmers who indicated to be member of the FMO in the baseline as well as in the endline. In total 41 farmers notified in the endline that they left the FMO. However, in total 60 farmers were not member in the baseline but became member in the endline. This shows a net increase of 19 members (4%).

4 90% of the members are satisfied by the services of FMOs and Unions. *Indicator survey: G21*
We observe that on average farmers are quite satisfied with the FMO (Table 7). Although the target of 90% is too ambitious (closer to 75-80%).

5 75% of the members accessed information on production and quality enhancing technologies. *Indicator survey: G19*
Our data show that this percentage is between 50 to 60% of the members (Table 7)

6 Improved productivity of agricultural commodities by 25%. *Indicator survey: D09*
We fail to observe a significant increase in yields (Table 5). We also fail to identify a treatment effect, confirming that the treatment group did not outperform both control groups.

7 Increased outreach to ICT utilization by low income smallholder farmers. *Indicator survey: F07, F09*
Taking the amount of investments made it will be difficult to observe no effect at all. However, what is disappointing is that less than 10% of the members indicate that the FMO is their major source of market information. We also observed that the use of ICT at the FMO level is a major problem due to a lack of electricity and, in particular, low education (this observation is based on the qualitative studies of the FMOs in the Kebeles). We conclude that the use of these instruments at FMO level is quite ineffective.

8 An increase in crop sales income (25%). *Indicator survey:* F12, F14
The increase in value is indeed large and above the target of 25% (Table 5). We note that the increase is not the result of an increase in yield but the effect of price increases and an increase in the cultivated area. To some extent the result is disappointing as we are not able to identify a treatment effect, meaning that the improvement cannot be attributed to the project intervention.

9 An increase in personal investment at HH level (new livestock asset, HH utensils, children at school, construction material etc.). *Indicator survey: livestock, mobile phone, radio*
The ownership of livestock somewhat increased and, in particular the ownership of mobile phones became more popular. However, no treatment effects are identified, so this change cannot be attributed to the project.

10 Food security. *Indicator survey: I01 – I11*

Food security somewhat improved and our data indicate that this can be attributed to the project. This implies that food security improved more among the treated farmers if compared with the scores of the control groups (C1 and C2).

8. Conclusion

We conclude that this project realized some of its objectives. However, it also failed to realize others. We recall that 50% of the members in the endline study did not sell to the FMO, that most of the surplus is sold to private traders and that the role of the FMO in providing market information is still at its infancy. The FMOs' turnover increased, but the total turnover of the FMOs is still much lower than the marketable surpluses FMO members produce. We do not have any information about the financial position of the Unions. However, if the realized turnover of the FMOs is taken into account the question raises whether the involved costs of the organization can be recouped. In the start-up phase this may be accepted, but for the near future this may lead to major problems. Increasing the turnover of Unions is key, not by increasing the number of members, but by further increasing the share of the members' surplus sold through the FMO. This implies that the commitment of farmers to sell through the FMO has to increase further. It is exactly this commitment that may be questioned as so many farmers prefer to sell to private traders and no incentive exists to reorient them towards the FMO. The qualitative studies we made in several Kebeles show that this commitment concerns a serious challenge.

Table 12: Project final scores

On a scale of 1 to 10, with 1 being "not at all" and 10 being "completely", for this project, how much do you agree with the following statements:	
The project was well designed.	8
The project was implemented as designed.	7
The project reached all its objectives.	5
The observed results are attributable to the project interventions.	7
The observed results are relevant to the project beneficiaries.	6
The project was implemented efficient.	6

On the basis of the project proposal and the annual reports we conclude that this project was well designed and implemented. With regard to the implementation some delays are reported for the installation of the ICT facilities at FMO level. We doubt whether this activity

is effective at this moment in time. Probably it would have been better to wait with these investments until the moment that the FMO organization would be stronger and managed by people with the required reading and writing skills. The project reached some of its objectives but also failed to realize others. More important, we failed to identify several expected treatment effects (except for food security), which make it difficult to attribute the results to project interventions. The observed results are relevant for the project beneficiaries but further improvement is needed. It is too early to assess the efficiency of the project as significant investments are made in ICT but the effect on outcome indicators is still lacking or weak. Moreover, effective use and the realization of effects at farm level require a certain learning period. The project has been too ambitious in expecting that Unions could be established, an ICT infrastructure created and outcomes realized in a three year period. In line with this we would advise to fund a similar project in the future but to extend the implementation period in order to organize the FMOs/Unions and to introduce ICT facilities at FMO level properly. The FMOs/Unions still face serious challenges and cannot survive without external support. The worst thing that may happen is a sudden end of project support as this may jeopardize past investments.

Regarding the project evaluation we note that several limitations affected the evaluation. Most important is that the two year time difference between the baseline and the endline is very short. As mentioned above a learning period is required to assess the opportunities. It is well possible that the major outcomes of this project will become measurable only in the coming years.

References:

Armendáriz, B. and Murdoch, J. (2010). *The Economics of Microfinance*. The MIT Press, second edition.

Bernard, T., Collion, M. H., de Janvry, A., Rondot, P. and Sadoulet E. (2008). Do village organizations make a difference in African rural development? A study for Senegal and Burkina Faso. *World Development,* Vol 36 (11), 2188-2204.

Bernard, T., Spielman, D.J. Taffesse, A. S. Gabre-Madhin, E.Z. (2010). Cooperatives for staple crop marketing: Evidence from Ethiopia. *International Food Policy Research*, Washington.

Fisher, E and Qaim M. (2011). Linking Smallholders to Markets: Determinants and Impacts of Farmer Collective Action in Kenya. *World Development,* Vol 40 (6), pp. 1255-1268.

Rosenbaum, P. R. and Rubin, D. B. (1983). The central role of the propensity score in observational studies for causal effects. *Biometrika,*Vol. 70 (1) pp.41-55.

World Bank (2007) *World Development Report 2008, Agriculture for Development*. Washington, DC: World Bank.

Appendix

Table A1: DD estimates T1/T2 – C1: Expenditures, food security, assets, livestock (with controls)

VARIABLES	(1) Expenditures last seven days	(2) Food Insecurity	(3) Access to Electricity / Piped water	(4) Do you own a radio?	(5) Do you own a mobile phone?	(6) Livestock: cows, bulls, heifers, oxen, horses	(7) Livestock: goats, sheep	(8) Livestock: poultry
Year	0.478***	-0.051	0.032	-0.084	0.216***	-0.008	0.137	-0.020
Treat	0.036	-0.194	0.099***	0.076*	0.123***	0.071	0.144	0.045
TreatYear	0.067	-1.544**	-0.010	0.081	0.020	0.148*	0.118	0.079
Constant	0.460	17.473***	0.071	0.438**	0.572***	0.159	-0.015	0.120
Observations	1156	1276	1276	1276	1276	1172	678	984
R-squared	0.325	0.158	0.446	0.175	0.288	0.336	0.178	0.216

Table A2: DD estimates T1/T2 – C2: Expenditures, food security, assets, livestock (with controls)

VARIABLES	(1) Expenditures last seven days	(2) Food Insecurity	(3) Access to Electricity / Piped Water	(4) Do you own a radio?	(5) Do you own a mobile phone?	(6) Livestock: cows, bulls, heifers, oxen, horses	(7) Livestock: goats, sheep	(8) Livestock: poultry
Year	0.695***	1.168	0.139**	0.064	0.157***	0.095	0.143	0.013
Treat	0.101	1.471***	-0.113***	-0.071*	0.001	0.211***	-0.092	0.083
TreatYear	-0.101	-1.562**	-0.063	-0.017	0.025	0.003	0.074	0.017
Constant	3.333***	18.683***	0.461**	0.334	0.467**	0.285	-0.023	0.300
Observations	1340	1367	1367	1367	1367	1231	745	1022
R-squared	0.406	0.143	0.443	0.158	0.254	0.338	0.229	0.216

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: land owned, occupation, religion, sex hhhead, age of the head, size of the hh, education, number of adult males/females, distance to market, Zone, Woreda. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1.

Table A3: DD estimates T1/T2 – C1: Fertilizer, crops, market information (with controls)

VARIABLES	(1) Fertilizer used (kg/ha)	(2) Improved seeds	(3) Average yield per hectare (4 crops)	(4) Average quantity sold (4 crops)	(5) Average value of sales (4 crops)	(6) FMO most important source of market information	(7) Market information received through mobile phone
Year	0.254*	0.179**	-0.173***	0.478***	0.660***	0.033	0.021
Treat	0.103	0.054	-0.005	0.036	0.036	0.008	0.122***
TreatYear	0.015	0.030	0.032	0.067	0.070	0.030	-0.056
Constant	2.925***	0.162	2.492***	0.460	6.936***	0.204**	0.287
Observations	1161	1276	1276	1156	1156	1109	1269
R-squared	0.214	0.220	0.331	0.325	0.289	0.065	0.151

Table A4: DD estimates T1/T2 – C2: Fertilizer, crops, market information (with controls)

VARIABLES	(1) Fertilizer used (kg/ha)	(2) Improved seeds	(3) Average yield per hectare (4 crops)	(4) Average quantity sold (4 crops)	(5) Average value of sales (4 crops)	(6) FMO most important source of market information	(7) Market information received through mobile phone
Year	0.530***	0.337***	-0.023	0.539***	0.747***	-0.001	-0.087
Treat	0.367***	0.122***	-0.016	-0.134*	-0.061	0.004	0.079**
TreatYear	-0.214*	-0.133**	-0.098***	-0.028	-0.053	0.067***	-0.032
Constant	2.699***	0.204	2.432***	0.331	6.790***	0.173**	0.328*
Observations	1242	1367	1367	1254	1254	1185	1361
R-squared	0.193	0.239	0.313	0.345	0.300	0.077	0.151

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: land owned, occupation, religion, sex hhhead, age of the head, size of the hh, education, number of adult males/females, distance to market, Zone, Woreda. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1.

Table A5: DD estimates T1/T2 – C1: Inputs and sales to FMO, sales to private traders (with controls)

VARIABLES	(1) Buying fertilizer from FMO	(2) Selling output to the FMO	(3) Average quantity sold to the FMO	(4) Average quantity sold to traders	(5) Average value of sales to FMO	(6) Average value of sales to private traders	(7) Quantity of teff sold to the FMO	(8) Quantity of wheat sold to the FMO	(9) Quantity of teff sold to traders	(10) Quantity of wheat sold to traders
Year	0.145**	-0.108	0.307	0.338**	0.573*	0.493***	-0.036	0.780*	0.383	0.541***
Treat1	0.145***	0.195***	-0.093	0.030	-0.106	0.038	0.259	-0.036	0.042	0.267**
TreatYear1	-0.113**	0.062	0.380	0.029	0.399	-0.009	-0.159	0.211	-0.140	-0.106
Constant	0.224	0.479**	-0.263	0.976**	6.367***	7.584***	0.171	-2.523**	0.463	1.264**
Observations	1199	1146	328	855	328	855	118	173	341	549
R-squared	0.261	0.142	0.361	0.336	0.364	0.265	0.444	0.486	0.367	0.383

Table A6: DD estimates T1/T2 – C1: FMO services used and perceptions(with controls)

VARIABLES	(1) Training on agricultural production	(2) Training on marketing and business	(3) Did you receive any price information	(4) FMO is the preferred buyer	(5) FMO strengthens the position of farmers	(6) Farmers receive better prices through the FMO
Year	0.463***	0.456***	0.076	0.098	-0.063	-0.073
Treat	0.379***	0.379***	0.346***	0.435***	0.518***	0.463***
TreatYear	-0.292***	-0.312***	-0.088	0.098	-0.081	0.053
Constant	0.243	0.102	-0.034	4.350***	3.595***	3.813***
Observations	829	825	1201	1152	1152	1153
R-squared	0.230	0.247	0.200	0.147	0.146	0.140

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions are estimated including controls, which include: land owned, occupation, religion, sex hhhead, age of the head, size of the hh, education, number of adult males/females, distance to market, Zone, Woreda. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1.

Endline report – Ethiopia, NVEA MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Elias Zerfu [2]
Derbew Kefyalew [2]
Dereje Getu [2]
Bram Peters [1]
Nicky Buizer [1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI- 15-052

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, D. Getu, B. Peters, N.N. Buizer, 2014. *Endline report Ethiopia, NVEA. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI- 15-052. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, NVEA. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI- 15-052

Contents

Acknowledgements 5

List of abbreviations and acronyms 6

1 Introduction & summary 7

1.1 Purpose and outline of the report 7
1.2 Brief summary of analysis and findings 8

2 Context and General Information about the SPO – NVEA 11

2.1 General information about the Southern Partner Organisation (SPO) 11
2.2 The socio-economic, cultural and political context in which the partner operates 11
2.3 Contracting details 12
2.4 Background to the Southern Partner Organisation 13

3 Methodological approach and reflection 15

3.1 Overall methodological approach and reflection 15
3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4 16
3.3 Attributing changes in organisational capacity - evaluation question 2 and 4 18
3.3.1 Selection of SPOs for 5C process tracing 18
3.3.2 Key steps in process tracing for the 5C study 18
3.3.3 Methodological reflection 19

4 Results 22

4.1 MFS II supported capacity development interventions 22
4.2 Changes in capacity and reasons for change - evaluation question 1 and 4 23
4.2.1 Changes in the five core capabilities 23
4.2.2 Key organisational capacity changes - general causal map 26

5 Discussion and conclusion 32

5.1 Methodological issues 32
5.2 Changes in organisational capacity 32

References and Resources 35

List of Respondents 38

Introduction 39
Changes in partner organisation's capacity – evaluation question 1 39
Attributing changes in partner organisation's capacity – evaluation question 2 45
Explaining factors – evaluation question 4 60
Methodological reflection 60

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation New Vision in Education Association (NVEA)and the Co-Financing Agencies Edukans Foundation and Stichting Kinderpostzegels Nederland (SKN) for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to NVEA, Edukans, SKN, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

ABE	Alternative Basic Education
BEN-E	Basic Education Network Ethiopia
BEQIP	Basic Education Quality Improvement Program
Causal map	Map with cause-effect relationships. See also 'detailed causal map'.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CBOs	Community Based Organizations
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CSO	Civil Society Organization
C4C	Connect for Change Consortium
C&DA	Child and Development Alliance
DEC	Development Expertise Center
Detailed causal map	Also 'model of change'. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
EF	Edukans Foundation
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
ICCO	Interchurch organization for development cooperation
IFPRI	International Food Policy Research Institute
IICD	International Institute for Communication and Development
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MFS	Dutch co-financing system
MIS	Management Information System
NGO	Non-Governmental Organisation
NVEA	New Vision in Education Association
OD	Organisational Development
PME	Planning, Monitoring and Evaluation
Process tracing	Theory-based approach to trace causal mechanisms
SKN	Stichting Kinderpostzegels Nederland
SPO	Southern Partner Organisation
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

Achievement of Millennium Development Goals (MDGs) & themes;

Capacity development of Southern partner organisations (SPO) (5 c study);

Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: NVEA in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in chapter 4.22..

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC)). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, improvements took place in all of the capabilities.

Over the last two years many improvements took place in the indicators under the capability to act and commit. The management has become more responsive and takes swift action on issues raised by staff. Field staff is now participating in the management committee and there is a close collaboration between management, partners and beneficiaries. Strategic guidance has improved over the last two years in both formal and informal ways. Board members are giving better technical back-up for program and administrative staff, regular meetings are taking place and the reporting mechanism has strengthened. Staff turnover has been negligible in the last two years because of successful staff retention initiatives that were introduced after the feedback of the baseline evaluation in 2012. Incentives for staff have increased as the per diem rate increased, some medical and education costs are covered, salaries increased by 10 percent and there are more training opportunities for staff. Staffs have improved their skills especially in report and proposal writing, project planning and management. DEC, CCRDA, Kinderpostzegels, Edukans and the World Bank have supported NVEA in this by giving trainings. Daily operations are in line with the strategic plan and this has improved because of recruitment of new staff and training on Project M&E. The overall fundraising capacity of NVEA has improved since the baseline: they have acquired new projects in 2013 and 2014 and MFS II funding has also increased. A new funding procedure that the organisation adopted is proposal writing in clusters, in this way they obtained funding from the British Embassy.

In the capability to adapt and self-renew NVEA saw some improvements. The organisation's M&E application improved slightly because of establishing a cost-effective M&E system, using an M&E manual for project follow up and facilitating M&E on a quarterly basis. The program and project staffs have been trained in M&E and have gained experience in this. Since the baseline, NVEA is making very slightly more use of its M&E findings by compiling track records, communicating lessons learned to stakeholders and using them for decision making on strategies. Room for critical reflection has slightly improved because all levels of staff are now welcome to raise issues and these are taken up and are often acted upon by management.

In terms of the capability to deliver on development objectives, NVEA shows slight improvement in its operational plans. The field staffs now also make operational plans and day-to-day plans are developed. After the baseline in 2012, NVEA assigned an internal auditor to assure that budgets are used properly and in a transparent way. Finance staff is documenting their work more effectively and procurement is done in a more cost-effective way. Since the ESAP 2 (Ethiopian Social Accountability Program Phase 2) has been launched in 2013, NVEA has improved its bottom-up approach in doing needs assessments among beneficiaries of their programs to ensure their needs are being met.

In the capability to relate, NVEA has shown very slight improvements in engaging in networks because they are now involved in a new partnership with the British Embassy. Frequency of visits to target groups has increased because thanks to Kinderpostzegels, NVEA now has motor bikes to visit the target groups more often. There has been a very slight improvement in internal relations because of better documentation and use of minutes of meetings.

Finally, NVEA has improved in a few indicators under the capability to achieve coherence. In 2013 NVEA revised its vision, mission, goal, objective and core functions to include adaptations in line with the changing development agenda. New operational guidelines were developed since the baseline on

topics including HRM, M&E, Child Protection Policy, SRH manual and resource mobilisation. In the implementation of all its program components, NVEA ensures mutually supportive efforts by establishing good relationships with the concerned government organisations, CBOs, and communities.

During the endline workshop some key organisational capacity changes were brought up by NVEA's staff in the 'general causal map': improved capacity to prepare winning proposals; improved capacity for networking and partnerships; improved capacity in financial reporting and compiling; improved capacity in social cognition and team spirit; and improved capacity in PME. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to NVEA staff, their capacity to prepare winning proposals improved because staff has knowledge on which key components to include in proposals. This was due to training on project cycle management in 2013 (funded by Basic Education Network Ethiopia (BEN-E), training on fundraising by BEN-E and sharing experiences during these trainings.

The organisation has improved its capacity in partnerships and networking because of improved knowledge on partnerships and networking. This knowledge was gained through a training on networking by the Ethiopia Center for Disability and Development (ECDD) in 2013; through advice from Kinderpostzegels and Edukans (MFS II funded) regarding donor preferences for working with partners for better impact; and by implementing the social accountability program in 2013 (funded by the World Bank).

NVEA improved its capacity in financial reporting and compilation due to better knowledge about a functioning financial system and the assignment of an internal auditor. NVEA learned about a functioning financial system through the feedback of the MFS II 5c baseline evaluation in 2012, feedback and recommendations from Kinderpostzegels (MFS II funded) and a training on financial management and budgeting in 2013 by Edukans (MFS II funded).

According to NVEA staff they improved their capacity in social cognition and team spirit due to regular review meetings (on a quarterly basis) which were introduced as a result of the feedback and advice of the NVEA board, of Kinderpostzegels (MFS II funded) and experience from other organisations.

Finally, NVEA improved its capacity in PME because of improved knowledge in preparing results based reports and on conducting checklist based M&E supervision. Knowledge on preparing reports improved because of a training on Results Based Management (RBM) in 2012 (funded by MFS II); a training on RBM in 2014 by Cheshire Service Ethiopia; and the preparation of M&E guidelines by a consultant in 2013 (partly funded by MFS II). Knowledge on M&E supervision improved because of these M&E guidelines; a training on M&E in 2013 by board members (partially MFS II funded); and regular quarterly monitoring.

According to NVEA, MFS II funded capacity development interventions have thus played a role in improved capacity in networking and partnerships; improved capacity in financial reporting and compilation; Improved capacity in social cognition & team spirit; and improved PME capacity. This was through training, advice and feedback, and the development of an M&E guideline. However, internal factors like advice from board members, assigning an internal auditor and regular review meetings have also played an important role in the key organisational capacity changes that the NVEA staff considered important since the baseline in 2012. Support from other funders, like BEN-E, the World Bank, Cheshire Service Ethiopia in terms of training, has also been mentioned as among the underlying factors for these changes.

2 Context and General Information about the SPO – NVEA

2.1 General information about the Southern Partner Organisation (SPO)

Ethiopia	
Consortium 1	Connect4Change (C4C)
Responsible Dutch NGO	Edukans Foundation
Project (if applicable)	Improving the Teaching-Learning Processes and Educational Management through ICT
Consortium 2	ICCO Alliance
Responsible Dutch NGO	Edukans Foundation
Project (if applicable)	Education for all project
Consortium 3	Child and Development Alliance
Responsible Dutch NGO	Stichting Kinderpostzegels Nederland (SKN)
Project (if applicable)	Non formal alternative basic education in Sibu Sire Woreda (Project C1 MFS II sample)
Southern partner organisation	New Vision in Education Association (NVEA) http://www.nveadeseth.org/

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

The aim of the project is creating access to basic education for disadvantaged children in the first cycle of primary schools in rural areas of Sibu Sire Woreda, East Wollega Zone, Oromiya Regional State by constructing ABE Centres (Alternative Basic Education Centres). To achieve this, centres are set up with support of local community to organize awareness raising campaigns to promote the rights of the child in particular the right on education and to fight harmful traditional practices such as child labour, early marriage, rape, and abduction to reach education for all. By building the capacity of school community and community representatives through trainings, materials support, class room construction and renovation and vocational skill training for parents of the children, the project aims at improving the quality of education for these children.

Non Formal Education as is given at the ABE Centres is not as informal as it seems. In Ethiopia all ABE (Alternative Basic Education) Centres follow a nationwide Non Formal Education (NFE) curriculum. Three years of NFE education gives the right to access to grade 5 of formal schools. Until the year2010/11, 3 years of NFE used to give the right to access grade 5 of formal schools. However, as the result of the policy change by the government, the duration of the NFE has been decided to be equal to the formal schooling and similar curriculum is used for the NGO run ABECs. NFF is characterized by the following aspect compared to formal schools: (1) Teaching is often done in local language. (2) School times and hours are more flexible. The school year can start a little later due to the harvest season. (3) Teachers at ABE Centres, called facilitators, in principle are recruited from the local community. They speak the local language and understand the local culture. Facilitators are recruited, deployed and trained by the employing NGO/CSO. Sometimes, when the expertise of the District/Woreda Education Office is required, trainings are conducted together with the sponsoring

NGO. (4) ABE Centres are more child-friendly and teaching is more child-focussed. (5) School classes in ABE Centres are smaller, maximum 50 compared to 60-100 children per class in formal schools.

The strategy of Kinderpostzegels and its Southern partner NVEA is that the ABE Centres have to be created by the local community themselves. The local partners stimulate and support this process. However, only if the community members (i.e. the parents) are really convinced of the importance of education for their children, are interested in improving access to education for them and are willing to invest in the creation, maintenance and functioning of a centre the project will support them to realize this. The local community is asked to contribute in kind and in labour for the creation of it. This is often done via the traditional Iddir system, a traditional system to raise funds for social events. In addition, a plot of land has to be reserved where the ABE Centre can be constructed, plus a plot of land of which the product serves as income for the running and maintenance costs of the centre.

Sibu Sire is a district administered by the Eastern Wollega zone, Oromiya regional state. Sire the administrative town of the district is located at 281 km west of Addis Ababa. The district is classified into 19 rural and 3 urban villages. The total population of the district is estimated to be 115,229 with 53.2% female and 46.8% male inhabitants. The majority (83%) is living in rural areas. According to the District Education Office report (2012/2013), there are 32 first cycle (1-4) formal primary schools and 4 ABECs providing basic education to 15317 (49% girls) students. Besides, there are 6 kindergartens privately owned enrolling 352 (45%F) children operating with the support of12 (84%F) certified teachers. Even though there were 2129 (48.2% girls) out-of-school children reported at the end of 2006 academic year in the 19 rural villages of the district, 687 (47.6% girls) of them have accessed basic education through formal schools and NVEA's ABE centre. In total, 1449 (10.9% girls) children repeated in all grades in the 36 first cycle primary schools in the year 2006/2013. From the year 2008 to date, 7 ABECs have been established with the financial support of Kinderpostzegels out of which 3 of them were handed-over to the community and the DEO in year 2011.

The major reasons that prevent children from going to school and force them to drop out or repeat are lack of pedagogical training of teachers (no child-centred approach), long distance from schools, and extreme poverty. More precisely, families dependent on rain-based agricultural activities (only one rainy season), most families have female household heads and are big, rural communities dependent on traditional methods of farming, suffer from reduced soil fertility due to intensive farming on the same plots of lands year after year, and a high illiteracy rate in rural areas. NVEA as well as relevant local government agencies address HTPS like early marriage and abduction with community sensitizations and capacity building trainings, and these have been drastically improved.

2.3 Contracting details

When did cooperation with this partner start:
With Kinderpostzegels: July 2006
With Edukans: 2007

What is the MFS II contracting period:

With Kinderpostzegels: January 2011 – December 2015
With Edukans: January 2011 – December 2015

Did cooperation with this partner end? NO

If yes, when did it finish?

With Kinderpostzegels:N.A.
With Edukans: N.A.

What is the reason for ending the cooperation with this partner:

With Kinderpostzegels:N.A.
With Edukans: N.A.

If not, is there an expected end date?

With Kinderpostzegels: In case of good performance Kinderpostzegels will renew its cooperation with NVEA for the period after 2015
With Edukans: No

2.4 Background to the Southern Partner Organisation

History

New Vision in Education Association (NVEA) is an Ethiopian Non-Government Organization established in November 2000, with the objective to improve access to quality education for disadvantaged children in rural areas of Ethiopia, NVEA is founding member of BEN-E (Basic Education Network Ethiopia), also partner of Edukans and of Kinderpostzegels.

The founding members are experienced professionals constituted from the fields of Education, Health, Sociology and other related community development areas. It is a non-profit making and child focused voluntary organization registered at the Ministry of Justice in January 2001 with the mandate to operate as a development organization throughout the country. Abiding with the legal requirements of Ethiopia, it concluded both operational and project agreements with the concerned line ministries at the federal as well as regional levels. NVEA is administered and managed by a director whose job assignments are supported and supervised by the governing board of trustees. The board is made up of 5 members drawn from the 12 general assembly members out of whom 4 are female. The board supports and supervises the secretariat.

NVEA is currently running the Non Formal Alternative Basic Education project supported by Kinderpostzegels in the Sibu Sire area in East Wollega Zone. Bako basic education quality improvement and Ambo C4C supported by Edukans Foundation are implemented in Bako as well as Ambo towns of Western Shoa Zone. NVEA started operations in 2001. There was no well-articulated vision, mission, and goal of the organization when it started operations. In 2007, the organization developed a strategic plan, well-articulated vision, and mission and goal statements. New partnerships were also established at this time.The number and functions of staff expanded to six with new functions added such as accountant, secretary, project coordinators, facilitators and janitors, among the new functions created. There were 15 part time staff in 2007. Capacity building activities during the year included strategic planning, PM&E, gender education, constituency building, HIV/AIDs, resource mobilization and action research training.The year 2009 was marked by the new CSO legislation and new working procedure affecting the organization. The vision, mission, goal, strategies and target groups remained the same as preceding years. Staff number increased to 20 full time and 10 part time staff. Capacity strengthening activities done during the period included PM&E, resource mobilization, HIV/AIDs, PRA and strategic planning. The CSO law which was introduced during the year and which limited right-based approach and advocacy affected funds mobilization initiatives and became an important influencing factor.

In 2011-12, the strategic plan was revised and new policy documents on human resource and finance were prepared. Quality basic primary education was added to the organization's strategy. The staff functions expanded to include program officer and project manager as newly introduced job categories. The budget doubled to 2, 657,792 ETB with funding from Edukans, World Population Foundation, Rutgers, IICD, Kinderpostzegels, Path International and Learn for Work. Currently, our funding partners are ICCO Cooperation, Kinderpostzegels, Lilianne Foundation, British Embassy to Ethiopia, and the World Bank. Capacity strengthening activities undertaken included financial resource management, gender budgeting, proposal writing, active learning methodology, RBM, ICT & inclusive education.

As the result of the revision of the Strategic Plan in 2012, the Vision and Mission statements have been reshaped in relation to the objectives and profile of NVEA:

Vision

To see every child (in Ethiopia) accessing quality primary education at the right age and close-to-home.

Mission

To expand inclusive quality basic education and early childhood care through non-formal programs that mitigate the impacts of HTPs & HIV/AIDs by developing infrastructure and strive to improve rural agricultural technology.

Strategies

Main strategic actions include:

- Provide Non-Formal (Alternative) Basic Education.
- Promoting Integrated Adult Functional Literacy(Non-Formal Vocational Skill Training)
- Prevention &Control of HIV/AIDs and promoting SRH in &out of schools
- Promoting Early childhood care and education
- Community capacity building.
- Promote inclusive education focussing on Disability
- Improve rural Agricultural Technology &Promoting Environmental Protection (Ensure Food Security)

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[1].

[1] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia*** **(i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)

India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)

Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)

Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews

during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when

analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team

has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of NVEA that have taken place since the baseline in 2012 are described. The information is based on the information provided by DEC.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

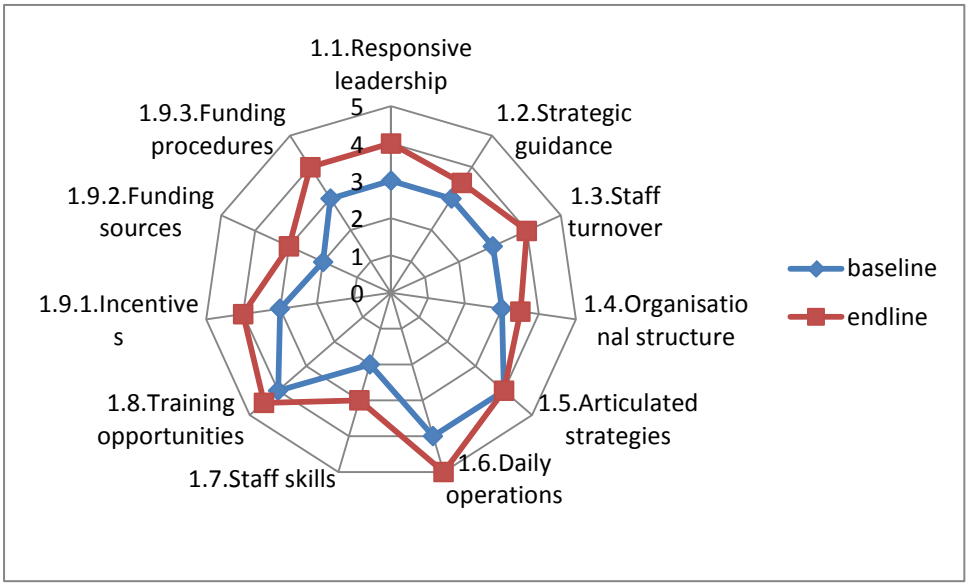
Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Training on active learning implementation for the organization's education focal person.	- Active learning training as major component in education quality improvement program - Students' academic achievement improved	Twice a year training for all participants then training is passed to teachers twice in half a year. Topics dealt with: - Time management - Child Centred Approach - Prepare SMART lesson plans - Use of suitable learning media - Facilitation Skills - Active learning methodologies and - M&E techniques	since June 2013 each quarter 5 days training	about 1100 Euros every year
Training on Education Management Information System	- Effective school management for quality education - Well organized and properly documented schools data and information	- The EMIS software is developed, validated, installed at all primary schools; teachers and SMT are trained on its utilization - Only minimum computer skills for teachers. NVEA staff check if they can open the system and teach them how to use it.	First developed software, first version sept 2013, then it was practiced and adapted version Oct 2014 training was given to partners. NVEA staff is now consulting schools in the use of the software.	about 900 Euros every year
Training on five Organizational Capabilities	- for the project PME&L - to capacitate and enable to execute and monitor and evaluate activities with improved quality	- What they have achieved/are proud of, what to avoid. Followed by action plans to follow up on what they have learned	During learning events (ex-change visits) at places of different partners about two times a year	5500 Euros every year (one time event for all partners)
Basic ICT skills training	- one of the three pillars of C4C program that would be concerned at primary schools - Teachers continuously use ICT for education purposes	Tailor made: how to use windows, word, excel, make graphics, how to prepare work sheets, how to view videos + other material, how to prepare lessons	In Nov 2012, Nov 2013 continued with EMIS (learning event reports)	895 Euro every year

Source: B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_NVEA_DEC_Edukans

4.2 Changes in capacity and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

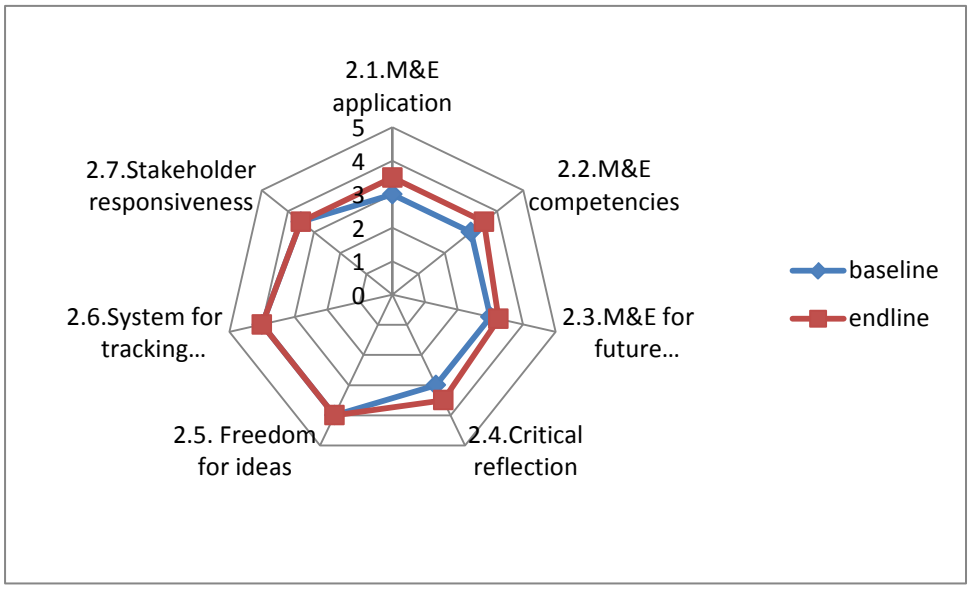


Capability to Act and Commit

The commitment of the top management in building better team spirit, staff motivation and shared decision making has improved compared to the baseline situation. Currently, the executive director influence has reduced and his role is becoming more based on facilitation. As a result staff members are empowered to make independent decisions. Participation of the field staff in the management committee is a new phenomenon in NVEA. Strategic guidance has improved compared to the baseline situation through formal and informal ways of communication. The existence of regular meetings with the staff and reporting mechanism is becoming an encouraging means to bring novel ideas to inform and develop strategic directions. The board members have also provided a better technical back-up for program and administrative staff in the last two years. Staff members are satisfied with most terms and conditions of the organization as similar to the baseline situation and as a result stuff turnover is low. The organization has a clear organizational structure that all staffs are able to access and understand. NVEA has assigned clear roles and responsibilities for respective program and administrative staff. Compared to the baseline situation NVEA has become well-structured in both program and finance divisions. Besides, the organization has revised its strategic plan in 2012 for the next five years and since then each and every activity of the organization has been in line with the strategic plan. However, funding opportunities have also broadened the issues that NVEA is covering such as disability and livelihoods. The operational and the action plans are developed in line with the revised strategic plan. Different training opportunities have been in place for staffs and both by the organization itself and partners and trainings are cascading to others non-participant staffs. NVEA has also hired new staffs in order to have the appropriate staff

members on board. Hence, staff members are better equipped with different skills and knowledge to perform their respective assignments effectively and efficiently compared to the baseline situation. In addition to the different training opportunities that existed in NVEA since the baseline, the organization has also improved its incentive structure for staff including increased the per diem rate, medical cost coverage and 25 % education cost coverage as well as salary increment every year based on staff performance. NVEA has a fundraising strategy document since the baseline and has also been working hard on fundraising activities and has been able to secure more funds. As a result a number of new projects were launched in 2013 and 2014.

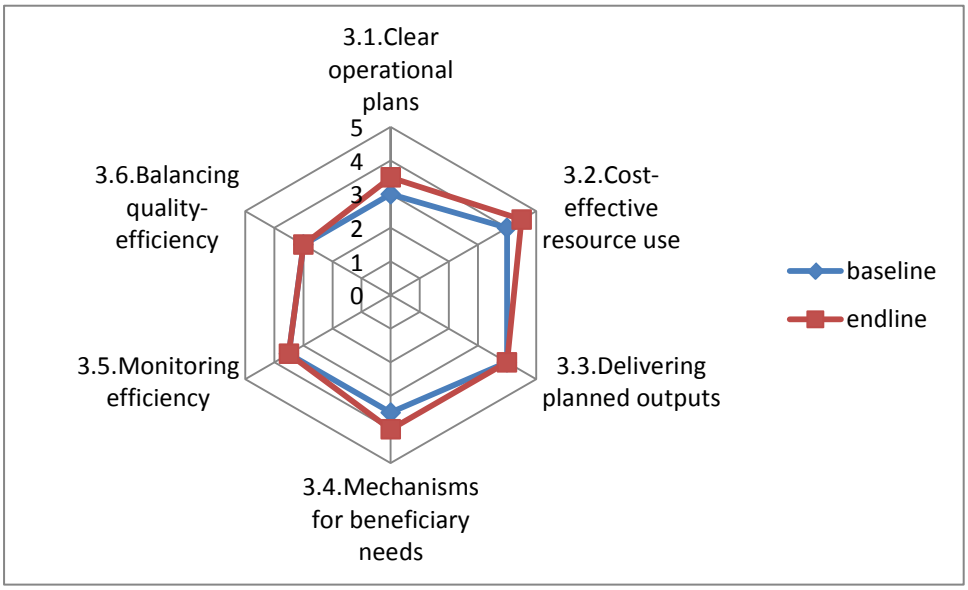
Score: from 3.1 to 3.9 (slight improvement)



Capability to adapt and self-renew

Compared to the baseline situation, NVEA has established a cost-effective monitoring and evaluation system. NVEA uses its M&E manual for project follow-up and it has facilitated and carried out M&E on quarterly basis by a team of 'evaluators' drawn from key stakeholders at project areas, project staff and program staff from head office. The program and project staff have been trained on M&E and have ample experience and competence in application of M&E. However, NVEA has not been good in undertaking a systematic outcome evaluation and impact assessment involving a wide range of stakeholders. This has largely been due to lack of a user–friendly manual to guide the process, lack of expertise within the organization and shortage of funds to hire external evaluators. On the other hand, staff indicated that the monitoring feedbacks have been well documented periodically and communicated on the spot with community representatives and key stakeholders. Feedback and results of M&E are used as an input to revise the strategic plan of the organization and used for future project planning and evaluation, but as indicated, a systematic evaluation at the levels of outcomes and impacts in collaboration with stakeholders is still lacking in the NFBE project Sibu Sire. There is also an improvement in sharing ideas and recognition by others staff members. Learning among staffs is improved and staffs are encouraged to come up with new ideas and ideas are respected and taken constructively. Similar to the baseline situation NVEA has tracked the environment by using different means. Dynamics of the external environment forced the organization to strengthen partnerships and networking with different SPOs and CBOs. NVEA has been responsive to stakeholders starting from the initial stage of any intervention. Stakeholders have been consulted and engaged in the planning, implementation and M&E of projects and only in consensus with them are the interventions are being implemented.

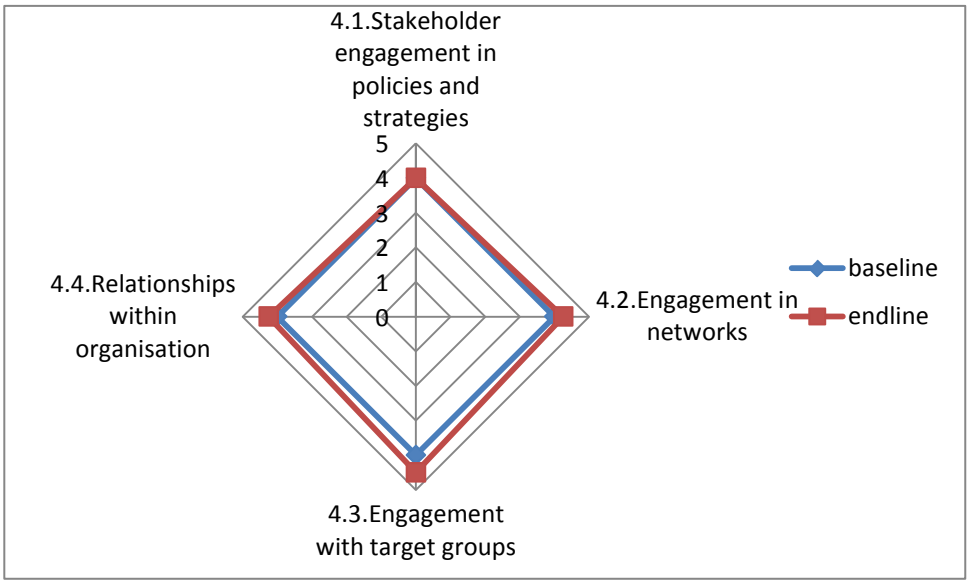
Score: from 3.4 to 3.6 (very slight improvement)



Capability to deliver on development objectives

NVEA has an operational plan for each project. This operational plan is prepared through a participatory approach of all staff members so that each person is able to understand the operational plan clearly. The organization's funds are used properly and in a transparent way due to the fact that NVEA has assigned an internal auditor in order to properly follow up and inspect the implementation of the financial procedures. Besides, Now NVEA is intervening in 20 primary schools, a fourfold increment compared to the baseline situation. The organization competency in providing quality reports within the limited time has also improved. NVEA has been considering the needs of the beneficiaries by conducting needs assessments. Accordingly a bottom-up approach is implemented and beneficiaries are directly involved in the whole planning process. Quality is the central point of each activity in NVEA. The organization uses Check lists and beneficiary feedback to measure and follow up on efficiency and quality during monitoring and evaluation. However, measuring inputs to related outputs is not happening.

Score: from 3.5 to 3.7 (slight improvement)

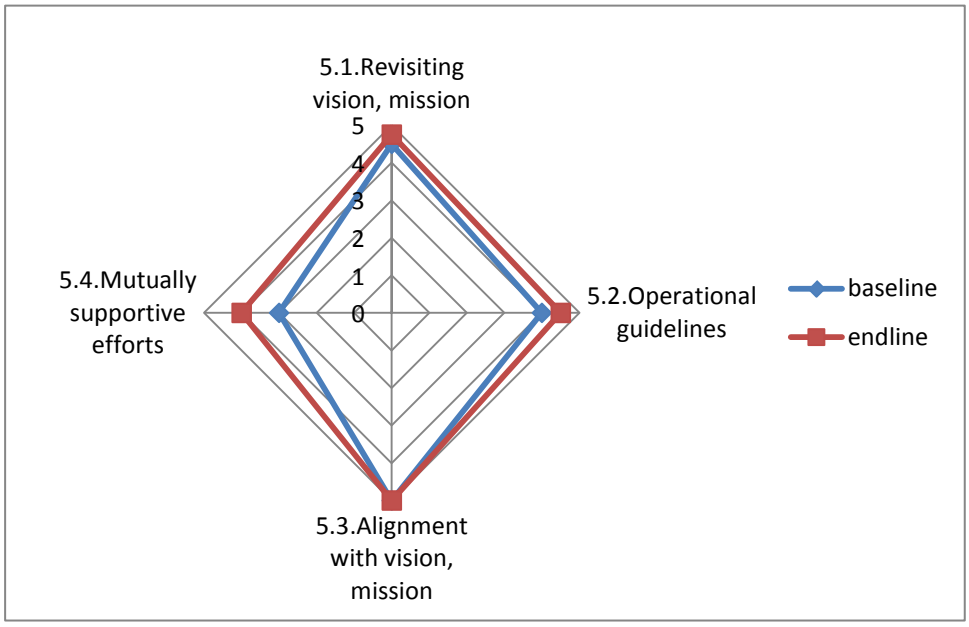


Capability to relate

Relevant external stakeholders are consulted in the preparation of different policies and strategies for project implementation. To be specific after the baseline period, stakeholders at district and zone level have been involved in developing the Child Protection Policy and Sexual and Reproductive Health policy. NVEA maintains a strong partnership with different partners and stakeholders including specific

government offices and has become a member of a new partnership with the British Embassy. Target groups have been involved in regular review meetings and monitoring to measure whether the interventions meet their needs as well as to set possible recommended solutions for identified gaps. Kinderpostzegels (MFS II funding) has purchased motor bikes and the program staff members are now able to frequently visit the target groups. Relationships within the organization have also been improved through regular management and staff meetings, face to face communications, email, telephone, and (when necessary) urgent meetings have been conducted. NVEA has improved its documentation and utilization of minutes of meetings for smooth communication.

Score: from 4 to 4.2 (very slight improvement)



Capability to achieve coherence

The vision and mission of the organization have been revised in 2013. Hence, mission statements are updated to include all development agendas. New operational guidelines have been developed since the baseline. These include; HRM guidelines, M&E manual, track record manual, board selection criteria and others. Child Protection Policy Manual, Sexual reproductive health manual, and resource mobilization manuals are also developed in 2013. The project strategies and action plans are all in line with the vision and mission of the organization. The management together with the board members monitor the alignments of operational plans to the vision and mission of the organisation. Besides, NVEA has been working in mutually supportive efforts through establishing good partnerships and working relationships with different concerned government organizations at different levels, CBOs, and the community at grass roots level.

Score: from 4.1 to 4.6 (slight improvement)

4.2.2 Key organisational capacity changes - general causal map

Below you can find a description of the key changes in organizational capacity of NVEA since the baseline as expressed by NVEA staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on NVEA from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how NVEA has changed since the baseline.

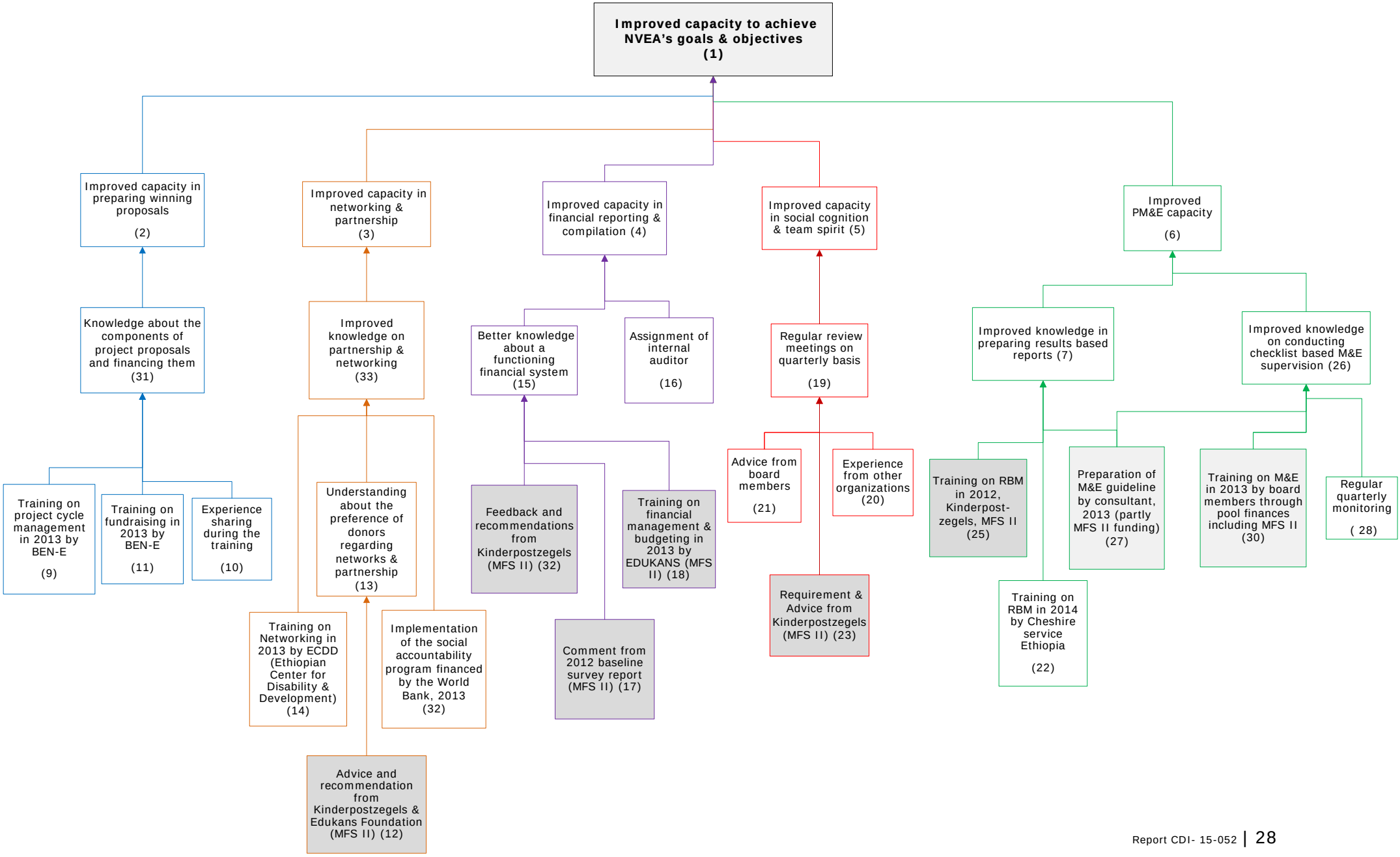
The endline workshop was conducted on September 6, 2014, at NVEA headquarters in Addis Abeba. Nine NVEA staff of five job categories participated: management, program, M&E, field staff and administration and finance staff. Following the self-assessment, staff brainstormed about and developed a causal map for the key changes that happened in NVEA since the MFS II baseline survey in 2012 in the area of organizational capacity.

At the endline workshop it was clarified that the overall organizational capacity goal of NVEA is **improved capacity to achieve NVEA's goals and objectives (1).** Staff agreed that in the process to achieve this goal, NVEA has improved the following capacities since the baseline in 2012:

- Improved capacity to prepare winning proposals (2)
- Improved capacity for networking and partnerships (3)
- Improved capacity in financial reporting and compiling (4)
- Improved capacity in social cognition and team spirit (5)
- Improved capacity in PME (6)

Each of these five key organizational capacity changes is further explained below. The numbers correspond to the numbers in the visual below.

NVEA Key organisaional capacity changes causal map



Improved capacity to prepare winning proposals (2)

NVEA now has a better capacity in preparing winning proposals (2): staff now has knowledge on what key components to include in proposals, as required by donors (31). For example, they now know how to prepare an M&E framework for a proposal. Because of this, three proposals have been accepted (two proposals by Bill and Melinda Gates foundation and one by Cheshire foundations. One proposal submitted to Edukans foundation was dropped at the last review round.

The interventions and factors that helped NVEA to prepare winning proposals, include the training on Project cycle management that was organized and funded by Basic Education Network (BEN)- E (Ethiopia) in 2013 (9) and the training on fundraising by the same organization (11). Both trainings helped staff to gain knowledge on the basic components of a project proposal and getting donors that will finance it (31). Apart from the trainings, the experience sharing during these trainings were also instrumental for the improvement in knowledge (10).

Improved capacity in partnerships and networking (3)

NVEA has improved its partnership capacity related to how to engage key stakeholders in the project cycle - planning, implementation, monitoring and evaluation and network with organizations that work on education and children's issues. The main factor that contributed to this is the knowledge NVEA got on partnership and networking (33). NVEA acquired this knowledge though the training on networking that was organized by the Ethiopian Center for disability and development (ECDD) in 2013 (14) and the information and advice given to them by Kinderpostzegels and Edukans foundations (MFS II funded) (12) on preference of donors regarding working with partners and networks for better impact (13). In addition, the implementation of the social accountability program which is financed by the World Bank in 2013 (32) enabled NVEA to get practical knowledge on how to work better with partners and networks.

Improved capacity in financial reporting and compilation (4)

The financial reports that are now being prepared by the finance staff have improved and they receive fewer comments as they fulfill the requirements of the financial report set by donors and the government. Furthermore, the financial reports are now submitted on time. The interventions that supported this improvement include the steps taken by NVEA to improve the financial system and comply with the feedback that it received from donors, including Kinderpostzegels (32) regarding its inefficient financial system which was run by junior staff. The comment that was mentioned in the 2012 MFS II 5c baseline survey reinforced the feedback (17). In line with this, the training they received on financial management and budgeting (18) in 2013 by Edukans which gave them an all-round knowledge about the creation of an efficient and effective financial system (15) became instrumental. The training also helped them to share knowledge with others on how they run their financial systems. To make the system sustainable they also assigned an internal auditor (16) who makes sure that the financial transactions are compliant to the procedures and regulations set in the financial manual.

Improved capacity in social cognition and team spirit (5)

Majority of NVEA staffs are less experienced and junior to development work. Therefore, creation of a mechanism that helps them to follow the day-to-day operations and things that are happening in the organization were difficult to create social cognition. This refers to a capacity related to creation of an atmosphere where all staffs are well informed about what is happening in the organization. This in turn has inculcated a team spirit among all staff. NVEA believes that this is a capacity that has improved after 2012 mainly because of regular review meetings, carried out on quarterly basis (19). Before 2012, meetings were not held regularly. This was as a result of the feedback and advice of different stakeholders, including the NVEA board (21) and Kinderpostzegels (23). In addition, the experience NVEA got from other organizations (20) also contributed to convince NVEA to institutionalize the regular quarterly meetings and update the staff about the current happenings.

Improved capacity in PME (6)

Currently NVEA has a better PME capacity, which has become useful for the organization to monitor its performance, as well as to donors who now receive regular and better quality reports. The factors that contributed to this are described below:

- Improved knowledge in preparing results based reports (7): this knowledge has enabled NVEA to report not only on activities but also on how these activities have resulted in outcomes. NVEA built this knowledge through the training on Results Based Management (RBM) in 2012 by Kinderpostzegels (MFS II) (25) and RBM in 2014 by Cheshire service Ethiopia (22). The M&E guideline that was prepared by a consultant in 2013, with partial contribution of MFS II funding (pool funding), guided the staff on what, how and when to collect data and how the reporting process was to be done (27).
- Knowledge on conducting checklist based M&E supervision (26): Before the baseline in 2012 NVEA staff used to conduct monitoring and supervision of projects without having a systematically prepared checklist or guideline. This has now improved and HQs staff as well as the field staff has knowledge in preparing and conducting regular monitoring and supervision (26). The training on M&E in 2013 by board members through the partial financial contribution of MFS II (pool funding) (30) helped them to gain the knowledge. In addition, the M&E guideline prepared by the consultant gave them a concrete example on what kind of checklist for data collection could be used by NVEA (27). The regular quarterly monitoring (28) that is carried out in the HQs also enabled them to refine their knowledge on the kinds of information needed for NVEA and how it should be collected.

5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited NVEA staff in the organizations HQs in Addis Ababa and explained the purpose and the process of the 5C end line assessment. During the visit the team agreed on the workshop dates including the type and number of staff who will attend the workshop. In addition, the team also gave the "support to capacity development sheet" to be filled by NVEA staff.

The Ethiopian 5C assessment team conducted the assessment in three visits. First visit, to conduct the self-assessment workshop with total of nine staff members and ask the staff to fill the self-assessment form in their respective five subgroups (management(1); program(1); M&E(1); HRM and administration (4) and field staff (2)). This was followed by a second visit to carry out a brainstorming session and develop a general causal map that explains the key organisational capacity changes that have occurred in NVEA since the baseline in 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessment and to better understand the changes in NVEA's capacity since the baseline in 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms.

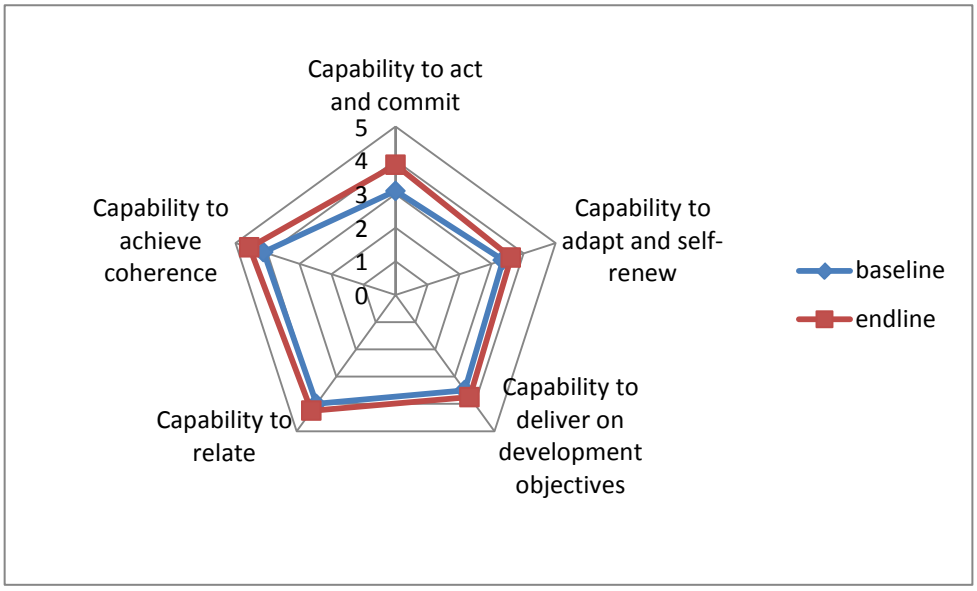
The plan of the evaluation team to also conduct two interviews with NVEA partners didn't materialize because the interview overlapped with other activities that were to be carried out in the SPO by the assessment team because getting the SPO's partners required the assessment team to travel to the field sites of the SPO which are far from Addis. No OD consultant has been interviewed. Due to the new CSO regulation, most of the SPOs are not involving consultants frequently because it puts a burden to their administrative cost (the agency categorizes consultancy as overhead). If consultants are hired at all, then is it mainly technical but not OD consultants.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years many improvements took place in the indicators under the capability to act and commit. The management has become more responsive and takes swift action on issues raised by staff. Field staff is now participating in the management committee and there is a close collaboration between management, partners and beneficiaries. Strategic guidance has improved over the last two years in both formal and informal ways. Board members are giving better technical back-up for program and administrative staff, regular meetings are taking place and the reporting mechanism has strengthened. Staff turnover has been negligible in the last two years because of successful staff retention initiatives that were introduced after the feedback of the baseline evaluation in 2012. Incentives for staff have increased as the per diem rate increased, some medical and education costs are covered, salaries increased by 10 percent and there are more training opportunities for staff. Staffs have improved their skills especially in report and proposal writing, project planning and management. DEC, CCRDA, Kinderpostzegels, Edukans and the World Bank have supported NVEA in this by giving trainings. Daily operations are in line with the strategic plan and this has improved because of recruitment of new staff and training on Project M&E. The overall fundraising capacity of NVEA has improved since the baseline: they have acquired new projects in 2013 and 2014 and MFS II funding has also increased. A new funding procedure that the organisation adopted is proposal writing in clusters, in this way they obtained funding from the British Embassy.

In the capability to adapt and self-renew NVEA saw some improvements. The organisation's M&E application improved slightly because of establishing a cost-effective M&E system, using a M&E manual for project follow up and facilitating M&E on a quarterly basis. The program and project staff have been trained in M&E and have gained experience in this. Since the baseline, NVEA is making a very slightly more use of its M&E findings by compiling track records, communicating lessons learned to stakeholders and using them for decision making on strategies. Room for critical reflection has slightly improved because all levels of staff are now welcome to raise issues and these are taken up and are often acted upon by management.

In terms of the capability to deliver on development objectives, NVEA shows slight improvement in its operational plans. The field staff now also make operational plans and day-to-day plans are developed. After the baseline in 2012, NVEA assigned an internal auditor to assure that budgets are used properly and in a transparent way. Finance staff is documenting their work more effectively and procurement is done in a more cost-effective way. Since the ESAP 2 (Ethiopian Social Accountability Program Phase 2) has been launched in 2013, NVEA has improved its bottom-up approach in doing needs assessments among beneficiaries of their programs to ensure their needs are being met.

In the capability to relate, NVEA has shown very slight improvement in engaging in networks because they are now involved in a new partnership with the British Embassy. Frequency of visits to target groups has increased because thanks to Kinderpostzegels, NVEA now has motor bikes to visit the target groups more often. There has been a very slight improvement in internal relations because of better documentation and use of minutes of meetings.

Finally, NVEA has improved in a few indicators under the capability to achieve coherence. In 2013 NVEA revised its vision, mission, goal, objective and core functions to include adaptations in line with the changing development agenda. New operational guidelines were developed since the baseline on topics including HRM, M&E, Child Protection Policy, SRH manual and resource mobilisation. In the implementation of all its program components, NVEA ensures mutually supportive efforts by establishing good relationships with the concerned government organisations, CBOs, and communities.

During the endline workshop some key organisational capacity changes were brought up by NVEA's staff in the 'general causal map': improved implementation capacity in holistic approach; improved capacity to prepare winning proposals; improved capacity for networking and partnerships; improved capacity in financial reporting and compiling; improved capacity in social cognition and team spirit; and improved capacity in PME. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to NVEA staff, their capacity to prepare winning proposals improved because staff has knowledge on which key components to include in proposals. This was due to a training on project

cycle management in 2013 (funded by Basic Education Network Ethiopia (BEN-E), a training on fundraising by BEN-E and sharing experiences during these trainings. The organisation has improved its capacity in partnerships and networking because of improved knowledge on partnerships and networking. This knowledge was gained through a training on networking by the Ethiopia Center for Disability and Development (ECDD) in 2013; through advice from Kinderpostzegels and Edukans (MFS II funded) on preferences of donors regarding working with partners for better impact and by implementing the social accountability program in 2013 (funded by the World Bank). NVEA improved its capacity in financial reporting and compilation due to better knowledge about a functioning financial system and the assignment of an internal auditor. NVEA learned about a functioning financial system through the feedback of the MFS II 5c baseline evaluation in 2012, feedback and recommendations from Kinderpostzegels (MFS II funded) and a training on financial management and budgeting in 2013 by Edukans (MFS II funded). According to NVEA staff they improved their capacity in social cognition and team spirit due to regular review meetings (on a quarterly basis) which were introduced as a result of the feedback and advice of the NVEA board, a requirement of Kinderpostzegels (MFS II funded) and experience from other organisations. Finally, NVEA improved its capacity in PME because of improved knowledge in preparing results based reports and on conducting checklist based M&E supervision. Knowledge on preparing reports improved because of a training on Results Based Management (RBM) in 2012 (funded by MFS II); a training on RBM in 2014 by Cheshire Service Ethiopia; and the preparation of M&E guidelines by a consultant in 2013 (partly funded by MFS II). Knowledge on M&E supervision improved because of these M&E guidelines; a training on M&E in 2013 by board members (partially MFS II funded); and regular quarterly monitoring. According to NVEA, MFS II funded capacity development interventions have thus played a role in improved capacity in networking and partnerships; improved capacity in financial reporting and compilation; and improved PME capacity. This was through training, advice and feedback, and the development of a M&E guideline. However, internal factors like advice from board members, assigning an internal auditor and regular review meetings have also played an important role in the key organisational capacity changes that the NVEA staff considered important since the baseline in 2012. Support from other funders, like BEN-E, the World Bank, Cheshire Service Ethiopia in terms of training, has also been mentioned as among the underlying factors for these changes.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 270-280**.**

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

NVEA Finance Manual .doc
NVEA HRD Policy and Plan.doc
NVEA HRD Policy and plan.docx
NVEA Salary Scale and Job description.doc
PCAT areas of improvement NVEA Amakelew March 2012 (20.04.12) .doc
Report from NVEA.docx
Results 2013 Targets 2014 NFBE Project NVEA (15 12 13).xlsx
Revised Bi-Annual Financial Report January - June 2013 NBFE project Sibu Sire NVEA (20.09.13).xls
Revised Project Activity Proposal 2013 ABE project Sibu Sire NVEA (08.11.12).doc
Schedule of the RBM refreshment training June 2012.doc
Sibu Sire Activity Proposal 2014 NVEA revised (15.12.13).docx
Strategic plan 2012-2016.docx
Table Situation construction ABE Centers - model (01 11 12).doc
Target group data NFBE project 2013 NVEA (gender) (15 12 13).xls
Target group data NFBE project 2013 NVEA (gender) (23.11.13).xls
the 5 capabilities.doc
Training Handout Workshop on CPP July 2012 (09.08.12).doc
Training Time Table for CPP Training July 2012 (09.08.12).doc
2011 Connect fot change Anual financial report.xlsx
2012 Connect fot change Anual financial report.xlsx
2012 Lessons Learned Policy document NVEA (22.11.12).docx
2013 - Full PCAT Final Score - NVEA.doc
2013 NVEA Assessment Results Final Summary Sheet.doc
Annual Financial Report 2012 NFBE project Sibu Sire NVEA (29.03.13).xls
Annual report 2012 CD alliance final (29.04.13).doc
Annual Report 2012 NFBE project Sibu Sire NVEA (23.03.13).docx
Annual Report 2013 NFBE project Sibu Sire NVEA (21.01.14).docx
Approved Budget 2013 NVEA Sibu Sire final (10.12.12).pdf
Baseline Data school enrolment NVEA revised final (26.11.12).xls
Bi-Annual Financial Report January - June 2013 NFBE project Sibu Sire NVEA (16.07.13).xls
Budget proposal NFBE project 2014 NVEA (21.11.13).xls
Budget Proposal 2013 NVEA revised final (26.11.12).xls
C ontract of Gift 2013 NVEA Sibu Sire (10.12.12).pdf
C4C 2014 bi-annual report.docx
CD Alliance Final Reserach Report Awareness Raising - Berhanu Berke- September 2013.pdf
Child Protection Action Plan NVEA Oct 2012 (01.11.12).xlsx
Contract of Gift 2014 and Approved Budget 2014 NFBE project Sibu Sire NVEA (14.01.14).pdf
Cover and Table of contents.doc
CPP training minutes July 2012 final (13.08.12).doc
F - The Annual MFS II Partners Meeting was convened from October 3- Revised Edition (20.12.12).pdf
Feed back letter Ref discussion at NVEA's head office in Addis (23.10.12).doc
Feedback letter to NVEA 2013 (final) (06.11.13).doc
Final Report Annual MFS II Partners Meeting 2013 (10 11 13) Final Version.doc
Financial Report 2013 ABE project Sibu Sire NVEA (20.02.14).xls
ICT Learining events Ambo 2013.docx
Monitoring Report NVEA Amakelew 2nd Round visit 7 Nov 2012 (20.11.12).doc
Monitoring Visit Report April 2013 NVEA Amakelew (11.06.13).doc
New Vision in EMIS training.docx
Number of persons reached by NFBE project NVEA 2014-2016 (15.12.13).doc
NVEA (Ethiopia5C) key info document_06.03.14.docx
NVEA Annual Financial Report of SKN 2013.xls
NVEA Annual Narrative Report of SKN 2013 Project.docx

Fieldwork data:

B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_NVEA_DEC_Edukans_completed_with_interview.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_NVEA_DEC_ICCO.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_NVEA_Kinderpostzegels.docx
A_5c endline_assessment sheet_C4C_Ethiopia_NVEA_DEC_Edukans_ICCO_completed_with_interview.docx
A_5c endline_assessment sheet_C4C_Ethiopia_NVEA_Edukans.docx
A_5c endline_assessment sheet_CDA_Ethiopia_NVEA_Kinderpostzegels.docx
G_5c endline self-assessment sheet_programme staff_Ethiopia_NVEA.docx
H_5c endline self-assessment sheet_MandE staff_Ethiopia_NVEA.docx
I_5c endline self-assessment sheet_admin HRM staff_Ethiopia_NVEA.docx
J_5c endline self-assessment sheet_field staff_Ethiopia_NVEA.docx
L_5c endline interview guide_subgroup_management_selected indicators_Ethiopia_NVEA-completed.doc
M_5c endline interview guide_subgroup_program staff_selected indicators_Ethiopia_NVEA.doc
N_5c endline interview guide_subgroup_MandE staff_selected indicators_Ethiopia_NVEA -complted.doc
O_5c endline interview guide_subgroup_admin and HRM staff_selected indicators_Ethiopia_NVEA.doc
Q_5c endline observation sheet_Ethiopia_NVEA.doc
R_5c endline_observable indicators at SPO_Ethiopia_NVEA.doc
C_5C endline_support to capacity development sheet_SPO perspective_Ethiopia_NVEA.docx
F_5c endline self-assessment sheet_management_Ethiopia_NVEA-completed.docx

List of Respondents

Alliance / CFA officers:

No.	Name	Function
1	Gezahegn Lamessa	C4C Programme Coordinator DEC Ethiopia
2	Aart van den Broek	Manager Education Programmes Edukans
3	Hendrien Maat	C4C coordinator Ethiopia; senior education specialist Edukans
4	Liana Hoornweg	Programme Officer Education, ICCO Cooperation Regional Office; ICCO Contact for Edukans

NVEA staff:

No.	Name	Function in the organisation
1	Dessalegn Lemessa	Executive . Director
2	Shumi Kenno	Program Coordinator (M&E Unit)
3	Gishu Abera	Program Officer
4	Firehiwot Tezera	Finance Officer
5	Senayit Dadhi	Assistant Finance Officer
6	Amsalework Tiret	Secretary
7	Yodit Dereje	Cashier
8	Gelan Bekuma	Project coordinator (Sibu Sire)
9	Sekata Assefa	Project Coordinator (Bako-Tibe)

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline

has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[2] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

[2] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Key steps to assess changes in indicators are described

16. Provide the description of indicators in the relevant formats – CDI team
17. Review the descriptions per indicator – in-country team & CDI team
18. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
19. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
20. Organise the field visit to the SPO – in-country team
21. Interview the CFA – CDI team
22. Run the endline workshop with the SPO – in-country team
23. Interview SPO staff – in-country team
24. Fill-in observation sheets – in-country team
25. Interview externals – in-country team
26. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
27. Provide to the overview of information per 5c indicator to in-country team – CDI team
28. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
29. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
30. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o -2 = Considerable deterioration
   - o -1 = A slight deterioration
   - o 0 = No change occurred, the situation is the same as in 2012
   - o +1 = Slight improvement
   - o +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .

- o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
- o Intervention, actor or factor at the level of or by the **other funders**: ..... .
- o **Other** interventions, actors or factors: ..... .
- o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

*Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;

- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

Purpose of the fieldwork**:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the

baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

***Self-assessments*:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which

the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.

Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.

Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on

17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[3]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[3] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Reed een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team

Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team

Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team

Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team

Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team

Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team

Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team

Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.
The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

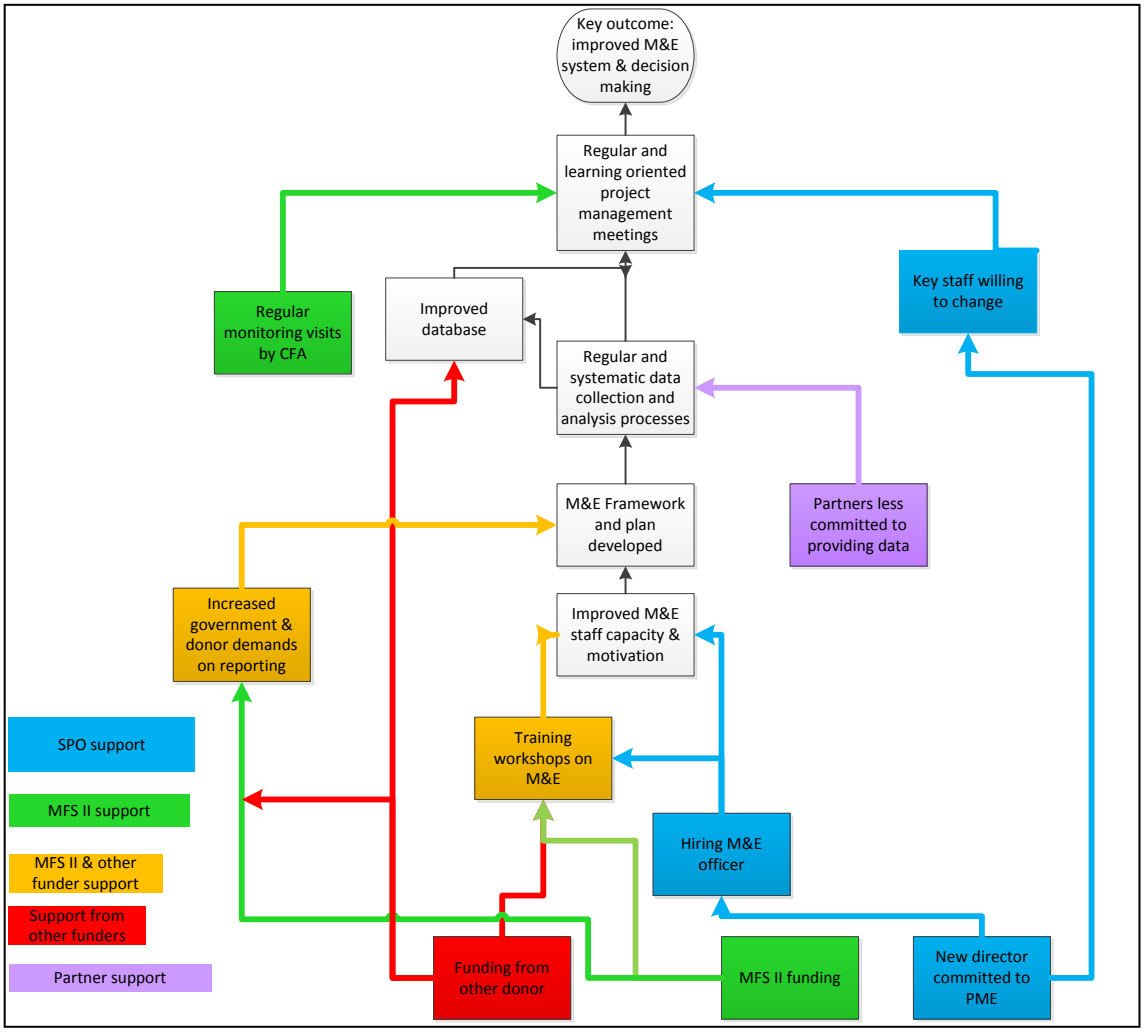


Figure 1 *An imaginary example of a model of change*

Step 5. Identify ***types of evidence*** *needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

*Step 6. **Collect data** to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

*Step 7. **Assess the quality** of data and **analyse data**, and develop the **final detailed causal map** (model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

- Confirming/ rejecting a causal relation (yes/no);
- Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
- Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in

the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a

result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

Capacity is referred to as the overall ability of an organisation or system to create value for others;

Capabilities are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);

Competencies are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1) The capability to act and commit;
2) The capability to deliver on development objectives;
3) The capability to adapt and self-renew;
4) The capability to relate (to external stakeholders);
5) The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'
This is about leadership within the organisation (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organisation.

Compared to the baseline situation, clear roles and responsibilities are assigned for respective program and administrative staff. The commitment of the top management in building better team spirit, staff motivation and shared decision making has improved compared to the baseline situation. Currently, the executive director influence has reduced and his role is becoming more based on facilitation. As a result staff members are empowered to make independent decisions. Participation of the field staff in the management committee is a new phenomenon in NVEA. The organization is open to new ideas and staffs are free to come up with different ideas and the management is responsive by providing swift action to tackle the issues raised. Overall there is an improvement in proper handling of staff. An improvement has also been observed in the close collaboration between management and the partners and beneficiaries.

Score: from 3 to 4 (improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'
This is about the extent to which the leader(s) provide strategic directions

Strategic guidance has improved compared to the baseline situation through formal and informal ways of communication. Among the formal ways, a regular meeting with the staff in place and the reporting mechanism is becoming an encouraging means to bring novel ideas to inform and develop strategic directions. The board members have also provided a better technical back-up for program and administrative staff in the last two years. The board members provide guidance on budget utilization, reporting mechanisms and procedures. Each board member has supported the organization in different ways. For example, one of the board members provided training for program staff on Result-based Management and report writing skills. Another member developed a concept note on food security, while a third board member supports auditing systems. NVEA has trained and assigned one of its staff members as an internal auditor to assist the finance staff and reconcile the program activities with their respective budget every two months.

Score: from 3 to 3.5 (improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'
This is about staff turnover.

Based on the feedback of baseline evaluation result of 2012 NVEA has worked to create a better working environment, the board has made the salary of the staff more attractive, incentives have been improved and a letter of appreciation has been given to the best performers to recognize their effort. In addition to this, training has been provided at least twice a year. World Bank has provided trainings on Social Accountability twice a year since 2012. Besides this, staff members are satisfied

with most terms and conditions of the organization as similar to the baseline situation. As a result stuff turnover is negligible in the last two years.

Score: from 3 to 4 (improvement)

1.4. Organisational structure: 'Existence of clear organisational structure reflecting the objectives of the organisation'
Observable indicator: Staff have copy of org structure and understand this

In terms of having a clear organizational structure key informants do not observe any change compared to the baseline situation. NVEA has assigned clear roles and responsibilities for respective program and administrative staff. There is an organizational structure and policy manual. The organogram of the organization is posted in a clearly visible location. However, compared to the baseline situation NVEA has become better structured in both program and finance divisions.

Score: from 3 to 3.5 (slight improvement)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'
Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

NVEA has developed a new strategic plan (2012-2016) in 2012. NVEA included interventions on disability and livelihood, interventions that were already part of the activities but not articulated in the previous strategic plan. Programs like child protection policy was developed with the sponsorship of Kinderpostzegels to help us become more responsive and inclusive.

Score: from 4 to 4 (no change)

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'
This is about the extent to which day-to-day operations are aligned with strategic plans.

The organization has revised its strategic plan in 2012 for the next five years (2012-2016) and since then each and every activity of the organization has been in line with the strategic plan. The operational plans are developed in line with the revised strategic plan. To work in line with the strategic plan new staff members have been recruited and training on Project M&E has been given. Past experiences and lessons learned are used as inputs to have a better implementation capacity in line with the strategic plan.

Score: from 4 to 5 (improvement)

1.7. Staff skills: 'Staff have necessary skills to do their work'
This is about whether staff have the skills necessary to do their work and what skills they might they need.

Compared to the baseline situation a range of capacity building support has been given to the staffs both by the organization itself and partners. Staff has received training in report writing, proposal writing, facilitation and presentation skills, and result based management. Staffs capacity and performance in project planning and implementation have improved. DEC, CCRDA and Kinderpostzegels are the major partners who actively worked on enhancing the staffs capacity through training. The organization uses a cascading approach to sharing skills and knowledge to all other non-participant staffs. In order to have the appropriate staff members on board additional recruitment also took place. Experience sharing has been used as a tool to enhance staffs capacity. Hence, compared to the baseline situation staff members are better equipped with different skills and knowledge to perform their respective assignments effectively and efficiently.
Score: from 2 to 3 (improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'
This is about whether staff at the SPO are offered appropriate training opportunities

A number of trainings have been given in the last two years in NVEA and its partners. Via the Edukans foundation, through the Connect 4 Change Alliance, training on education management information systems and on five organizational capabilities has been given twice a year since 2012. Training on quality education was also given in 2013 and 2014 by ICCO. The Social Accountability Training by the World Bank in 2013 and 2014 and the Kinderpostzegels (C&D alliance) training on M&E, RBM and data collection twice per year are among the trainings to be mentioned. BEN-Ethiopia and CCRDA has also given a training on proposal writing and fund raising, and on M&E in 2013 respectively. In general, it is noticed that training opportunities have improved at NVEA compared to the baseline situation. But as it was in the baseline the 70/30 CSO law is still hampers the provision of better trainings.

Score: from 4 to 4.5 (slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'
This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

Compared to the baseline situation an improvement in incentive structure has been observed. NVEA has increased the per diem rate since 2013, it also introduced a 500 birr medical cost coverage and 25 % education cost coverage. There is also a 10 percent or more salary increment every year based on staff performance. Different top up mechanisms are also in place whenever additional assignments are given to staff. The improvement in the availability of different training opportunities and the enabling working environment in the organization are also considered incentives to motivate staffs in their job.

Score: from 3 to 4 (improvement)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'
This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

NVEA has been working hard on fundraising activities and they have been able to secure more funds since the baseline in 2012. In 2013 and 2014 a number of new projects were launched. Examples are the British Embassy Civil society support program to support Livelihood Improvement Scheme (LIS) for Unemployed Girls in Oromia region, the Direct Child Assistance and Enabling Environment for CWDs, (endorsed by Liliane Foundation and to be financed through Cheshire Service Ethiopia) and the World Bank Ethiopian Social Accountability Program – II in Sibu Sire and Bako Tibe Districts since January 2013. MFS II CFA financial support has also increased compared to the baseline situation. In general, the overall fundraising capacity of NVEA has improved compared to the baseline situation.

Score: from 2 to 3 (improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'
This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

NVEA has a fundraising strategy document since the baseline but recently the staffs' capacity has improved so that they can write competitive proposals. Besides, from the perspective of the programmatic approach, proposal writing in clusters has been a new form of funding procedures. As a result of the cluster proposal writing they got funding from British Embassy together with other partner SPOs.

Score: from 3 to 4 (improvement)

Summary of the capability to act and commit

The commitment of the top management in building better team spirit, staff motivation and shared decision making has improved compared to the baseline situation. Currently, the executive director influence has reduced and his role is becoming more based on facilitation. As a result staff members are empowered to make independent decisions. Participation of the field staff in the management committee is a new phenomenon in NVEA. Strategic guidance has improved compared to the baseline situation through formal and informal ways of communication. The existence of regular meetings with the staff and reporting mechanism is becoming an encouraging means to bring novel ideas to inform and develop strategic directions. The board members have also provided a better technical back-up for program and administrative staff in the last two years. Staff members are satisfied with most terms and conditions of the organization as similar to the baseline situation and as a result stuff turnover is low. The organization has a clear organizational structure that all staffs are able to access and understand. NVEA has assigned clear roles and responsibilities for respective program and administrative staff. Compared to the baseline situation NVEA has become well-structured in both program and finance divisions. Besides, the organization has revised its strategic plan in 2012 for the next five years and since then each and every activity of the organization has been in line with the strategic plan. However, funding opportunities have also broadened the issues that NVEA is covering such as disability and livelihoods. The operational and the action plans are developed in line with the revised strategic plan. Different training opportunities have been in place for staffs and both by the organization itself and partners and trainings are cascading to others non-participant staffs. NVEA has also hired new staffs in order to have the appropriate staff members on board. Hence, staff members are better equipped with different skills and knowledge to perform their respective assignments effectively and efficiently compared to the baseline situation. In addition to the different training opportunities that existed in NVEA since the baseline, the organization has also improved its incentive structure for staff including increased the per diem rate, medical cost coverage and 25 % education cost coverage as well as salary increment every year based on staff performance. NVEA has a fundraising strategy document since the baseline and has also been working hard on fundraising activities and has been able to secure more funds. As a result a number of new projects were launched in 2013 and 2014.

Score: from 3.1 to 3.9 (slight improvement)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'
This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organisational).

Compared to the baseline situation, NVEA has established a cost-effective monitoring and evaluation system. NVEA uses its M&E manual for project follow-up and it has facilitated M&E on a quarterly basis. Monitoring project intervention at different levels is carried out by team of ‘evaluators’ drawn from key stakeholders at project areas, project staff and program staff from head office. The monitoring feedback has been well documented periodically and communicated on the spot with community representatives and key stakeholders. However, according to the annual report carried 2012 NFBE project Sibu Sire NVEA, even with an increasing number of its projects and areas of operation , NVEA has not been good in undertaking a systematic outcome evaluation and impact assessment involving a wide range of stakeholders in this project. This relates specifically to this project. This has largely been due to the lack of a user–friendly manual to guide the M&E process, lack of expertise within the organization and shortage of funds to hire external evaluators.

Score: from 3 to 3.5 (slight improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'
This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

Compared to the baseline situation, it is reported that NVEA has a well-developed M&E manual which helps the program staff effectively to apply the M&E system in the field. At the same time, the program and project staff have trained on M&E more than one time, and have ample experience in M&E as well as data collection. NVEA has also organized in house training on these topics. Refreshment training on Results Based Management has been undertaken.

Score: from 3 to 3.5 (slight improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'
This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

Feedback and results of M&E are used as an input to revise the strategic plan of the organization. M&E reports are being used for future project planning and evaluation. The M&E feedback is also being used for improvement and decisions for future strategies. NVEA has compiled track records and lessons learned and has communicated this to key stakeholders. The weaknesses identified through M&E have been under revision for correction. However, systematic evaluation at the levels of outcomes and impacts involving a wide range of stakeholders is not being done yet in the NFBE project Sibu Sire and this negatively influences the use of monitoring and evaluation for future strategies.

Score: from 3 to 3.25 (slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'
This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

Similar to the baseline situation, every three months staff and management meetings are organised to reflect on the performance of the organization. There is an improvement in sharing ideas and recognition by others staff members. Learning among staffs is improved and feedback is taken from lower level staff to higher staff. Staff ideas are taken positively and used constructively. As an example, based on the idea raised by the financial unit, each project office opened a bank account through joint signatories. This idea was recognized by the management. Staff members are working in a supportive manner through discussion and negotiation. Nowadays, it has become a culture to take the local issues into consideration to develop proposals or to take certain decisions. Staff members have the right to raise issues related to salary and incentives, and in fact great improvement has been seen in this regard: per diem and accommodation rate have improved radically.

Score: from 3 to 3.5 (slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives
This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

Similar to the baseline situation, NVEA fostered good learning, free discussion and an enabling working environment. Staffs are encouraged to come up with new ideas and ideas are respected and taken constructively. Sensitive issues such as salary increment have also been raised without any hesitation. Ideas have been welcomed and treated in the way that harmonious relationship of staff members is maintained and individual interests are been considered. Strong and smooth relationships between staff and management has made it possible to express ideas freely.

Score from 4 to 4 (No change)

2.6. System for tracking environment: 'The organisation has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

Similar to the baseline situation NVEA has tracked the environment by using different means. NVEA has engaged in different networks and forums that enable to share experience and to update itself. Dynamics in the external environment forced the organization to strengthen partnerships and networking with different SPOs and CBOs. NVEA has maintained its close relationship and collaboration both with the government and non-government organizations to share concerns. Consultative meetings, media and magazines are some of the means of tracking the working environment.

Score: from 4 to 4 (no change)

2.7. Stakeholder responsiveness: 'The organisation is open and responsive to their stakeholders and the general public'
This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

NVEA has continued to be responsive as it has been in the baseline situation. Stakeholders have been the starting point for any intervention. Before carrying out ongoing or new projects stakeholders have been consulted. Only in consensus with them are the interventions continued. For example, where schools would be constructed, discussions took place beforehand whether the community would be able to contribute matching funds for construction. During General Assembly meetings ideas generated from key stakeholders and board members on how to diversify resources or how to incorporate issues of green economy within schools are always considered. Giving due respect to the values and norms of the community has helped NVEA to get community trust and support in all their interventions. At the grassroots level, CBOs and FBO are closely working with NVEA to encourage the community as a whole to take part in development endeavours.

Score: from 3.5 to 3.5 (no change)

Summary of the capability to adapt and self-renew
Compared to the baseline situation, NVEA has established a cost-effective monitoring and evaluation system. NVEA uses its M&E manual for project follow-up and it has facilitated and carried out M&E on quarterly basis by a team of 'evaluators' drawn from key stakeholders at project areas, project staff and program staff from head office. The program and project staff have been trained on M&E and have ample experience and competence in application of M&E. However, NVEA has not been good in undertaking a systematic outcome evaluation and impact assessment involving a wide range of stakeholders. This has largely been due to lack of a user–friendly manual to guide the process, lack of expertise within the organization and shortage of funds to hire external evaluators. On the other hand, staff indicated that the monitoring feedbacks have been well documented periodically and communicated on the spot with community representatives and key stakeholders. Feedback and results of M&E are used as an input to revise the strategic plan of the organization and used for future project planning and evaluation, but as indicated, a systematic evaluation at the levels of outcomes and impacts in collaboration with stakeholders is still lacking in the NFBE project Sibu Sire. There is also an improvement in sharing ideas and recognition by others staff members. Learning among staffs is improved and staffs are encouraged to come up with new ideas and ideas are respected and taken constructively. Similar to the baseline situation NVEA has tracked the environment by using different means. Dynamics of the external environment forced the organization to strengthen partnerships and networking with different SPOs and CBOs. NVEA has been responsive to stakeholders starting from the initial stage of any intervention. Stakeholders have been consulted and engaged in the planning, implementation and M&E of projects and only in consensus with them are the interventions are being implemented.

Score: from 3.4 to 3.6 (very slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organisation has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

NVEA has an operational plan for each project. This operational plan is prepared through a participatory approach of all staff members so that each person is able to understand the operational plan clearly. Compared to the baseline situation, the operational plans have started to be developed for the day to day activities of the program. Unlike during the baseline, the field staff has started to prepare operational plans. The project staff requests budgets by preparing specifications based on the operational plan.

Score: from 3 to 3.5 (Slight improvement)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

After the baseline period, in order to properly follow up and inspect the financial procedure of the organization, an internal auditor was assigned from the members of the current staff. Accordingly, the budgets are used properly and in a transparent way. Compared to the baseline situation, the finance staffs have improved their documentation systems effectively. Now procurements are undertaken by collecting pro forma or announcing bids in order to be cost effective. The management also allowed the finance staff to get trainings that boost their skills.

Score from 4 to 4.5 (slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

Now NVEA is intervening in 20 primary schools, a fourfold increment compared to the baseline situation. This is due to the accumulated experience of the SPO and the commitment of the vibrant and junior staff members. The organization's capacity in providing quality reports within the limited time has improved. NVEA has established a system to measure outputs and outcomes of the project by comparing these with its respective plans. To this effect, checklists and different indicators are incorporated to measure project results. Unlike the baseline situation, the program staff members have been capable of developing logframes effectively. The management let the program staff get trainings on project cycle management and other related topics so that their capacity to deliver planned outputs can be enhanced.

Score: from 4 to 4 (no change)

3.4. Mechanisms for beneficiary needs: 'The organisation has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

NVEA has been considering the needs of the beneficiaries by conducting needs assessments. Accordingly a bottom-up approach is implemented instead of top–down and beneficiaries are directly involved in planning. This issue has improved especially since ESAP 2 (Ethiopian Social Accountability Program Phase 2) has been launched in 2013. Now the vulnerable groups (people with disabilities, HIV infected women, youth) are taking part in planning, monitoring and evaluating the services being rendered to them including services from the government. Establishing a stakeholder forum which invites both service users and providers to assess their intervention is another means for addressing the beneficiaries need.

Score: from 3.5 to 4 (slight improvement)

3.5. Monitoring efficiency: 'The organisation monitors its efficiency by linking outputs and related inputs (input-output ratios)'
This is about how the SPO knows they are efficient or not in their work.

To measure and follow up the organization uses efficiency monitoring and evaluation check lists, beneficiary feedback, and pre-designed economic strategy. However, some staff members stated that the organization does not do an input-output ratio analysis to measure efficiency.

Score: from 3.5 to 3.5 (o change)

3.6. Balancing quality-efficiency: 'The organisation aims at balancing efficiency requirements with the quality of its work'
This is about how the SPO ensures quality work with the resources available

Quality is the central point of each activity in NVEA. In NVEA activities are not accomplished only for the sake of fulfilling requirements; rather, the question of quality is compulsory while intervening. As a result NVEA always trying to maintain quality and efficiency. But there is no new thing in the end line period.

Score: from 3 to 3 (no change)

Summary capability to deliver on development objectives
NVEA has an operational plan for each project. This operational plan is prepared through a participatory approach of all staff members so that each person is able to understand the operational plan clearly. The organization's funds are used properly and in a transparent way due to the fact that NVEA has assigned an internal auditor in order to properly follow up and inspect the implementation of the financial procedures. Besides, Now NVEA is intervening in 20 primary schools, a fourfold increment compared to the baseline situation. The organization competency in providing quality reports within the limited time has also improved. NVEA has been considering the needs of the beneficiaries by conducting needs assessments. Accordingly a bottom-up approach is implemented and beneficiaries are directly involved in the whole planning process. Quality is the central point of each activity in NVEA. The organization uses Check lists and beneficiary feedback to measure and follow up on efficiency and quality during monitoring and evaluation. However, measuring inputs to related outputs is not happening.

Score: from 3.5 to 3.7 (slight improvement)

Capability to relate
4.1. Stakeholder engagement in policies and strategies: 'The organisation maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organisation'
This is about whether the SPO engages external groups in developing their policies and strategies, and how.

As it has been done in the baseline, relevant external stakeholders are consulted in the preparation of different policies and strategies for project implementation. To be specific after the baseline period, stakeholders at district and zone level have been involved in developing the Child Protection Policy and Sexual and Reproductive Health policy. However some staffs stated that they did not see any significant difference in participatory strategy development.

Score: from 4 to 4 (no change)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'
This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

NVEA maintains a strong partnership with different partners and stakeholders including specific government offices. Hence, NIVEA's partnership with Basic Education (BEN)-Ethiopia, Consortium on Christian Relief Development Association (CCRDA) and Consortium of Health Associations (CORHA) and Development Expertise Consortium (DEC) Oromia cluster still exists since the baseline period. NVEA is now also included in a new partnership with the British Embassy. NVEA is working to form partnerships with international partners and potential stakeholders.

Score: from 4 to 4.25 (slight improvement)

4.3. Engagement with target groups: 'The organisation performs frequent visits to their target groups/ beneficiaries in their living environment'
This is about how and when the SPO meets with target groups.

Target groups level review meetings are held and monitoring by target groups are conducted frequently to measure whether the interventions meets their needs as well as to set possible recommended solutions for identified gaps. During the baseline period the main problem to frequently visit beneficiaries was related to transport but now Kinderpostzegels has purchased motor bikes and the program staff members are able to frequently visit the target groups.

Score: from 4 to 4.5 (slight improvement)

4.4. Relationships within organisation: 'Organisational structure and culture facilitates open internal contacts, communication, and decision-making'
How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

Similar to the baseline situation, regular management and staff meetings, face to face communications, email, telephone, and (when necessary) urgent meetings have been conducted. During the endline period NVEA has improved its documentation and utilization of meeting minutes. Lesson documentation and track records have shown a slight improvement in the organization.

Score: from 4 to 4.25 (very slight Improvement)

Summary of the capability to relate
Relevant external stakeholders are consulted in the preparation of different policies and strategies for project implementation. To be specific after the baseline period, stakeholders at district and zone level have been involved in developing the Child Protection Policy and Sexual and Reproductive Health policy. NVEA maintains a strong partnership with different partners and stakeholders including specific government offices and has become a member of a new partnership with the British Embassy. Target groups have been involved in regular review meetings and monitoring to measure whether the interventions meet their needs as well as to set possible recommended solutions for identified gaps. Kinderpostzegels (MFS II funding) has purchased motor bikes and the program staff members are now able to frequently visit the target groups. Relationships within the organization have also been improved through regular management and staff meetings, face to face communications, email, telephone, and (when necessary) urgent meetings have been conducted. NVEA has improved its documentation and utilization of minutes of meetings for smooth communication.
Score: from 4 to 4.2 (very slight improvement)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'
This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

The vision and mission of the organization have been revised in 2013. Hence, mission statements are updated to include all development agendas. For instance, the previous mission has not considered

agricultural issues, but the revised one does address this since agriculture is now one of NVEA's program areas. The goal, objective and core functions of the organization have also been revised.

Score: from 4.5 to 4.75 (slight improvement)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'
This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

New operational guidelines have been developed since the baseline. These include; HRM guidelines, M&E manual, track record manual, board selection criteria and others. Child Protection Policy Manual, Sexual reproductive health manual, and resource mobilization manuals are also developed in 2013. Nevertheless, some staffs did not see the change in operational guidelines and manuals development.

Score: from 4 to 4.5 (slight improvement)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organisation'
This is about whether the operations and strategies are line with the vision/mission of the SPO.

NVEA continues to work in line with its mission and vision as it was in the baseline. The projects, strategies and action plans are all in line with the vision and mission of the organization. The management together with the board members monitor the alignments.

Score: from 5 to 5 (no change)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'
This is about whether the efforts in one project complement/support efforts in other projects.

In the implementation of all its program components, NVEA has established good partnerships and working relationships with different concerned government organizations at different levels, CBO's, and the community at grass roots level. This is important since the involvement of the District Education Office, the Social Affairs Offices, the Finance and Economic Development Bureau and the Health Office is very mandatory in achieving the program goals. This has enabled NVEA to collaborate on issues of mutual concern and the organization has been able to further strengthen its engagement in promoting access to basic education for the rights of the disadvantaged children as well as to the members of the community.

Score: from 3 to 4 (improvement)

Summary of the capability to achieve coherence
The vision and mission of the organization have been revised in 2013. Hence, mission statements are updated to include all development agendas. New operational guidelines have been developed since the baseline. These include; HRM guidelines, M&E manual, track record manual, board selection criteria and others. Child Protection Policy Manual, Sexual reproductive health manual, and resource mobilization manuals are also developed in 2013. The project strategies and action plans are all in line with the vision and mission of the organization. The management together with the board members monitor the alignments of operational plans to the vision and mission of the organisation. Besides, NVEA has been working in mutually supportive efforts through establishing good partnerships and working relationships with different concerned government organizations at different levels, CBOs, and the community at grass roots level.

Score: from 4.1 to 4.6 (slight improvement)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-052

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

C1

MDG

FOLLOW-UP REPORT

Country	Ethiopia
Consortium	Child and Development Alliance
Responsible Dutch NGO	Kinderpostzegels
Project (if applicable)	Non formal alternative basic education in Sibu Sire Woreda
Southern partner organisation	New Vision in Education Association (NVEA)

The project/partner is part of the sample for the following evaluation component(s):

Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

Evaluation team:

University of Groningen: Nina Hansen, Elisabetta de Cao, and Steffen Eriksen

IFPRI/ESARO Ethiopia: Elias Zerfu, Tekalign Gutu, and Dereje Getu

Abstract

Despite all efforts to increase primary school enrolment among rural children in developing countries, some students still do not attend school. The current intervention aimed to increase access to education and improve quality of education for these working and outside school children by offering non-formal education in the first cycle of primary school (e.g., different and additional learning materials). In close collaboration with the communities and government, New Vision in Education Association (NVEA) constructed four Alternative Basic Education Centers (ABE Centers). This evaluation focused on the primary beneficiaries of the project, namely children in the first cycle of primary school of two ABE centers. We compared children who were enrolled in the two newly opened ABE centers with children in two governmental schools. Children were interviewed in September 2012 in their first weeks of school in grade 1 and again in May 2014 at the end of grade 2. Important to note, after a year NVEA had to adapt the curriculum in the ABE centers to the teaching in governmental schools. Nonetheless, at the time of the endline ABE centers differed from the governmental schools with respect to a better equipped learning environment (e.g., additional learning materials and better infrastructure). Balance tests and double difference analyses are reported for the outcomes of this project. In sum, ABE Centers increased access to education and the quality of education, important aspects of the Millennium Development Goal 2. The results indicated that students in the ABE centers overall performed better on a learning test (driven by subtests in the language of instruction, math, and English) compared to students in the governmental schools. Keeping methodological challenges in mind, efficiency calculations suggested that the project was quite cost effective.

1. Introduction

Primary school enrollment rates of 82.5 % in low income countries are lower than those in high income countries where 95.6 % of the children attend primary education (World Bank, 2012). The difference is even bigger when comparing the percentage of students who finish their primary education: only 71.5% of the students complete their primary education in low income countries compared to 98.9% in high income countries (World Bank, 2012). One approach to increase school enrollment and decrease school dropout is to offer non-formal education. The paper set out to evaluate the non-formal alternative basic education project (ABE centers) in Sibu Sire Woreda, Ethiopia. This project was funded by Kinderpostzegels and implemented by New Vision in Education Association (NVEA). The main objective of this project was to create access to basic education improving the quality of education for disadvantaged children in the first cycle of primary schools in this rural area by constructing Alternative Basic Education Centers (ABE Centers). This evaluation focused on the primary beneficiaries of the project, namely primary school children. We compared children who are enrolled in two newly opened ABE centers with children in governmental schools. We interviewed children in September 2012 in their first weeks of school in grade 1 and again in May 2014 at the end of grade 2. Balance tests and Double Difference analyses are reported for the project outcomes with respect to quality of education, important aspects of the Millennium Development Goal 2. This report begins by presenting the local context in which the project has been implemented. This is followed by a description of the project, budget, result chain, and theory of change. Next, the methodology and data collection are described. Next, the analyses and results are presented. The paper ends with a discussion of the results, efficiency calculations, and conclusions.

2. Context

The aim of the project is to create access to basic education for disadvantaged children in the first cycle of primary schools in rural areas of Sibu Sire Woreda, East Wollega Zone, Oromiya Regional State by constructing Alternative Basic Education Centers (ABE Centers). To achieve this, centers are set up with support of the local community. In addition, awareness raising campaigns are organized to promote the rights of the child in particular, the right on education, and to fight harmful traditional practices such as child labour, early marriage, rape, and abduction. By building the capacity of school community and community representatives through trainings, materials support, classroom construction and renovation and vocational skill training for parents, the project aims at improving the quality of education for these children.

Non-formal education as it is given at the ABE Centers is not as informal as it seems. In Ethiopia all ABE centers follow a nationwide Non Formal Education (NFE) curriculum. Three years of NFE education give the right to access to grade 5 of formal schools. So three years of NFE equal 4 years of formal education. NFE is characterized by the following aspects compared to formal schools. (1) Teaching is often done in the local language. (2) School times and hours are more flexible. The school year can start a bit later due to the harvest season. On specific days when students have to help their parents, teaching can start a bit later. (3) Teachers at ABE centers, called facilitators, are in principle recruited from the local community. They speak the local language and understand the local culture. Facilitators and teachers can be recruited and trained by the NGOs in collaboration with the District Education Office. (4) ABE centers are more child-friendly and teaching is more child-focused. (5) School classes in ABE centers are smaller, with a maximum of 50 compared to 60-100 children per class in formal schools.

The strategy of Kinderpostzegels and its Southern partner NVEA is that the ABE centers have to be created by the local communities themselves. The local partners stimulate and support this process. However, only if the community members (i.e., the parents) are really convinced of the importance of education for their children, are interested in improving access to education for them and are willing to invest in the creation, maintenance and functioning of a center, the project will support them to realize this. The local community is asked to contribute in kind and in labour. This is often done via the traditional Iddir system, a traditional system to raise funds for social events. In addition, a second plot of land needs to be reserved for agricultural production in order to meet the running and maintenance costs of the center.

Sibu Sire is a district administered by the Eastern Wollega zone, Oromiya regional state. Sire, the administrative town of the district, is located at 281 km west of Addis Ababa. The district is classified into 19 rural and 3 urban villages. At the time of the baseline assessment *in September 2012*, the total population of the district was estimated to be 115,229 with 53.2% female and 46.8% male inhabitants. The majority (83%) was living in rural areas. According to the District Education Office report (2002/2010), there were 25 formal primary schools and 2 ABECs providing basic education to 9,065 students (52% girls). Besides, there were two privately owned kindergartens enrolling sixty-nine children, which were, however, poorly managed by untrained teachers and principals. In addition, there were still 966 (51.4% girls) out-of-school children in the seven rural villages of the district and 694 (53.16% females) first cycle drop-outs loitering in Sire and small towns of the district. At that time, 326 (53.16% girls) of them had access to basic education in three already opened NVEA's ABE centers. In total, 874 (54.2% girls) children repeated a grade in the first cycle of primary school. To date, this project has supported the opening of four new ABE centers of which two centers were opened in September 2012 with the support of MFS II funds.

The major reasons that prevent children from going to school and force them to drop out or repeat grades are lack of pedagogical training of teachers (no child-centered approach), long distances to schools, and extreme poverty. The living circumstances of the families are characterized by being dependent on rain-based agricultural activities (there is only one rainy season), the fact that most families have a female household head and are big, that rural communities dependent on traditional methods of farming, suffer from reduced soil fertility due to intensive farming on the same plots of lands year after year, and a high illiteracy rate in rural areas. Except around the existing ABE centers, harmful traditional practices have not yet been discussed (i.e., interventions that aim to change these) in the selected seven rural villages.

3. Project description

3.1. Project duration and budget

The project started in January 2011 and will finish in December 2015. The cooperation of Kinderpostzegels with NVEA started in July 2006. The involvement of Kinderpostzegels with the actual Non Formal Education project started right at the beginning of this project in January 2011. The Dutch NGO used the following criteria to select the Southern partner NVEA: being active in the field of non-formal basic education projects for out-of-school children in rural areas, having sufficient capacity to implement a development project focused on improving access to quality education for disadvantaged working children, being an open and learning organization, and implementing projects on a child right's based approach. Over the last eleven years, according to the documents, NVEA is the only NGO intervening in Sibu Sire District to provide basic education to disadvantaged children. Last year they received an award from the regional government for their contribution in this region. Villages in which ABE centers were set up were carefully selected by the SPO, because the aim is that the community takes over responsibility and also gets involved in setting up the school. Under MFS I between 2008-2010 three ABE centers were set up and handed over to the district education office in 2011.

For the five year duration of the project, there was a budget of ETB 4.569.493,22 (approximately 182.929,14 Euro). The biggest part was funded by MFS II money from Kinderpostzegels (96.65 %) and a small part of the budget was contributed by the community. Table 1 provides a details overview of the budget split up per year.

Table 1: Overview of the budget comparing contribution of Kinderpostzegel and community split up per year

Year	Budget in ETB	Percentage of budget funded by MFS II	Contribution of MFS II in ETB	Community contribution in ETB
2011	622.478	95.61%	595.147	27.331
2012	857.598	96.7%	829.208	28.390
2013	977.554,3	97.4%	952.174,30	25.380
2014	1.071.862,92	97.43%	1.044.358,92	27.504
2015 (not approved)	1.040.000 (estimated)	96.1%	1.000.000 (max. 40.000 Euro estimated)	40.000
Total	4.569.493,22 (182.929,14 Euro)	96.65%	4.420.888,22	148.605

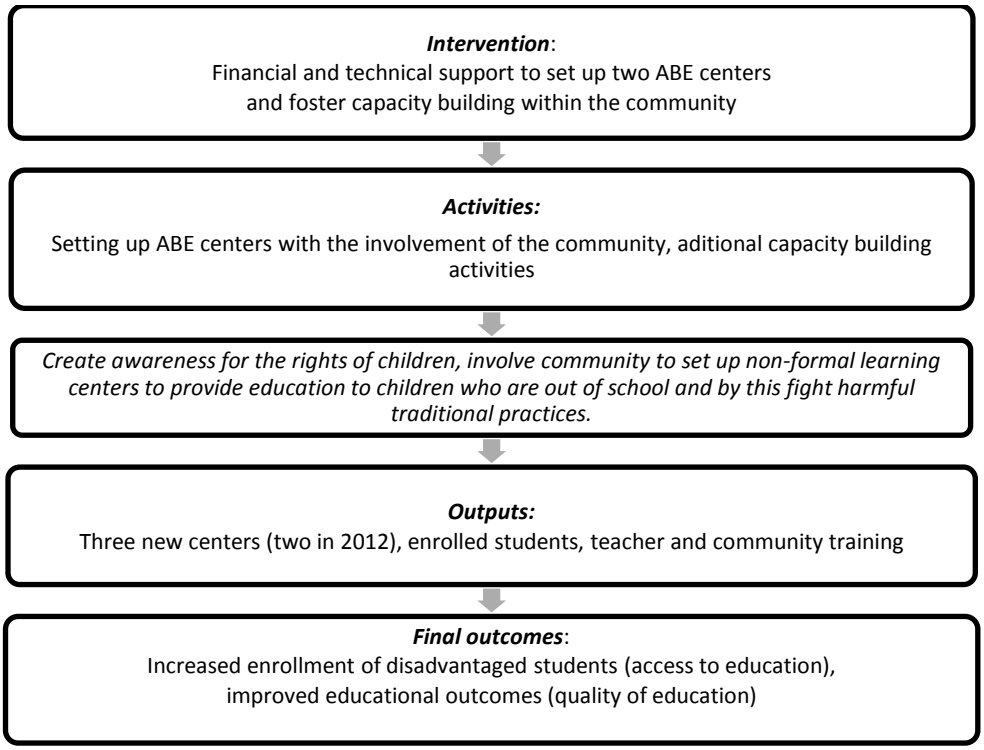
3.2. Project objective, activities, and theory of change

By involving the community, this project aims to strengthen the rights of children and fight harmful traditions. Three main objectives are defined that contribute at achieving this higher-order goal of the project. The main beneficiaries of the project are out-of-school and working children in six targeted villages in rural areas of Sibu Sire Woreda. The first main objective of the project is to create *access to basic education* in the first cycle of primary school for so far out-of-school children by constructing ABE centers. The project involved the school community and community representatives through trainings and material support to build the capacity to construct new classrooms and renovate old ones. The second main objective is to improve the *quality of education* for these children by offering non-formal basic education (NFE), a good learning environment, and training teachers. The third main objective is *to increase the income* levels by providing vocational skill training for jobless youth and parents of the children (especially mothers).

This evaluation focused on the outputs, outcomes, and activities of three newly opened ABE centers because all project documents and outputs referred to all three centers. Important to note is that outcomes that were assessed among students were only asked to students that attended one of the two ABE centers that opened in 2012, namely Danbi Dima and Gedo Sire. These two centers opened at the same time; the other center already opened prior to this evaluation. As this evaluation was set out for only two years, we focused on the activities which should result in the anticipated shorter-term outcomes. Thus, this evaluation did not include activities that aimed at achieving the anticipated long-term outcome of poverty reduction. To be able to study these long-term outcomes longer time horizons would have been necessary. To conclude, the main focus of this evaluation lies on the first two objectives that aim at contributing to the Millennium Development Goal 2 and on students as the main beneficiaries.

The graphical theory of change illustrates the envisioned impact of the project (see Figure 1). Below, specific aspects will be described in detail.

Figure 1: Graphical theory of change for the impact of the project



With MFS II funds, Kinderpostzegels provided financial and technical support as well as capacity building. For specific activities please refer to the project document (NVEA Sibu Sire ABE multi-annual project 2012-2015, 19.12.2011). The main ***activities*** are:

- The construction of four ABE centers (two planned to open in September 2012) with the active contribution of the local communities.
- Offering non-formal education in the ABE centers.
- Organizing initial and refreshment trainings for facilitators and teachers to improve their performance.
- Organizing awareness raising workshops to decrease the prevalence of harmful traditional practices within the community.

The project aimed at achieving the following ***outputs***: set up four ABE Centers in which 1200 children have access to education; each ABE center should be equipped with one resource center, one staffroom, three dry pit latrines, and four additional classrooms; offering non-formal education; 310 facilitators and teachers

receive training; 180 parents, teachers and school management staff will have been aware of the rights of children to education and of the impact of illiteracy. The final main ***outcomes*** are increased enrollment of these students (access to education) and improved educational outcomes (quality of education). Specific outcome indicators were discussed with NVEA and will be described in detail below (see section 4.2).

The ***theory of change*** states how specific activities should result in the envisioned outcomes. In this case, ABE centers are set up with active support of local community (contribution in kind and labour) to offer education for out-of-school and working children in this region. In addition, by organizing trainings for facilitators and teachers, the project aims at improving the quality of education. Furthermore, trainings and workshops are organized for teachers and the community to promote the rights of the child in particular, the right on education and to fight harmful traditional practices such as child labour, early marriage, rape, and abduction.

Important to note, the current evaluation focused on the overall outputs of the four ABE centers funded by MFS II but focused on assessing the outcomes among students who were enrolled in the newest two ABE centers which were opened at the time of the baseline study in September 2012.

3.3 Changes in the project activities

There are two important changes in the project activities that are relevant for the evaluation. The first one is related to the non-formal education approach. One year ago NVEA had to change their teaching approach. They were not allowed to follow the nationwide Non Formal Education (NFE) curriculum anymore which provided specific school materials and books. One change is that teaching is now based on the school books used in governmental schools. Another change is the number of school years student can attend an ABE center before they have to transfer to a governmental school. Previously students who attended one of the ABE centers used to transfer in grade 5 to a governmental school. Now students can only attend an ABE center up to grade 3 and then have to transfer to a governmental school in grade 4. We collected additional information to be able to identify the remaining differences between education in an ABE center and a governmental school. Table 4 in the Appendix provides a specific overview of the similarities and differences between the ABE centers and governmental schools in the sample. To sum up, seven differences between these two educational systems and specific learning environments still exist. First, ABE centers still use additional learning materials (supplementary school books to the governmental school books). Second, they have additional sport materials that can be used during break or in the school clubs. Third, the infrastructure of the ABE centers is better (e.g., teacher and resource room, three separate latrines for boys, girls, and teachers). Fourth, additional school clubs are offered to students. Fifth, teachers receive additional pedagogical training (e.g.,

active learning, quality basic education, project management, sustainability, inclusive education, minimum of six trainings per year). Sixth, students continuously write school tests to monitor their learning progress. Finally, the number of disabled students who attend the school is higher compared to the number at governmental schools. Important to note, the intended number of students per grade in an ABE center used to be below 50 compared to 60-100 in governmental schools. The current data shows that this difference does not exist anymore. In 2013, in the two ABE centers 60 students attended grade 1 in Geda Sire and 47 students in Danbi Dima in comparison to the governmental schools in which there were 56 students in Mao and 91 students in Badesa. In addition, NVEA mentioned that teachers and facilitators in the ABE centers organize tutorial classes particularly for girls who had to miss classes or exams due to various reasons such as helping their parents.

The second change in the project activities is related to the training that NVEA provides for teachers and facilitators. In the meantime the government has requested NVEA to also train the teachers at the governmental schools. Thus, spill-over effects with respect to the additional pedagogical training may have occurred. In addition, teachers who previously have been working at an ABE center may have changed to a governmental school. The potential impact of these two important changes of the project activities will be discussed later (see section 6. Discussion).

4. Data collection

4.1 Data sources

This evaluation is based on two main sources of data, namely (1) gathered sources of data and information and (2) a survey that was conducted among children. First, prior to visiting the project site, information was gathered from Kinderpostzegels and NVEA. This information included project reports, project monitoring data, and financial data. The evaluation team met once with a representative from Kinderpostzegels in the Netherlands and three times with representatives from NVEA in Ethiopia (June 2012, May 2013, and April 2014) to understand the project and its progress as well as to obtain relevant project documents. Second, we interviewed children to investigate the outcomes of the program among these beneficiaries. The survey and the results will be described below. Representatives of the evaluation team visited the field sites during the data collection in September 2012 and May 2014.

4.2 Description of the surveys

Children were individually interviewed by native speakers. The endline questionnaires were translated to the local languages to make sure that students understood the questions (e.g., Benet-Martínez & Hong, 2014). The baseline interview lasted on average 30 minutes and the endline on average 60 minutes. The full questionnaire can be obtained on request. The questionnaire was divided into seven sections. The majority of questions in each section was asked at baseline and endline, a few questions were revised at the endline, and one section was added (section 1.5, school performance test). The first part assessed demographic information about students' age, gender, religion, ethnicity, and mother tongue. The next section, section 1.5, included a school performance test which was only asked at the endline. As there is no standardized school performance test available for grade 2 across Ethiopia, we extensively developed one school test in collaboration with educational experts and field workers across Ethiopia. In this school test, students were asked seven questions about the subject environmental science, fourteen questions about the language of instruction (Oromo), eleven mathematical questions, and six English questions. For each subject the questions increased in difficulty. One master thesis, which is still in progress, explains in detail how this measure was developed and carefully pre-tested (Geiger & Hansen, in preparation). The third section included questions about cognitive skills and health indicators. Section four included questions about students' identity. Students' school engagement and future aspirations were assessed in section five. Next, questions about the classroom interaction and learning were assessed, before students were asked questions about their socioeconomic background. The items of the presented results are provided in Table 5 in the Appendix.

In addition, we requested information about students' grades, absence (e.g., due to illness), and whether students had to repeat a grade. Unfortunately, we could only collect information about the grades of some students (see results). We did not receive any information about students' absence or who had to repeat a class. The enumerators tried to get more detailed information about attrition, trying to reach students who were not present in school during the interview period in May 2014. Unfortunately, the enumerators were only able to receive some general information about the reasons why some students were not present during this data collection time. Therefore, we could not include school attendance and grade repetition as outcome variables. Thus, we included self-report measures for students' motivation and intention to drop out of school. Table 6 provides an overview of the assessed outcomes that were included in this evaluation.

Table 6. Overview of assessed outcomes

Main outcomes	Source	Specific outcomes	Assessed at
Access to education	School records	Number of enrolled students	Baseline & endline
Quality of education	Student survey	Cognitive ability (recall)	Baseline & endline
	Student survey	Cognitive ability (remember order)	Baseline & endline
	Student survey	Motivation to attend school	Baseline & endline
	Student survey	Intention to drop out	Baseline & endline
	Student survey	Control beliefs about students' performance	Baseline & endline
	Student survey	School performance test (overall, environmental science, language of instruction, math, English)	Endline
	School records	Grades in language of instruction, environmental science, math, and English	Endline

4.3 Sampling design and sample sizes

The evaluation included three groups, one treatment and two comparison groups (see Table 8 in the Appendix for the selected schools and their location). All students in the two recently opened ABE centers were selected for this evaluation (*treatment group*). As the ABE centers just opened at the time of the baseline assessment in September 2012 we could only include students in grade 1. Next, we selected two comparison groups: First, children not enrolled in any school and that lived in remote areas where access to the nearest school was difficult. Second, children enrolled in formal education in a governmental school. The selection is more precisely explained below:

1. *Comparison group (out of school children)*: Regarding the choice of kebeles where to sample children that do not attend school, we used the following methods in consultation with the head of the district education office and knowledgeable persons of the kebeles. We looked at all the 19 kebeles in the district and reviewed where there was a relative scarcity of schools. Looking at the education offices records, we identified some kebeles with 5 schools compared to some with only 2 schools. Accordingly, we decided to select two kebeles: namely Burka Talo (3 schools) and Bujura (2 schools) from which we sampled children that did not attend school. The main reasons not to attend schools were that most of the children had to work in agricultural activities for the family (the parents decide for the children), compared to other villages of the district infrastructures were not developed and access to the nearest school was difficult (children had to travel a long distance to go to school). Once these villages were selected, children who were not able to go to school were identified in consultation with kebele administrators and selected for the interview. At the time of the data collection for the endline, the majority of the children who had been sampled for this comparison group did attend a school in their neighborhood. We decided to not interview this group again. Thus, unfortunately 156 children dropped out of the sample.

2. *Comparison group (governmental schools)*: We selected governmental schools with similar facilities as the ABE centers (latrines etc.) in a nearby kebele. The governmental schools had only four grades from 1-4 like ABE centers and shared similar socio-economic conditions. Finally, two government schools namely Ma'o and Badessa were selected for the sample. We selected all students in the first grade of both schools (one section in one school and two sections in the other).

In addition, the comparison schools and areas, and potential participants/schools shared pre-program characteristics, agro climatic conditions, and initial infrastructural development. Careful selection of comparison schools aimed to overcome (most of) the purposive program placement bias (for example, children not enrolled in any schools live quite far from the ABE centers), while matching methods aimed at limiting self-selection bias.

At baseline 220 students in the ABE centers, 156 out of school and working children (comparison group 1), and 121 students attending a governmental school (comparison group 2; see Table 7 for an overview per school) were interviewed. At the endline 75 students were interviewed in the ABE centers and 76 in the governmental schools (comparison schools). The other comparison group of out of school and working children could unfortunately not be included in the final analyses.

Table 7. Overview of sample design and sample sizes

	1. Students in the two ABE Centers (non-formal education; *treatment group*)	2. Students in village without a school (*comparison group*)	3. Students in a governmental school in another kebele (formal education; *comparison group*)
Baseline	School 1: Gedo Sire School, Bikila kebele # students: 115 (2 sections)	Burka Xalo kebele: 41	School 1: Mao # students: 46 (1 section)
	School 2: Danbi Dima School, Jarso Wama kebele # students: 105 (2 sections)	Bujura kebele: 115	School 2: Badesa # students: 75 (1 section)
Baseline total	220 students	156 children	121 students
Endline	School 1: Gedo Sire School, Bikila kebele # students: 29 (2 sections)	At the time of the endline all children attended a school in the neighbourhood	School 1: Mao # students: 46 (1 section)
	School 2: Danbi Dima School, Jarso Wama kebele # students: 46 (2 sections)		School 2: Badesa # students: 30 (1 section)
Endline total	75 students		76 students
Attrition rate	65.91%	100%	37.19%

4.4 Attrition to follow-up

In the baseline 497 children were interviewed. In the follow-up 289 children were interviewed, out of which 179 were also interviewed during the baseline. Therefore, the overall attrition was very high, about 63% (1-179/497). The main reason for this high attrition rate was that one comparison group dropped out of the sample (*n* = 156). We ran additional analyses to check whether the attrition was random (see Appendix Table 3). Three differences emerged with respect to ethnicity, gender, and number of brothers. The first one can be explained by the fact that attrition was highest in the treatment group that included the highest number of Amharic children (the majority in this region is Oromo). We controlled for the other two variables in the analyses.

We identified three additional reasons for the high attrition. First, the enumerators faced another challenge during the endline data collection. They were surprised when they realized that the students who were interviewed at baseline (selected as grade 1 students) now attended grade 1 or 3 and not grade 2. It seems as if some of the students transferred to grade 0 or 2 shortly after the baseline assessment. Second, at the time of the data collection it was maize planting season and very rainy in the woreda. Several students had to help their families with row planting which is very labor intensive and were thus not in school. Third, some students have transferred to other schools or dropped out of school in the meantime. Unfortunately, we could not get any detailed information or documents to check which students had dropped out of school, transferred schools, or were just not present during the data collection time. We decided to additionally interview all students who were present in the sampled classes. Table 6 in the Appendix provides an overview of the interviewed and additionally sampled number of students per school.

4.5 Implication of power calculations

A potential concern of our evaluation is that we lacked sample size to detect a real impact of this project, resulting in a Type II error. Theoretically, a power analysis can assess whether this is a serious risk. However, it was not obvious how to perform power analyses for our analyses. Many simplifying assumptions need to be made in order to make the problem tractable. Moreover, we considered a broad range of outcome variables, and use different types of regression techniques. Our approach, therefore, will only be indicative and will provide some extremely rough estimates covering a range of contingencies. One of the main problems we were faced with is that we needed to make an assumption about the effect size for the underlying population. Since there are virtually no quantitative studies available that could guide us in terms of expected effect sizes, we decided to follow Cohen's definitions of small, medium and large effect sizes (Cohen, 1988, chap. 9) and calculate minimum required sample sizes for the effect size of 0.8. Based on this assumption we calculated the

minimal detectable effect size for the main outcomes variables separately, using the STATA program powerreg, which is specifically designed to do power calculations for multiple regression models. Results are given in Table 8 below.

Table 8: Minimal detected effect size

Outcome variable	Minimal detected effect size
Cognitive ability (recall)	.05
Cognitive ability (remember order)	.07
Motivation to attend school	.11
School drop out	.27
Control beliefs	.18
Good grade	.32
Test environmental science	.03
Grade environmental science	7.25

4.6 Other data problems

The reasons of the high attrition have been discussed above. Furthermore, we were not able to receive the school records (absence, grade repeated, grades) for all students (see discussion in section 4.2).

4.7 Availability of financial data

The total budget for this project was around 182.929,14 Euro (final budget for 2015 not decided yet). Table 9 below provides a breakdown of the project budget in different types of activities. Kinderpostzegels and NVEA differentiate between three different strategies: 1) costs directed at poverty alleviation/direct action, 2) capacity building, and 3) policy dialogue. The first strategy includes all costs with respect to the construction and renovation of schools as well as all additional materials (school and educational materials, sport materials, agricultural inputs, salaries etc.). The second strategy includes all costs with respect to the training that are offered to teachers and the community. The third strategy includes activities aimed at creating and stimulating the policy dialogue by for example organizing a workshop with involved stakeholders. At the time of the writing of this report the final budget for 2015 was still not approved. Thus, we could only add estimates. Furthermore, due to political reasons NVEA can decide on how of the budget they will spend on each strategy in 2015. As this information was not available at the time of the report writing, we can only offer a rough analysis. The main funds of the total budget over the five years were invested in the direct actions (strategy one). Only small parts of the budget were invested in the second strategy of capacity building and the third

strategy of policy dialogue. On average one workshop was organized per year. As the budget included all activities in the region (all 6 ABE centers) and not only the two newly opened centers that were selected for this evaluation, the efficiency discussion will focus on the whole project.

Table 9. Breakdown of the project budget in two strategies

Year	Total budget	Budget in ETB *costs directing poverty alleviation/direct action*	Budget in ETB *Costs influencing capacity building*	Budget in ETB *Costs Influencing policy/policy dialogue*[2]	Overhead costs[1]	Contingency[1]
2011	622.478	367.686	52.722	19.200	182.870	/
2012	857.598	401.581	46.675	63.080	346.262	/
2013	977.554,3	824.723	37.890	3.000	43.281	43.281
2014	1.071.862,92	901.619	62.080	3.300	48.350	29.010
2015 (not approved)	1.040.000 (estimated)	Not approved Yet[2]	Not approved yet[2]	Not approved Yet[2]	Not approved yet	Not approved yet
Total	4.569.493,22 (182.929,14 Euro)					
Percentage						

Note. [1] Overhead and contingency costs were limited to 5% of the budget after 2013. [2] In 2015 Kinderpostzegel allowed NVEA decide on how much budget they would spend on each strategy.

4.8 Descriptive analysis

We first checked the intended outputs of the program (see Table 10). Four new ABE centers were opened and offered access to education to 903 (48% girls; see Appendix Table 7) students (the goal was 1200 students). The infrastructure of the centers was equal and according to the planning. The goal was to offer non-formal education in these centers. This goal had to be adapted; the centers now had to follow the teaching curriculum of the governmental schools. Thus, aspects of non-formal alternative basic education that included for example different school materials could not be continued. However, during harvest time students may still come to school a bit later if they have to help their parents on the fields. In addition, we compared the learning environment of the two ABE centers with the two selected governmental schools (see section 3.3 and Table 4 in the Appendix). This analysis showed that the ABE centers still differed in some aspects from the governmental schools: supplementary school books, additional sport materials for the breaks, and better infrastructure in general. Furthermore, as we did not receive concrete numbers for the training goal for the teachers and facilitators we could not include them into the final analysis. Finally, we did not receive concrete goals about the organization of events to make parents, teachers and school management staff aware about the rights of children to education and on the impact of illiteracy. Thus, we could not include this analysis in

the report. In sum, the main goal such as opening 4 ABE centers with a specific infrastructure was achieved. However, the number of enrolled students was lower than intended and the curriculum had to be adjusted. As mentioned above we cannot draw conclusions about the other outputs.

Table 10: Output and achievements

Output	Goal	Achieved
Set up ABE Centers	4	achieved
Access to education for students in four ABE centers	1200	903, lower number of students enrolled
Each ABE center should be equipped one resource center, one staffroom, three dry pit latrines, and four additional classrooms	1 resource center 1 staffroom 3 dry pit latrines 4 additional classrooms	achieved
Offering non-formal education	in all ABE centers	Had to be adapted to the education in governmental schools (see section 3.3)
Facilitators and teachers receive training: • Child-centered teaching skill training for 100 facilitators & teachers for 2 days • Initial training for 80 new Facilitators of the 6 ABECs for 3 days • Train 95 teachers from the 4 ABECs on the skills & techniques of teaching CWD & inclusive education for 2 days	310	Not specified
Parents, teachers and school management staff are aware about the rights of children to education and on the impact of illiteracy	180	Not specified
Notes. For Outputs and goals we referred to NVEA (2011, project proposal on Sibu Sire Integrated ABE project).		

On the district level, we were able to compare important indicators such as school enrollment, repetition, out-of-school-children, and kindergartens, based on the District Education Office report from 2002/2010 and 2006/2013. First, the number of first cycle formal primary schools has increased from 25 in 2012 to 32 in 2014 that provide education from grade 1-4. The number of enrolled students has increased from 9,065 students (52% girls including 2 ABE centers) in 2012 to 14,414 children (49% girls) in addition to the four newly opened ABE centers in 2014. In 2012, 874 (54.2% girls) children had to repeat a grade in the first cycle of primary school; in 2014, 1,449 children (10.9% girls). Thus, 43.3% fewer girls had to repeat a grade. With respect to out of school children, the numbers are difficult to compare as the number of villages differs. In 2012, there were still 966 (51.4% girls) out-of-school children in the seven rural villages of the district; whereas in 2014 there were still 1442 out-of-school children (48.2% girls) in 19 rural villages in the district. At

the time of the baseline study there were only two private kindergartens with sixty-nine children, which were, however, poorly managed by untrained teachers and principals. At the time of the endline study this number has increased to six privately owned kindergartens that were operating in Sire town with 352 enrolled children (84% girls) and 12 certified teachers (84% women).

The survey conducted with the students included a range of information designed to control for differences in socio-economic characteristics and demographic structure across children and the households they lived in. We chose questions that children of this age can easily answer. Descriptive statistics and balancing tests based on the first assessment for the two comparison groups and treatment group are provided in Table 11. Table 12 provides an overview of the descriptive statistics and balancing tests for the baseline and follow-up data focusing on the main outcomes. As can be seen from Table 12, the first comparison group (out of school and working children) was not included in the endline assessment.

The statistics from Table 11 tend to suggest that the two main groups of this evaluation (comparison 2 and treatment) differ in some aspects. With respect to the educational background, parents of children in the treatment group seemed to be more likely to be able to read and write compared to the comparison group 2 of students attending a governmental school. Furthermore, the number of brothers was smaller in the treatment compared to the comparison group 2. We included these variables next to more general demographics (age, gender, ethnicity, religion etc.) in the final analyses. Table 12 presents the summary statistics of the main outcome variables. No balancing tests showed significant differences. We will discuss these more in depth in the following section.

Table 11: Summary statistics and balancing tests for controls

	Summary Statistics						Balancing tests	
	Comparison 1		Comparison 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Household characteristics								
Parents can read and write (no =0; yes = 1)	134	0.65	121	0.64	218	0.75	0.103*	0.116***
							(0.040)	(0.014)
Books at home (no =0; yes = 1)	120	0.10	118	0.03	215	0.05	-0.049***	0.017
							(0.008)	(0.009)
Study help at home (no =0; yes = 1)	-	-	113	0.49	209	0.50	-	0.011
							-	(0.053)
Number of brothers	156	1.60	121	1.91	220	1.62	0.020	-0.286**
							(0.112)	(0.104)
Number of sisters	156	1.38	121	1.60	220	1.53	0.154	-0.063
							(0.115)	(0.490)
Number of animals	156	7.35	119	10.07	220	8.82	1.472	-1.249
							(0.883)	(0.700)
Child Characteristics								
Sex (male=1)	156	0.47	121	0.51	220	0.51	0.039	0.001
							(0.029)	(0.025)
Age	151	8.30	113	7.92	205	8.19	-0.114	0.270
							(0.167)	(0.333)
Ethnicity								
Amhara	156	0.04	121	0.00	220	0.17	0.123	0.168***
							(0.032)	(0.032)
Oromo	156	0.95	121	1.00	220	0.83	-0.121**	-0.173
							(0.031)	(0.031)
Religion								
Orthodox	156	0.60	121	0.26	220	0.29	-0.310***	0.022
							(0.016)	(0.016)
Muslim	156	0.05	121	0.02	220	0.01	-0.038***	-0.003
							(0.008)	(0.018)
Protestant	156	0.35	121	0.72	220	0.68	0.329***	-0.037
							(0.025)	(0.029)
Other	156	0.00	121	0.00	220	0.02	0.018**	0.018**
							(0.006)	(0.006)
Meals per day (ranging 0-3)	156	2.67	121	2.88	220	2.80	0.138**	-0.071
							(0.037)	(0.041)

Notes: Columns 2, 4 and 6 present the mean of the comparison and treatment group respectively. Columns 7 and 8 display the coefficient from a separate OLS regression. Standard errors are clustered at the village level. Robust standard errors in parentheses. Comparison group 1 was not included in the endline assessment. *** $p < .001$, ** $p < .05$, * $p < .1$.

Table 12: Summary statistics and balancing tests for main outcome variables

	Summary Statistics						Balancing tests	
	Comparison 1		Comparison 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Panel A: Baseline								
Cognitive ability (recall)	151	0.49	118	0.52	218	0.54	0.054**	0.018
							(0.025)	(0.235)
Cognitive ability (remember order)	156	0.75	121	0.82	220	0.85	0.111***	0.041
							(0.037)	(0.054)
Motivation to attend school[1]	-	-	121	3.79	219	3.71	-	-0.076
							-	(0.076)
Intention to drop out of school[1]	-	-	121	1.80	219	1.92	-	0.123
							-	(0.251)
Control beliefs[2]	156	0.94	121	1.16	220	1.11	0.165***	-0.051
							(0.049)	(0.077)
Panel B: Endline								
Average school test performance[3]	-	-	76	0.77	75	0.78	-	-
							-	-
Test environmental science[3]	-	-	76	0.96	75	0.96	-	-
							-	-
Test language of instruction[3]	-	-	76	0.80	75	0798	-	-
							-	-
Test math[3]	-	-	76	0.74	75	0.78	-	-
							-	-
Test English[3]	-	-	76	0.56	75	0.56	-	-
							-	-
Year grade English[4]	-	-	55	75.09	34	73.91	-	-
							-	-
Year grade math[4]	-	-	55	68.00	34	74.44	-	-
							-	-
Year grade environmental science[4]	-	-	55	70.75	34	72.24	-	-
							-	-
Year grade language of instruction[4]	-	-	55	67.80	34	69.59	-	-
							-	-

Notes: Columns 2, 4 and 6 present the mean of the control and treatment group respectively. Columns 7 and 8 display the coefficient from a separate OLS regression. In panel B no balancing tests are conducted as there are only endline data available. Standard errors are clustered at the village level. [1] The scores were computed by an average of two items assessing the retrospective construction of a scale ranging from 1 for *very low* to 4 for *very high*. [2]Students were asked to choose one out of two statements describing their personal control belief on how they can achieve specific goals such as a good grade in life. One statement represented a strong internal control belief that it depends on their own efforts and the other represented a strong external belief that it depends on other pure luck. All answer representing internal control belief were summed up. In total, students received 2 of these questions. The reported score could vary from 0 for *no personal control belief* to 2 for a *strong personal control belief*. [3] Results are representing the percentage of correct answers. [4]Grades were not available for all students who were interviewed at the endline. Robust standard errors in parentheses. *** $p < .001$, ** $p < .05$, * $p < .1$.

5. Analyses and results

This section explains the analyses and presents the results of the impact evaluation. Section 5.1 describes the approach we have used, and points out some of the caveats we were faced with. The main results are presented in Section 5.2.

5. 1 Methodology

The objective of this report is to describe changes in school engagement and learning outcomes that could be attributed to attending an ABE center. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants of well-being (e.g., Armendariz & Murdoch, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not necessarily provide the solution. Beneficiaries could for instance have been smarter than non-beneficiaries when the program started or *vice versa*. This and other factors can make some children more likely to choose to attend a school, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic, and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and, thus, in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized controlled trial (RTC). Before the program starts, two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RTCs, is not always possible because of the program implementation or ethical reasons.

As we had no influence on the design of the non-formal alternative basic education program, we used an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model, one needs to have information about relevant indicators of the treatment group and the control group before (baseline) and after (end line) the intervention. While the RTC methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences

between members of the two groups that do not change over time. So the disadvantage of the DD method over the RTC method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time-varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

To test whether the treatment and control group are comparable at baseline, a balancing test can be conducted. Although debated in the literature, a balancing test is generally used to determine if the observable controls are distributed similarly between the two groups in question.[1] If any significant difference exists between the two groups, a balancing test should pick up this difference and indicate that the current composition of the data could lead to a biased estimate of the treatment effect. The balancing test is conducted as a set of OLS regressions in which each control variable is individually regressed on a constant and the treatment dummy. The standard errors in the regressions are clustered at the village level to account for intraclass correlation. The coefficient of the treatment dummy gives an unbiased estimator of the difference between the control and treatment group at the time of the baseline survey.

Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \qquad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[2], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y. It is an unbiased estimate of the average impact of being assigned to the treatment group on the dependent variable Y.

Some of the outcome variables considered in the analysis are binary. In these cases, a linear probability model (LPM) is estimated and the marginal effect of D_i^C for the impact of the non-formal alternative education project on outcome Y is reported.[3] In all models the standard errors are clustered at the village level.[4]

[1] For a summary of the literature and further discussion of balancing tests see Kleyman (2009).

[2] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

[3] In recent literature, Puhani (2012) shows that in a nonlinear difference-in-difference, such as the one used in this study, the cross difference is not equal to the treatment effect. Instead the treatment effect comes from the cross derivative

Clustering at the village level provides a relatively large amount of clusters (39). It is important to cluster the standard errors as the data might be subject to intraclass correlation, that is, students in the same village are likely to be more similar on a wide variety of measures than students that are not part of the same village. The higher intraclass correlation, the less unique information each student provides. This has to be taken into account by inflating the standard errors when running the regressions. The number of classes was too low to cluster the analyses.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The double difference model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As the number of new entries and drop-outs are very high (see section 4) all estimations will be done on the restricted panel.

Although a double difference analysis can solve some potential biases in the data, some bias may remain. A double difference analysis helps picking up the time-invariant heterogeneity, but bias can still remain due to time-variant unobservables. Yet, a positive significant effect in the double difference model is a strong indication of an influential intervention. An insignificant effect or even a significant negative effect, however, does not necessarily imply that the intervention does not work or does harm, as in our analysis we only measure short-term effects.

5.2 Results

The impact analysis is based on a double difference model. The main results are based on the data treated as two repeated cross-sections. The main reason to do that is the high attrition rate (63%, see section 4.4). In addition, we also report a double difference panel analysis based on the children that were interviewed twice (179 kids). Furthermore, since in the endline a set of new questions are added to derive a school test score, we report some basic analysis on the difference on the test scores between the treated and untreated students.

Table 13 displays all analyses including controlling variables (parents read and write, books at home, study help at home, number of brothers and sisters, number of animals in the household, sex, age, ethnicity,

(or cross difference) of the conditional expectation of the observed outcome minus the cross derivative of the conditional expectation of the potential outcome without treatment. Although this calculation of the treatment effect is appealing, this study will follow common practice in the field and report the estimate of β_3 in the case of an LPM.

[4] In educational science, common practice would have been to cluster at the class level instead of the village level. However, due to the low number of classes, clustering was done at the village level for this project.

religion, and number of meals per day). Table 14 provides an overview of the same analyses without controlling for any variables. The discussion of our results will focus on the results provided in Table 13.

No significant differences between students in the ABE centers and students in the governmental schools occurred for the variables that we assessed at baseline and endline. However, the indicators of quality of education showed some interesting results. Overall (summing up all school tests per subject), children in the ABE centers scored higher in the school performance test compared to students in the governmental schools. This effect was driven by significant differences in the subtests in language of instruction (Oromo), math, and English. Test scores in environmental science did not differ. Inspection of the means in Table 12 show that across conditions almost all students answered all questions on environmental science correctly.

The analyses provided similar results for the analyses of student's grades. However, we want to stress that we did not receive grades for all students and that grades are no reliable indicators for students' performance. They mainly depend on the teacher's judgment. More precisely, in testing sessions students are asked to individually answer questions by the teacher. The teacher gives every student one question which can greatly differ in difficulty. Thus, students do not answer the same questions. The current analyses show that students in the ABE centers received higher grades in Oromo and math but lower grades in English compared to students in governmental schools.

Table 13: Estimation results (restricted sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Test overall	(7) Test environmental science	(8) Test language instruction	(9) Test math	(10) Test English	(11) Grade language instruction	(12) Grade environmental science	(13) Grade math	(14) Grade English
year	-0.048	0.027	0.200**	-0.578**	0.613***									
	(0.058)	(0.042)	(0.086)	(0.264)	(0.103)									
treat	-0.005	0.002	-0.058	-0.057	0.041	0.063**	-0.017	0.077*	0.067**	0.118***	10.567***	1.674	10.559***	-5.862**
	(0.041)	(0.041)	(0.055)	(0.265)	(0.070)	(0.023)	(0.012)	(0.038)	(0.028)	(0.041)	(3.091)	(3.008)	(2.263)	(2.251)
year*treat	0.032	0.002	0.107	-0.121	-0.068									
	(0.035)	(0.056)	(0.078)	(0.266)	(0.111)									
Cohen's d	-	-	-	-	-	0.52	-	0.46	0.41	0.49	0.79	-	1.08	0.60
Constant	0.228**	1.157***	3.229***	1.614***	1.374***	0.626***	0.927***	0.595***	0.593***	0.424***	82.492***	81.236***	85.540***	93.685***
	(0.098)	(0.107)	(0.344)	(0.387)	(0.302)	(0.107)	(0.082)	(0.149)	(0.115)	(0.139)	(17.667)	(16.758)	(12.941)	(16.922)
Observations	300	302	301	301	302	149	149	149	149	149	89	89	89	89
R-squared	0.067	0.063	0.153	0.134	0.090	0.239	0.140	0.233	0.177	0.181	0.169	0.132	0.234	0.147

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. Column 1-5 observations which are not observed in both time periods are dropped. For Columns 6-14 there are no baseline data available and are therefore estimated using endline data only. Results in column 6-10 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 14: Estimation results (restricted sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Test overall	(7) Test environmental science	(8) Test language instruction	(9) Test math	(10) Test English	(11) Grade language instruction	(12) Grade environmental science	(13) Grade math	(14) Grade English
Year	-0.063	-0.030	0.106**	-0.479**	0.330***									
	(0.041)	(0.034)	(0.047)	(0.189)	(0.091)									
Treat	-0.031	0.016	-0.086	0.020	-0.051	0.089***	-0.014	0.126***	0.088***	0.105**	8.527**	-0.115	9.767***	-5.160*
	(0.038)	(0.040)	(0.081)	(0.232)	(0.090)	(0.024)	(0.011)	(0.037)	(0.029)	(0.039)	(3.588)	(2.549)	(2.544)	(2.726)
year*treat	0.053	-0.028	0.128	-0.208	-0.028									
	(0.043)	(0.052)	(0.093)	(0.272)	(0.115)									
Cohen's d	-	-	-	-	-	-	0.56	0.49	0.44	0.51	-	0.82	0.41	
Constant	0.594***	0.857***	3.827***	1.878***	1.184***	0.690***	0.967***	0.623***	0.717***	0.505***	65.321***	71.357***	66.839***	76.554***
	(0.034)	(0.021)	(0.042)	(0.156)	(0.071)	(0.023)	(0.007)	(0.034)	(0.019)	(0.037)	(2.541)	(2.139)	(2.155)	(2.332)
Observations	324	327	326	326	327	150	150	150	150	150	89	89	89	89
R-squared	0.011	0.009	0.066	0.090	0.055	0.067	0.009	0.064	0.059	0.041	0.080	0.000	0.135	0.036

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. Column 1-5 observations which are not observed in both time periods are dropped. For Column 6-14 there are no baseline data available and are therefore estimated using endline data only. Results in column 6-10 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < 0.1$.

6. Discussion

The discussion is structured in three main parts. We will first shortly address some methodological caveats before discussing whether the project reached its objective. We will next discuss the relevance of these results and finally discuss the efficiency of the project.

6.1. Methodological caveats

As this project is categorized as a Millennium Development Goal 2 project, our evaluation focused on children as the main beneficiaries and on the first two strategies, access to education and quality of education. We selected first grade students and followed them for two years. As students just started their education, we could not assess learning performance at the baseline. Given these reality constraints our key outcome variable of school performance could only be measured at the endline. Other factors due to the selection of the sample may have also influenced the reported results from the endline. To indirectly rule out a selection bias, we assessed cognitive abilities with two abstract reasoning tests at baseline (and endline). We did not find any impacts. This is not that surprising because these abilities were not explicitly trained in the schools. As the subsamples did not differ in both abstract reasoning tests, we assume that the subsamples did not systematically differ in students cognitive learning abilities which are also aspects of intelligence (Neisser et al., 1996). This provides some additional empirical reasoning that the observed differences in learning outcomes (as measured at endline) might be in fact driven by the intervention.

6.2 Did the project reach its objective?

The main aim of this project is to *provide access* and *improve quality of education* for out-of-school and working children in rural areas. The project involved the communities and the government in the rolling out of the project. Ultimately, communities shall take over the ABE centers after a few years. From the beginning of the project, the community was involved in constructing the ABE centers. They offered their contribution in kind. In addition, the government was involved and contributed the teaching staff for the ABE centers. NVEA offered financial and technical support in the construction phase as well as capacity building activities to teach the community and teachers about relevant topics with respect to education, the rights of children, fighting harmful traditions, health, and income generating activities. The project was well designed involving relevant local stakeholders to ensure sustainability of the program. The first main objective was achieved by opening four new ABE centers (two in September 2012). In total, 903 students achieved access to education, a bit less than original intended (goal was 1,200 students). The second objective was to improve the quality of education. As we did not receive all information, we could not check the outputs such as the number of training that teachers should have received. In addition, we interviewed children twice, first when they started

going to school in grade 1 and two years later at the end of grade 2. We did not find any differences with respect to students' general cognitive abilities, motivation to attend school, or intention to drop out. However, we found that students' school performance was better in the ABE centers compared to the governmental schools. Despite the changes in the project activities (ABE centers are now no longer allowed to follow their own curriculum, but have to use the governmental school books) and "spill-over" effects of the project (trainings are now also offered to teachers from governmental schools; some teachers from ABE centers may have transferred to governmental schools), we still found some significant impacts. Our additional comparison of the learning environments between the two ABE centers and two governmental schools (see Appendix Table 4) showed that the ABE centers still differed in some important aspect from the governmental schools. In sum, despite these changes, the project showed a higher quality of education with respect to the learning environment as well as learning outcomes of students.

6.3. How relevant are these results?

To date, many children around the world still do not have access to primary education, especially in African countries (World Bank, 2012). This project set up schools in rural areas where students did not have access to a school yet and where the government had not yet invested in further development. Investments in education are important because education one of the most important drivers for economic development (Hanushek & Woessmann, 2007). This project did not only offer access to education of so far disadvantaged children, but also aimed to improve the quality of education. By offering (1) a new *learning environment* through (partly) adapting the nation-wide Non Formal Education (NFE) curriculum and offering additional materials and training, (2) *training teachers*, and (3) organizing events to create awareness for *inclusive education*, the project aimed at improving the quality of education.

Previous research in high- and low-income countries showed that the *learning environment* impacts on students' well-being and performance. For example, the quality of the learning environment was related to students' school attendance (Branham, 2004). Students in Nigeria indicated that a depressing learning environment could decrease school attendance. On the contrary, an improved learning environment had the potential to increase students' motivation to attend school as well as their motivation to learn (Asiyai, 2014).

Another means to improve the quality of education is the capacity building of teachers by offering *training*. For example, data from low-income countries in 2012 showed that 19.5 % of the primary school teachers had not received a minimum of organized teacher training normally required being qualified to teach at the primary level in the given country (World Bank, 2014). Other research showed that across six African countries, general teacher education and teachers' mathematical and reading skills were very low (Pryor, Akyeampong, Westbrook, & Lussier, 2012). Even more dramatic are the results from a study in Kenia, where

grade 6 teachers achieved only 61 % correct answers on a mathematics tests from grade 6 (Ngware, Oketch, Mutisya, & Abuya, 2010). These results illustrate the sometimes low education level of teachers. Offering training to teachers can help to improve the educational level, increase their factual knowledge, and improve their pedagogical skills. The latter is also very relevant with respect to teachers' openness for the needs of slow learners and students with disabilities (*inclusive education*). In Africa the inclusion of children with special needs is still to a great extent influenced by traditional beliefs, culture, and attitudes. As a result many people oppose the inclusion of children with special needs in normal classes and only a few teachers are trained to be able to offer inclusive education. Thus, training teachers in inclusive education is a promising and needed means through which the inclusion of special needs children in schools can be encouraged and improved (Abosi & Koay, 2008). This project contributes to this development. In sum, the educational level, factual and pedagogical knowledge of teachers clearly influences students' performance. For example, across 45 countries higher teaching quality in mathematics was related to lower rates of low achievement (Mullis, Martin, Foy, & Arora, 2012) and teacher's subject knowledge was related to students' achievement gains (Glewwe, Hanushek, Humpage, & Ravina, 2011).

To conclude, offering access to education for working and out-of-school children in rural areas as well as improving the quality of education by providing a learning environment with additional school and learning materials, better infrastructure, intensive teacher training, and awareness for inclusive education are important steps to improve the future prospects of students in general.

6.4 How efficient was the project?

The project has a five year budget of 4.569.493,22 ETB (182.929,14 Euro) which is split up in activities that can be categorized in the three main strategies of the project partner (for an overview see Table 9): 1) costs direct poverty alleviation/direct action, 2) capacity building, and 3) policy dialogue. The largest amount of the budget was spent on the construction and renovation of ABE centers and a much smaller percentage on capacity building, with a strong focus on teacher training to further improve the quality of education. Thus, we tried to compare benchmarks for these two activities.

In order to determine the efficiency of a project one needs a benchmark project that is fully efficient and uses about the same inputs as the project under evaluation. One can compare the outputs of both projects in order to determine how efficient the assessed project is. Since such a benchmark is lacking the determination of efficiency is problematic. Therefore, we have decided to focus on the price per main activity calculated from the amount of specific activity funded by the project's budget and compare these with prices per activity of similar projects found in the literature on primary education. To conclude, we can only offer a very rough discussion of the efficiency of the project. A literature review provided benchmarks for the costs of

an ABE center between Int$ 3.434- 19.747 for an average 167 enrolled students per school (World Bank, 2005; Unicef, 2011, see Table 14). In the current project, the largest amount of the budget was spent on constructing and equipping the four ABE centers (not including teacher salaries). This amount ranged between ETB 367.686 in 2012 and ETB 901.619 in 2014 for 4 ABE centers and 903 students (in 2014/2015). These figures can only be compared very roughly suggesting that the project was quite cost efficient with respect to the ABE centers.

With respect to the costs of the teacher training, a cross-country study from 2002 including Trinidad and Tobago, Ghana, Lesotho, and Malawi showed the costs of training teachers in each of these countries (Lewin, 2002). The costs from a similar context in Ethiopia ranged from Int$ 1.500 to Int$ 6.440. Please keep in mind that this data was collected in 2002. For example, based on the budgets from 2013 and 2014, a teacher training on quality basic education for 40 persons was calculated with ETB 8.360 and a training about inclusive education for 40 persons twice a year was calculated with ETB 12.070 (one training ETB 6.035). On average, training costs ranged between roughly ETB 6.000 and 8.500 for 40 participants. Thus, based on this rough comparison the results suggest that the project was quite cost efficient with respect to the teacher training costs as well.

Table 14: Benchmarks for costs of ABE center and teacher training

	Number	**Total people who profited from**	**Project**	**Benchmark**
ABE center	4	903 students of ABE centers	ETB 367.686 - 901.619 per year for 4 centers	Int$ 3.434- 19.747 for on average 167 enrolled students per school
Teacher training			Roughly between ETB 6.000-8.500 f	Int$ 1.500-6.440

Notes. Benchmarks for ABE centers are based on World Bank (2005) and Unicef (2011) and for teacher training on Lewin (2002).

However, this efficiency has not been translated into effectiveness. The analysis presented above shows that with respect to the key objectives, 903 students have received access to the first cycle of primary education and ABE centers have a better equipped learning environment and that students showed better school performance compared to governmental schools. The project seems to have improved the quality of education. It may be argued that these effects have been achieved by the cost of Euros 202.58 per child.

7. Conclusion

The project main objective with respect to the Millennium Development Goal 2 was to (1) provide access to education of out-of-school and working children in the rural region and (2) improve the quality of education by offering non-formal basic education in the first cycle of primary education. Trough capacity building activities, the project involved the community to help constructing and renovating so-called ABE centers. Moreover, the project organized additional capacity-building activities to train teachers and the community in pedagogical methods as well as in topics to fight harmful traditions. Finally, workshops with involved stakeholders were organized to stimulate policy dialogue.

The main findings are as follows:

1. *Increased access to education*: In total, four ABE centers were opened and offered access to basic education in the first cycle of primary school for 903 children in rural areas in Sibu Sire woreda, Ethiopia.
2. *Improved quality of education*: The outputs showed that the learning environment in the two ABE centers, which were opened in 2012, was better equipped than the environment in the governmental schools in this area. With respect to the outcomes, students showed better schools performance in the ABE centers compared to the governmental schools.

Overall, while we realize the impact evaluation caveats we were faced with and the difficulties in rigorously evaluating this project, we end this report by evaluating the project in terms of the main evaluation questions (see Table 14). Based on the statistical analyses, the field work that was conducted, and the information we gathered from the existing reports we have the impression that the project was very well designed and set out to have a sustainable impact. The community and government were involved to set up and later take over the ABE centers. The non-formal teaching approach, however, had to be adapted to the governmental school approach which resulted in a lower evaluation of the implementation. Despite this change the project still reached most of its objectives. Based on the employed analyses methodological caveats (i.e., the rigorousness of the evaluation), we gave a 7 for the extent to which the observed results can be attributed to the project intervention. This result is based on the fact that we could not do DID analyses for the main outcome of school performance, only had a rather small sample, and high attrition. Furthermore, the observed results in access to education and quality of education (better learning environment, better learning performance) are very relevant for the beneficiaries. Additional efficiency analyses showed that the project was implemented in a quite cost efficient way. Based on the available data and reality constraints (e.g., teacher salaries were finance by the government and not the project) we could only offer a very rough analyses.

Table 14: Overview evaluation of the project

On a scale of 1 to 10, with 1 being “not at all” and 10 being “completely”, for this project, how much do you agree with the following statements:	
The project was well designed.	10
The project was implemented as designed.	7
The project reached all its objectives.	8
The observed results are attributable to the project interventions.	7
The observed results are relevant to the project beneficiaries.	10
The project was implemented efficient.	8

References:

Abosi, O., & Koay, T. L. (2008). Attaining development goals of children with disabilities: Implications for inclusive education. *International Journal of Special Education, 23(3)*, 1-10.

Armendáriz, B., & Morduch, J. (2010). *The Economics of Microfinance* (2nd edition). The MIT Press.

Asiyai, R. (2014). Student's perception of the condition of their classroom physical learning environment and its impact on their learning and motivation. *College Student Journal, 48(4)*, 716-726.

Benet-Martínez, V., & Hong, Y.-Y. (2014). *Handbook of multi-cultural identity: Basic and applied psychological perspectives.* Oxford, UK: Oxford University Press.

Bennett, M., & Sani, F. (Eds.). (2004). *The development of the social self*. Philadelphia, PA: Psychology Press.

Branham, D. (2004). The wise man builds his house upon the rock: The effects of inadequate school building infrastructure on student attendance. *Social Science Quarterly, 85(5)*, 1112-1128.

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.). New Jersey: Lawrence Erlbaum Associates.

Geiger, J., & Hansen, N. (in preparation). The development of a standardized school performance test for second grade students in Ethiopian primary schools. *Manuscript in preparation.*

Glewwe, P., Hanushek, E. A., Humpage, S. D., & Ravina, R. (2011). *School resources and educational outcomes in developing countries: a review of the literature from 1990 to 2010.* Cambridge, MA: National Bureau of Economic Research. (NBER Working Paper, 17554.)

Hanushek, E. A. & Woessmann, L. (2007). *The role of education quality for economic growth.* World Bank, Washington, DC. Retrieved from https://openknowledge.worldbank.org/handle/10986/7154

Kleyman, Y. N. (2009). *Testing for covariate balance in comparative studies.* Ph.D. dissertation, University of Michigan. Retrieved from http://deepblue.lib.umich.edu/handle/2027.42/64769

Lewin, K. (2002). The costs of supply and demand for teacher education: dilemmas for development. *International Journal of Educational Development, 22(3)*, 221-242.

Mullis, I. V. S., Martin, M. O., Foy, P., & Arora, A. (2012). *TIMSS 2011 International Results in Mathematics*. Chestnut Hill, Mass., TIMSS and PIRLS International Study Center, Boston College.

Neisser, U., Boodoo, G., Bouchard, T. J., Boykin, A. W., Brody, N., Ceci, S. J., Halpern, D. F., Loehlin, J. C., Perloff, R., Sternberg, R. J., & Urbina, S. (1996). Intelligence: Knowns and unknowns. *American Psychologist, 51*, 77-101.

Ngware, M., Oketch, M., Mutisya, M., & Abuya, B. (2010). *Classroom observation study: A report on the quality and learning in primary schools in Kenya.* Nairobi: African Population and Health Research Center.

Pryor, J., Akyeampong, K., Westbrook, J., & Lussier, K. (2012). Rethinking teacher preparation and professional development in Africa: an analysis of the curriculum of teacher education in the teaching of early reading and mathematics. *Curriculum Journal, 23(4)*, 409-502. doi:10.1080/09585176.2012.747725

Puhani, P. A. (2012). The treatment effect, the cross difference, and the interaction term in nonlinear 'difference in differences' models. *Economics Letters, 115(1)*, 85-87.

Unicef (2011). Ethiopia: Country Programme Document 2012-2015. 11-29707. Retrieved from http://www.unicef.org/about/execboard/files/Ethiopia_final_approved_2012-2015_20_Oct_2011.pdf

World Bank (2012). *World DataBank. World Development Indicators*. [Custom cross-tabulation of data]. Retrieved from http://databank.worldbank.org/data /views/reports/tableview.aspx

Appendix

Table 1: Estimation results (full sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Test overall	(7) Test environmental science	(8) Test language instruction	(9) Test math	(10) Test English	(11) Grade language instruction	(12) Grade environmental science	(13) Grade math	(14) Grade English
Year	0.027	0.039	0.268***	-0.495*	0.614***									
	(0.045)	(0.049)	(0.073)	(0.249)	(0.094)									
Treat	0.036**	0.043	-0.016	0.123	0.036	0.063**	-0.017	0.077*	0.067**	0.118***	10.567***	1.674	10.559***	-5.862**
	(0.017)	(0.046)	(0.049)	(0.238)	(0.062)	(0.023)	(0.012)	(0.038)	(0.028)	(0.041)	(3.091)	(3.008)	(2.263)	(2.251)
year*treat	-0.003	-0.049	0.079	-0.355	-0.055									
	(0.031)	(0.053)	(0.077)	(0.294)	(0.109)									
Cohen's d	-	-	-	-	-	0.48	-	0.43	0.41	0.50	0.79	-	1.08	0.60
Constant	0.269***	1.121***	3.077***	3.760***	1.491***	0.705***	0.927***	0.811***	0.593***	0.424***	82.492***	81.236***	85.540***	93.685***
	(0.067)	(0.098)	(0.299)	(0.565)	(0.281)	(0.112)	(0.082)	(0.159)	(0.115)	(0.139)	(17.667)	(16.758)	(12.941)	(16.922)
Observations	439	442	441	441	442	149	149	149	149	149	89	89	89	89
R-squared	0.053	0.048	0.108	0.119	0.087	0.239	0.140	0.233	0.177	0.181	0.169	0.132	0.234	0.147

Notes: All the columns present the coefficient estimates of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. Columns 6-14 have no baseline data available and are therefore estimated using endline data only. Results in column 6-10 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brothers and sisters, number of animals in the household, sex, age, ethnicity, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 2: Estimation results (full sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Test overall	(7) Test environmental science	(8) Test language instruction	(9) Test math	(10) Test English	(11) Grade language instruction	(12) Grade environmental science	(13) Grade math	(14) Grade English
Year	0.006	0.009	0.147***	-0.399*	0.356***									
	(0.028)	(0.054)	(0.033)	(0.223)	(0.085)									
Treat	0.018	0.041	-0.076	0.123	-0.051	0.089***	-0.014	0.126***	0.088***	0.105**	8.527**	-0.115	9.767***	-5.160*
	(0.023)	(0.054)	(0.075)	(0.250)	(0.077)	(0.024)	(0.011)	(0.037)	(0.029)	(0.039)	(3.588)	(2.549)	(2.544)	(2.726)
year*treat	0.005	-0.052	0.117	-0.312	-0.029									
	(0.035)	(0.061)	(0.084)	(0.309)	(0.103)									
Cohen's d	-	-	-	-	-	0.60	-	0.56	0.49	0.44	0.51	-	0.82	0.41
Constant	0.524***	0.818***	3.785***	1.798***	1.157***	0.690***	0.967***	0.623***	0.717***	0.505***	65.321***	71.357***	66.839***	76.554***
	(0.016)	(0.047)	(0.025)	(0.190)	(0.066)	(0.023)	(0.007)	(0.034)	(0.019)	(0.037)	(2.541)	(2.139)	(2.155)	(2.332)
Observations	482	487	486	486	487	150	150	150	150	150	89	89	89	89
R-squared	0.003	0.006	0.058	0.068	0.054	0.067	0.009	0.064	0.059	0.041	0.080	0.000	0.135	0.036

Notes: All the columns present the coefficient estimates of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. Columns 6-14 have no baseline data available and are therefore estimated using endline data only. Results in column 6-10 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 3: Attrition

VARIABLES	(1) Attrition
Parents can read and write	0.392
	(0.274)
Books at home	0.880
	(0.615)
Study help at home	-0.365
	(0.258)
Number of brothers	0.322***
	(0.092)
Number of sisters	0.077
	(0.088)
Number of animals	0.003
	(0.019)
Sex (male=1)	-0.512**
	(0.240)
Age	0.093
	(0.061)
Amhara	2.058***
	(0.315)
Orthodox	0.286
	(1.333)
Muslim	-0.143
	(1.666)
Protestant	0.790
	(1.320)
Meals per day	-0.070
	(0.268)
Constant	-1.654
	(1.579)
Observations	443

Notes: Logistic regression to check for whether the attrition observed in the data was random.

Table 4: Description of ABE centers and governmental schools of the evaluation, July 2013

Criteria		**Treatment schools supported by NVEA (2004/2012 onwards)**		**Governmental control schools**	
		Gedo Sire School, Bikila kebele	***Danbi Dima School, Jarso Wama kebele***	***Mao (1-4) 1996 E.C***	***Badesa (1-4) 1996 E.C***
School size		1.5 hect	1 hect	1 hect	800sq.meter
Number of students in school		250	163	159	211
Number of students per class in grade 1 (end of the school year)		60	47	56	91
Number of classes in grade one		2	2	1	1
Number of grades in the school		4	4	4	4
Number of teachers total per school		4	5	5	4
Number of teachers for grade one		2	2	1	1
Teaching –Learning Materials					
Teachers'	Reference books	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
	Teaching aid (Guideline)	☒yes ☐no	☒yes ☐no	☒yes ☐no	☒yes ☐no
Students	Enough text books	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
	Enough wall charts & teaching aid	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
	Enough supplementary books	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
Sport materials	Volley ball	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
	Football	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
	Pumps	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
	Whistle	☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
ICT	Radio	☒yes ☐no	☒yes ☐no	☐yes ☒no	☒yes ☐no
First Aid Kit		☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
Infrastructure					
Type of class room	Wall type	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☒ Mud and wood
	Floor Type	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☒ Cement ☐ Plastic tile	☒ Mud ☐ Cement ☐ Plastic tile	☒ Mud ☐ Cement ☐ Plastic tile
Director Office	Wall type	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☒ Mud and wood
	Floor Type	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☒ Cement ☐ Plastic tile	☒ Mud ☐ Cement ☐ Plastic tile	☐ Mud ☒ Cement ☐ Plastic tile
Record Office	Wall type	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☒ Mud and wood	☐ Cement ricks ☐ Mud and wood ☒ None existence of the record office	☐ Cement ricks ☐ Mud and wood ☒ None existence of the record office
	Floor Type	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☐ Cement ☐ Plastic tile	☐ Mud ☐ Cement ☐ Plastic tile

Teacher's room	Wall type	☒Cement ricks ☐ Mud and wood	☒Cement ricks ☐ Mud and wood	☐ Cement ricks ☐ Mud and wood ☒ None existence of the Teacher's room	☐ Cement ricks ☐ Mud and wood ☒ None existence of the Teacher's room
	Floor Type	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☐ Cement ☐ Plastic tile	☐ Mud ☐ Cement ☐ Plastic tile
Resource center for teaching materials, aids preparation, demonstration room	Wall type	☒Cement ricks ☐ Mud and wood	☒Cement ricks ☐ Mud and wood	☐ Cement ricks ☐ Mud and wood ☒ None existence of the Resource center	☐ Cement ricks ☐ Mud and wood ☒ None existence of the Resource center
	Floor Type	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☒ Cement ☐ Plastic tile	☐ Mud ☐ Cement ☐ Plastic tile	☐ Mud ☐ Cement ☐ Plastic tile
House ceiling		☒Corrugated sheet ☐ Thatched grass	☒Corrugated sheet ☐ Thatched grass	☒Corrugated sheet ☐ Thatched grass	☒Corrugated sheet ☐ Thatched grass
Number of latrines		Boys=1 Girls=1 Teachers=1	Boys=1 Girls=1 Teachers=1	Boys=1 Girls=1 Teachers=0	only 1 in the school
Number of computers		0	0	0	0
Drinking water		☒yes ☐no	☐yes ☒no	☐yes ☒no	☐yes ☒no
Library		☐yes ☒no	☐yes ☒no	☐yes ☒no	☐yes ☒no
Extra activities					
Types of school clubs (please list available types)		1.Girls Education 2. Anti-HIV/AIDS 3.Environmental Protection 4. First Aid 5. Child protection	1.Girls Education 2. Anti-HIV/AIDS 3.Environmental Protection 4. First Aid 5. Child protection	1.Girls Education 2. Anti-HIV/AIDS 3.Environmental Protection	1.Girls Education 2. Anti-HIV/AIDS 3.Environmental Protection
Garden (vegetable garden)		☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no
Play ground		☒yes ☐no	☒yes ☐no	☒yes ☐no	☒yes ☐no
Training delivered to teachers (please list training titles & duration)		1.Prevention and protection of HIV/AIDs 2.Basic quality education 3.Improving English language 4.Environmental protection 5.Inclusive education 6. Child protection 7.Leadership & decision making 8.Resource mobilization 9.Reproductive health and family planning 10 . Business skill Development 11.Harmful traditional practices 12.Active teaching-learning methodology	1.Prevention and protection of HIV/AIDs 2.Basic quality education 3.Improving English language 4.Environmental protection 5.Inclusive education 6. Child protection 7.Leadership & decision making 8.Resource mobilization 9.Reproductive health and family planning 10 . Business skill development 11.Harmful traditional practices 12.Active teaching-learning methodology	1.Prevention and protection of HIV/AIDs 2.Basic quality education 3.Improving English language	1.Prevention and protection of HIV/AIDs 2.Basic quality education 3.Improving English language
Duration of one teaching period		45'	45'	40'	40'
Presence of supplementary text book		☒yes ☐no	☒yes ☐no	☐yes ☒no	☐yes ☒no

Note. Differences between ABE centers and governmental schools are highlighted in red.

Table 5. Overview of items of the presented results

SECTION 1.5: SCHOOL PERFORMANCE

Items SP01-07 assess environmental science, SP08-13 language of instruction, SP14-20 math, SP21-26 English

SP01	***Give the student the STUDENT SHEET and a pen.*** ***Say:*** "I will ask you some questions about things you learn in school. This is **NOT a test** and it will **NOT be graded**. I will first ask some questions about environmental science. What happens if you do not wash your hands before eating?" ***Label the answer as correct when the child names at least one of the possible answers.***	***Any of the answers is correct:*** ***- I become sick*** ***- I can get a disease*** ***- Any disease*** 1 Correct 2 Incorrect/ does not know	
SP02	***Say: "***Name a food that comes from an animal."	***Any of the answers is correct:*** ***milk, cheese, yoghurt, meat*** 1 Correct 2 Incorrect/ does not know	
SP03	***Say: "***Why are small children not allowed to play with a knife/blade?"	***Any of the answers is correct:*** ***- Because they can cut themselves*** ***- Because it is dangerous*** ***- Because they can hurt others*** ***-HIV transmission*** 1 Correct 2 Incorrect/ does not know	
SP04	***Say: "***What is the use of the ears?"	***Correct answer: hear, listen*** 1 Correct 2 Incorrect/ does not know	
SP05	***Show to the first question on the student sheet and say:*** ***"***Show me the roots."	1 Correct 2 Incorrect/ does not know	
SP06	***Say: "***What are the roots for?"	***Any of the answers is correct:*** ***- To get water/ nutrition*** ***- Not to fall over*** ***- Storing nutrition*** 1 Correct 2 Incorrect/ does not know	
SP07	***Say: "***What kind of food does a lion like?"	***Correct answer:*** ***meat or any animal*** 1 Correct 2 Incorrect/ does not know	
SP08	***Say*** "I will ask you some questions about **reading and writing**. Please point to the letter I read." ***Show the 2. question on the student sheet.***	Correct	Incorrect/ does not know
	R	1	2
	Q	1	2
	B	1	2
SP09	***Say: "***Please read each letter."	Correct	Incorrect/ does not know
	F	1	2
	S	1	2
	X	1	2
SP10	***Say: "***Please read each word."	Correct	Incorrect/ does not know
	House	1	2
	Ox	1	2
	Goat	1	2
SP11	***Say: "***Please write each word."	Correct	Incorrect/ does not know
	Dog	1	2
	Ball	1	2
	Earth	1	2

SP12	***Say: "***Write the name of the thing you see on the picture." 	1 Correct 2 Incorrect/ does not know	
SP13	***Say:"*** I will say one sentence to you. Write it down! Abebe went to school."	Correct	Incorrect/ does not know
	Abebe	1	2
	went	1	2
	to	1	2
	school.	1	2
SP14	***Say: "***I will now ask some math questions. Please read the numbers here."	Correct	Incorrect/ does not know
	8	1	2
	2	1	2
	5	1	2
SP15	***Say: "***Please read the numbers here."	Correct	Incorrect/ does not know
	23	1	2
	10	1	2
	68	1	2
SP16	***Say:"*** On the paper you can see some math questions. Please fill in the correct answers." ***Read the question.*** 3 + 5	***Correct answer = 8*** 1 Correct 2 Incorrect/ does not know	
SP17	***Read the question.*** 8 - 2	***Correct answer = 6*** 1 Correct 2 Incorrect/ does not know	
SP18	***Read the question.*** 2 x 5 =	***Correct answer = 10*** 1 Correct 2 Incorrect/ does not know	
SP19	***Read the question.*** 6 ÷ 3 =	***Correct answer = 2*** 1 Correct 2 Incorrect/ does not know	
SP20	***Say:"***Abebech has two sons and four daughters. How many children does she have?"	***Correct answer = 6*** 1 Correct 2 Incorrect/ does not know	
SP21	***Say: "*** I will now ask some English questions. Where is the ´pen´!" ***(pen in English)*** ***Do not point to the pen nor show it to the child.***	***Correct answer: Child points to or holds up a pen.*** 1 Correct 2 Incorrect/ does not know	
SP22	***Say: "***Stand up!" ***(stand up in English)***	***Correct answer: Child stands up*** 1 Correct 2 Incorrect/ does not know	
SP23	***Say:"*** Show me your ´ear´." ***(ear in English)***	***Correct answer: Child points to his/ her ear.*** 1 Correct 2 Incorrect/ does not know	
SP24	***Point to your nose.*** ***Say****: "*Say this in English!"	***Correct answer: Child says "nose"*** 1 Correct 2 Incorrect/ does not know	
SP25	**Say: "**Write down what it is." ***Point to the pen. If the child does not know the word in English, say "pen".***	***Correct answer: Child writes "pen"*** 1 Correct 2 Incorrect/ does not know	
SP26	**Say: "**Write down what it is." ***Point to your nose.*** ***If the child does not know the word in English, say "nose".***	***Correct answer: Child writes "nose"*** 1 Correct 2 Incorrect/ does not know	

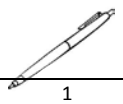
SECTION 2: COGNITIVE SKILLS & HEALTH

CSH01 **Cognitive ability (recall)**	***Say: "Listen carefully to me! I will read out a list of thing. After I read, please recall the things I mentioned?"*** The list includes the following things: House, Sun, Book, Arm, Fire, Animal, Stone, and Friend (***Tick all correctly recalled and not recorded items***)	***Items***	**Recalled**	**Not recalled**
		House	1	2
		Sun	1	2
		Book	1	2
		Arm	1	2
		Fire	1	2
		Animal	1	2
		Stone	1	2
		Friend	1	2

	Which statements fit best to you? Please choose one of the two alternatives: ***Read each item with both option (CSH03-CSH05_4)*** ***and let the child choose one option (1 or 2).***	
CSH03 CSH04 **Control beliefs**	When you lose a game, is it:	
	1	because the other player is good at the game, or
	2	because you don't play well.
	When you learn something quickly, is it:	
	1	because you listened very good, or
	2	because someone who is older explained it carefully.
CSH04_1 **Getting a good grade**	When you get a good grade in class, is it.	
	1	because the test was very easy, or
	2	because you know a lot.

CSH06 **Cognitive ability (remember order)**

Make sure that you have five different objects students are familiar with. Arrange all five objects in this order from left to write (small stone – pencil – leave – blade of grass – pen) on a table or the ground in front of the child. And say:
Look at the order of these things and try to remember it! Close your eyes. ***Put all objects together in front of the child and say*:**
Open your eyes and try to put the objects back in the same order!
Circle one for correct and 2 for incorrect arrangement.

				
1	1	1	1	1
2	2	2	2	2

SECTION 5: MOTIVATION & FUTURE

	Say: "We want to know what is important for you, some things are not important for children! Please answer what you think."**:** ***All questions should be answered in the following two steps:***				
First ask whether it applies "No" or "Yes"!		No		Yes	
Next ask, "how much"!		*Not at all*	*Not*	*A little bit*	*Very much*
MF05 MF06 **Motivation**	Do you like to go to school?	1	2	3	4
	Are you motivated to go to school?	1	2	3	4
MF07 MF08 **Drop out**	Have you ever thought about quitting school?	1	2	3	4
	Do you sometimes intend to stop going to school?	1	2	3	4

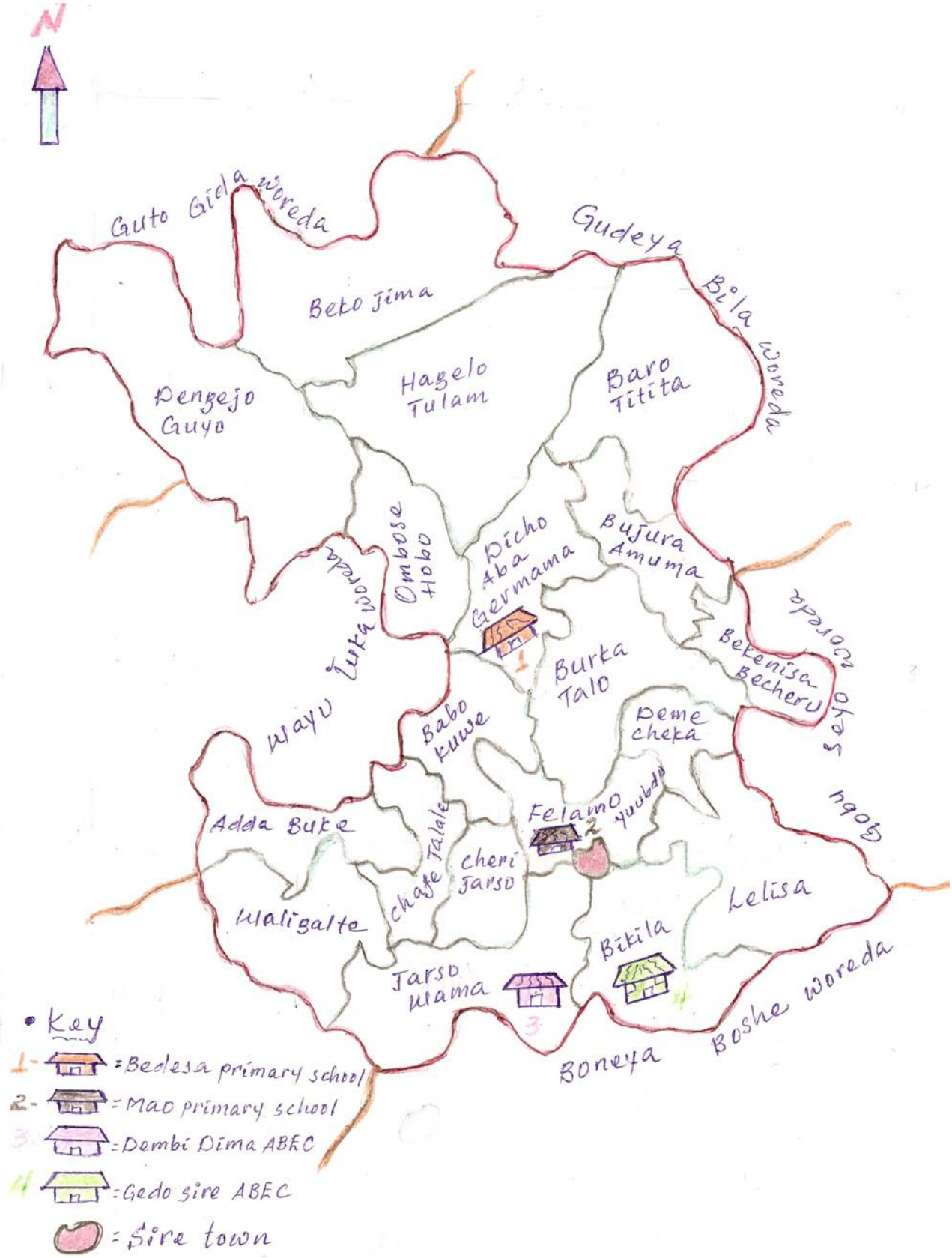
Table 6. Overview of number of students who were interviewed and resampled per school provided from the data collection team

Name of the school	Condition	List of students in the sample	Actual students in School Roster	Interviewed students	Out of school Students	Replaced students
Denbi Dima	Treatment	105	39	28		32
Gedo sire	Treatment	15	51	45		47
Mao	Control		36	30		26
Bedessa	Control		42	38		37
Total			168	141	156	142

Table 7. Overview of number of enrolled students in the four ABE centers funded by MDFS II

ABE center	Number of enrolled children (grade 1-3)			O-Level		
	Girls	**Boys**	**Total**	**Girls**	**Boys**	**Total**
Dembidema	85	96	181	25	17	42
Gedo Sire	117	126	243	-	-	-
Cheka	137	141	278	24	43	67
Yubdo	41	51	92	-	-	-
Total	**380**	**414**	**794**	**49**	**60**	**109**

Table 8. Overview of the selected schools and their location.



Endline report – Ethiopia, OSRA MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen[1]
Cecile Kusters[1]
Elias Zerfu[2]
Derbew Kefyalew[2]
Bram Peters[1]
Nicky Buizer[1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-056

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, B. Peters, N.N. Buizer, 2014. *Endline report Ethiopia, OSRA. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI- 15-056. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, OSRA. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI- 15-056

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **9**

1.1 Purpose and outline of the report 9
1.2 Brief summary of analysis and findings 10

2 Context and General Information about the SPO – OSRA **13**

2.1 General information about the Southern Partner Organisation (OSRA) 13
2.2 The socio-economic, cultural and political context in which the partner operates 13
2.3 Contracting details 14
2.4 Background to the Southern Partner Organisation 15

3 Methodological approach and reflection **17**

3.1 Overall methodological approach and reflection 17
3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4 18
3.3 Attributing changes in organisational capacity - evaluation question 2 and 4 20

4 Results **25**

4.1 MFS II supported capacity development interventions 25
4.2 Changes in capacity and reasons for change - evaluation question 1 and 4 26

5 Discussion and conclusion **36**

5.1 Methodological issues 36
5.2 Changes in organisational capacity 37

References and Resources **40**

List of Respondents **43**

Appendix 1 Methodological approach & reflection **44**

Appendix 2 Background information on the five core capabilities framework **70**

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators **72**

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation Oromo Self Reliance Association (OSRA) and the Co-Financing Agencies ICCO and IICD for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to OSRA, ICCO IICD, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

Causal map	Map with cause-effect relationships. See also ‘detailed causal map’.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CS	Civil Society
CSO	Civil Society Organisation
C4C	Connect for Change Consortium
C6NGO	Consortium of 6 NGO’s (ADAA, CDI, ERSHA, FC, OSRA, HUNDEE) in “Integration of information and communication technologies on agricultural value chain” project under the lead of FC
Detailed causal map	Also ‘model of change’. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
FC	Facilitators for Change
FED	Fair Economic Development
FMO	Farmers Marketing Organisation
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
ICCO	Inter-church organisation for development cooperation
IFPRI	International Food Policy Research Institute
IICD	International Institute for Communication and Development
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MFS	Dutch co-financing system
MIS	Management Information System
MoFA	Ministry of Foreign Affairs
NGO	Non-Governmental Organisation
OD	Organisational Development
OSRA	Oromo Self Reliance Association
PME	Planning, Monitoring and Evaluation
PRA	Priority Result Area
Process tracing	Theory-based approach to trace causal mechanisms
RCT	Randomized Control Trials
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

- Achievement of Millennium Development Goals (MDGs) & themes;
- Capacity development of Southern partner organisations (SPO) (5 c study);
- Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions**:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: OSRA in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in appendix 4.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, improvements took place in all of the capabilities.

Over the last two years many small improvements took place in the indicators under the capability to act and commit. Since the baseline, decision making has been further decentralised within OSRA, giving a decision-making role to programs and departments. The board members have become more responsive and involved in organisational issues. There is a very slight improvement in senior management leading and following up on strategic issues. Due to dwindling foreign funding, OSRA needed to strengthen its resource mobilisation strategy and performance, which they are doing by hiring qualified staff and involving stakeholders in planning and implementation. There is an improvement in collecting outcome related information which is used for operational management, but not yet used to articulate strategies. Staff trainings were provided on different topics since the baseline based on a training needs assessment done among OSRA staff. Most trainings were funded by ICCO and other donors like CRRDA. OSRA has made some improvements in incentives for staff by revising the salary scale and the HR policy; and introducing limited loan schemes for staff. OSRA has diversified its funding and the total amount of funding has increased with 30 percent since the baseline. Among the new projects there are some multi-year (3-5 year) projects. There is now a separate unit dedicated to fundraising, proposal development and income generation.

In the capability to adapt and self-renew OSRA saw many improvements. The application of M&E improved because forms have been developed that help collect and report at outcome and impact level and OSRA has started to report case studies. ICCO is supporting OSRA in its M&E activities through providing technical support, training and introduction of various approaches. There are now two M&E teams: one at the head office and another at the area level. A monitoring officer is responsible for coordinating M&E activities. He has improved his skills in collecting and analysing information as a result of the ICT based interventions through the financial support of IICD. Area office staff has also improved their skills in reporting and documenting changes.

In terms of the capability to deliver on development objectives, OSRA has improved in various indicators. Planning is now done in a more participatory way and there are operational plans per project in place. Staffs use the operational work plans and budgets to guide them in their day-to-day activities. There is a very slight improvement in monitoring efficiency because of training on RBM in 2013 and experience of staff has helped with crudely comparing inputs with outputs. OSRA has improved their way of balancing quality and efficiency because they have prepared quality of work monitoring tools and these have been communicated to staff. For ensuring efficiency there is a well-designed project management plan in place for each project.

In the capability to relate, OSRA slightly deteriorated in the indicator on engaging in networks. Though they continued to network in their alliances, in the zero grazing project there was limited coordination among stakeholders and the collaboration with financial service institutes was not effectively done. OSRA is however, engaging more with its target groups after feedback they gained from MFS II expertise field reports and improved leadership and management. OSRA's outreach has increased through the various projects they are involved in, in which the community is actively engaged. With

regards to the relations within OSRA, access to telephone and internet at the head and field offices has improved, facilitating efficient communication between staff.

Finally, OSRA has shown some improvement in the indicators under the capability to achieve coherence. The mission and the vision of OSRA have been regularly discussed since the baseline, with efficient participation of the staff especially in strategy and policy formulation. There has been an improvement in OSRA's operational guidelines: there now are revised and updated HRM, accounting and financial policy manuals in place. New procurement guidelines and financial formats have been developed.

During the endline workshop some key organisational capacity changes were brought up by OSRA's staff in the 'general causal map': improved capacity to reach a larger numbers of beneficiaries (also increased geographical coverage); improved M&E capacity; decentralization of planning process; improved capacity in project design and fund raising; and improved capacity to involve and mobilize the community. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to OSRA's staff, they improved their capacity to reach a large number of beneficiaries because of their improved resource mobilisation capacity due to increased staff numbers (following the advice of OSRA's board partly funded by MFS II) which helped in proposal writing; and improved capacity to mobilise and involve the community because of the trust they gained from the community and from donors.

OSRA improved its M&E capacity because of donors' demand for outcome data; improved capacity to collect client satisfaction information and provide feedback to the community; feedback from donor after field visit (MFS II funded); and experience from other networks. OSRA improved its capacity to collect client satisfaction information because of a seminar on downward accountability and client satisfaction feedback in 2012 (funded by MFS II); and the development of a manual on downward accountability in 2012 (funded by MFS II).

OSRA decentralised its planning process because of past experience and problems in the planning process and enhanced capacity of process staff. Staff enhanced their capacity because of on the job training by HQ staff; training on project development in 2013 by CCRDA; and training on gender mainstreaming in value chain development in 2012 (funded by MFS II).

According to OSRA staff, the organisation has improved its capacity in project design and fundraising because of enhanced capacity of staff; creation of an independent fundraising unit due to an OSRA future directions assessment report; and hiring new staff; improved management to scan the environment; and training on mainstreaming Community Managed Disaster Risk Reduction (CMDRR) (funded by MFS II). The organisation became better at scanning their environment because of regular monthly review meetings; training on leadership and management by CCRDA and Colombia University in 2013; and donor staff's feedback after field visits (MFS II funded).

Finally, OSRA improved its capacity to involve and mobilise the community because of trust gained by the community; donor requirements and advice; and past experience gained in project implementation.

According to OSRA's staff, MFS II funded capacity development interventions have thus played a role in improved M&E capacity; decentralization of planning process; and improved capacity in project design and fund raising. This was through a seminar on downward accountability, development of a manual on the same topic; feedback from field visits; training on gender mainstreaming in value chain development; and training on CMDRR. However, internal factors like advice of their Board; trust of community and donors; experiences in other networks; past experiences; on the job training; recommendation from the OSRA future directions assessment report; and meetings have also played an important role in the key organisational capacity changes that the OSRA's staff considered important since the baseline in 2012. Support from other funders, like CCRDA and Colombia University; in terms of training, has also been mentioned among the underlying factors for these changes.

2 Context and General Information about the SPO – OSRA

2.1 General information about the Southern Partner Organisation (OSRA)

Ethiopia	
Consortium 1	Connect4Change (C4C)
Responsible Dutch NGO	ICCO and IICD
Project (if applicable)	Integration of information and communication technologies on agricultural value chain commodities
	OSRA is a member of the C6 consortium, under consortium lead Facilitators for Change (FC)
Consortium 2	ICCO Alliance
Responsible Dutch NGO	ICCO
Project (if applicable)	Zero Grazing Project , Project C10 MFS II MDG sample
Southern partner organisation	Oromo Self Reliance Association

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

Oromia is the largest Regional National State in Ethiopia in terms of population size and area coverage. The estimated area is about 363,136km2, accounting for about 34.3% of the country's total area. It is divided into 18 zones, 303 districts (264 rural districts and 39 urban centres) and more than 6,630 Peasant and Urban Dwellers Associations. The total population of the region is about 34 million with over 86% living in rural areas.

The average annual rainfall of the region is ranging from 400 mm (in some parts of Borena in Southern Oromia) to over 2400mm (in some parts of highlands such as Ilubabor Zone). The average temperature ranges from less than 7.5 oC to more than 27.5 oC. There is an irregularity in the timing and amount of rainfall in some parts of the region, especially in the lowland areas. This sometimes causes occurrence of drought and famine, resulting in human crisis.

Oromia has a huge natural resources base and many development potentials. These are the large population size, large arable land/ agricultural resource base, huge surface water resources, energy

resources, mineral resources, wildlife resources, tourism resources and historical and cultural resources.

Agriculture is the mainstay of the people in the region with about 89% of the population earning their living from this sector. Small scale /subsistence agriculture accounts for about 98% of the total agricultural production in the regional state. Livestock husbandry is also one of the main economic activities that complement crop production. However, husbandry practices in the region are of a very traditional type and need to be modernized to enhance the productivity of livestock in the region by capacitating and sensitizing the rural communities.

The largest proportion of the regional GDP is accounted for by agriculture (66.7%), followed by services (21.2%) and industry (12.1%).

Currently, OSRA is operating within seven districts found in four zones of the region. These are West, South West, and East Shewa Zones, and Special Zone surrounding Addis Ababa. Though areas are located relatively near to Addis Ababa, the population has been suffering from lack of basic services and infrastructures.

Most of the districts are divided into three agro climatic zones namely the highland, midland and lowland. Most people in the districts are mainly engaged in mixed farming system. Farmers produce cereals (teff, wheat, barley, maize, sorghum), pulses, vegetables combined with animal husbandry that includes cattle, shoats and equines. There are community members or farmers that do not have land, seeds, farm implements or a combination of some of these that could help them produce on their own. Inadequate infrastructure development and other social services are other dimensions that indicate the low standard of living of the community in OSRA's operational areas.

Promotion of farmers marketing organisations in value chain development, and zero grazing and improved diary production are the two programmes that OSRA is implementing in some of these districts with financial support from ICCO. The project on value chain and farmers marketing organisations is being implemented in collaboration with other local partners of ICCO . OSRA's part in the programme is to support 18 selected farmers marketing organisations (FMOs) in four districts in the region. OSRA is implementing zero grazing and dairy improvement projects in Akaki and Ada'a districts. The project has targeted resource poor farmers residing in selected peasant associations/kebeles of the districts. The overall objective of the project is to improve the livelihood rural households in the intervention areas through promotion of zero grazing and improved livestock production

2.3 Contracting details

When did cooperation with this partner start:
February 2006

What is the MFS II contracting period:
C4C Alliance project (farmers marketing): September 2011 – December 2014

ICCO Alliance project (zero grazing): 2010 – 2012; 2012 – 2014 (2nd phase)

Did cooperation with this partner end? YES/NO
C4C Alliance project: NO

ICCO Alliance project: NO

If yes, when did it finish?
C4C Alliance project: N.A.

ICCO Alliance project: N.A.

What is the reason for ending the cooperation with this partner:
C4C Alliance project: N.A.

ICCO Alliance project: N.A.

If not, is there an expected end date?

C4C Alliance project: December 2014

ICCO Alliance project: December 2014

2.4 Background to the Southern Partner Organisation

History

OSRA is an indigenous non-governmental, non-political, secular, non-profit making voluntary development organisation. It was registered by the Ministry of Justice and re- registered as Ethiopian Residents Charities in accordance with charities and Societies Proclamation 621/2009 in October 2009.

The Oromo Self-Reliance Association (OSRA) was established in 1995 with a vision of reduction of poverty, and improving literacy and well-being in Oromia region. Its mission at establishment was to help people in Oromia regional state to help themselves. The organisation followed an integrated holistic rural development strategy which includes development of water, natural resource and cooperatives. It served target groups which included rural communities for 2 districts in west Shoa, Ejere and Adaberga woredas. At the beginning, the organisation was staffed by 2 volunteers without division of tasks. The total budget was 150,000 ETB with funding from individual donors who participated in fund raising events. No capacity strengthening activities were undertaken by the organisation during this period. The existence of a conducive environment for NGOs and nationalistic view of individuals were indicated as important influencing factors.

A five-year project was commenced in 1997 by OSRA. Its vision, mission and strategy remained the same as the previous years. The operational strategy became well refined during this period. The target groups included women, small groups of vegetable producers, poor farmers, and school youth. There were 6 staff members whose functions included programme & project officers, manager, community animators and guard. The budget increased to 490,464 ETB with funding from World Solidarity Movement), Pact Ethiopia, and USA, and Netherlands Embassies. Capacity strengthening activities undertaken during this period included permanent project management, monitoring and coaching. The involvement of major donors during the period was indicated as an important influencing factor.

The organisation expanded its operational area in 2001. Its vision became well-articulated and was stated as “to see poverty-free society in Oromia regional state”. The mission of the organisation was to implement community based integrated rural development through participatory approaches. In 1997, its strategy was affected by a new regulation by the National Bank of Ethiopia regarding the provision of micro-finance service. As OSRA used to provide microfinance as part of its programmes until 1997, the new regulation forced the separation of the microfinance programme into a separate MFI as per the proclamation. To this effect a new MFI affiliated to OSRA was created. The organisation expanded its area of operation to include target groups in south west Shoa. Staff numbers also increased to 25 with newly created staff functions, such as office coordinators, and administration & finance. The budget expanded to 1.1 million ETB with funding from the same donors, Belgium Embassy and CCRDA. Capacity strengthening activities conducted during the year included needs assessment, project design, and M&E training. The microfinance regulation was stated as important influencing factor for the organisation during the period.

In 2006, OSRA became part of the consortium of NGOs promoting cereal banks and farmers marketing organizations. The consortium has been implementing the same program in different parts of Oromia with financial support from ICCO. Its vision, mission, and strategy remained the same as previous periods. The organisation expanded further to 2 woredas in South west Shoa. The staff number reached 30 with a new M&E function added. The budget reached 4.7 million ETB with funding from Water Canada, Oxfam-America, France Embassy, ICCO, and CCFD. Experience sharing exchange with local ICCO partners was indicated as capacity building activity undertaken during this period. Funding for consortium of NGOs instead of individual NGOs was noted as an important influencing factor during this period.

The year 2009 was put as critical milestone period for OSRA due to the new CSO law. The organisation incorporated a sectoral approach in its strategy during this period while its vision and mission

remained the same as earlier years. The target groups of its programmes included opinion leaders and Abageda traditional Oromo religious leaders. The staff number in 2009 was 32 with no additional functions compared to 2006. The budget increased to 6 million ETB with additional funders coming on board which included EU and the World Bank. Capacity strengthening activities undertaken during this period included business development service, marketing and value chain training. The global financial crisis and the new directives following the 2009 CSO legislation were pointed out as important influencing factors during the period.

Vision

To see poverty free, food secured and self-reliant society in Oromiya.

Mission

OSRA implements participatory integrated rural development projects, to assist marginalized and resource poor community members to improve food security, self-reliance, and family health and to support environmental protection, through building their capacity and mobilization of internal and external resources. Operating in four zones of Oromia region, OSRA's programmes are based on the belief that the rural communities it works with are best suited to shape and sustain their own development. Hence, OSRA's motto is to help people help themselves.

Strategies

Since its establishment, OSRA has been implementing different integrated rural development projects with a mission to exert maximum efforts in contributing towards poverty alleviation efforts of the country. The main programme components are:

- Rural water supply, hygiene and Sanitation;
- Food security, nutrition and livelihood improvement;
- Promotion of cereal banks, farmers marketing organisations and value chains;
- Promotion of zero grazing & improved heifer breed introduction;
- Sensitization on Gender and anti-harmful traditional practices;
- Environmental protection;
- Horticultural and homestead vegetable crop production and promotion;
- Family planning and HIV/AIDS pandemic;
- Improve income opportunities of poor farmers, female- headed households and landless youth in the target;
- Small ruminant fattening.

OSRA works with poor and marginalized communities including poor women, men, boys, girls, children, schools, community based organisations, farmers and farmers' organisation in rural areas.

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[1].

[1] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1. **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2. **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3. **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4. **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5. **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question*: **To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia*** **(i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ‘ general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during

the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to

generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of OSRA that have taken place since the baseline in 2012 are described. The information is based on the information provided by ICCO and OSRA.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Training on Programmatic Approach (PA) held in Kampala, Uganda	realizing fundamental change with partner organizations and other stakeholders; Institutionalizing programmatic approach through enhanced involvement of all stakeholders in programming, implementation and monitoring of its programs	No info	2012 or 2013	€35,000 covering 16 organisations in Kenya, Ethiopia, Uganda and Rwanda.
Training workshop on downward accountability	capacitate the SPO (together with the other 5 NGOs in the consortium) to pilot some downward accountability tools, which in turn aim at improving the quality and effectiveness of the services of SPO to its clients, its accountability to its clients, etc; Mainstreaming downward accountability in all its programs and institutionalize the approach. The SPO adopted ICT solutions that can be conveniently used to disseminate and collect information using a mobile phone	Introduction training course on Downward Accountability (2009 – MFS1) Field work preparation & Implementation with coaching on the side (2010 – MFS1) Sense-making Workshop (August 2010 MFS1) Participatory film making (March 2011 – MFS 2) Round 2 Field work – with training session and coaching (November 2011 – MFS2) Participatory film making (December 2012- MFS 2) Final dissemination conference December 2012 - MFS	See previous column	OSRA share was 1/6 of 75K = 12.500 Euro.
Coaching Gender Mainstreaming in value chain	To enhance equitable participation of both men and women in its program; Mainstream gender in all its programs as cross cutting issues	No info	2013	No info
Staff training on application of ICT tools for development, and website development across the organizational set – up staff	This was what SPOs needed and included as part of its ICT project that relates to FED program (Fair Economic Development); Provide access to up-to-date and reliable information sources to its target groups, which are smallholder farmers and their organizations	Provide access to up-to-date and reliable information sources to its target groups, which are smallholder farmers and their organizations	2013	No info

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
cross country experience exchange for management members and Directors on FED and ICT covering Kenya & Ethiopia	learning from one another so as to enhance their respective development results; Strong link with market actors leading to self-sustainability.	Learning & Sharing Experiences especially on ICT and business approaches	October, 2013	€21,000 (€10,000 from ICCO and €11,000 from IICD)
Finance Management of OSRA by the ICCO Finance Officer through the Consortium framework in Ethiopia.	enhance the capacity of the organization in aspects of timely, quality and good financial & record systems;	Budgeting, Financing Reporting, Grants management (Donor relations & sub-grant management) – through FC C6NGO consortium	May 2013; Ethiopia	About €2,500 covering transport, accommodation and upkeep costs
Training on different computer software application	Efficiency in using computer software	Knowledge on different computer software acquired ;		
Broad band internet installation	Good capacity in networking with other partners locally and internationally	Internet communication tremendously improved ;		
Provision of computers, printers and digital camera, GPS	Staff can use computers and other facilities for effective project execution	Access to computer facility improved ;		
Experience exchange visit on ICT (Kenya)	Knowledge on how to integrate ICT to any business activities	Practical experience on ICT;		
Training on programming approach	Good experience on programming approach will help a lot in the future	Knowledge on programming approached acquired ;		
Capacity assessment modules used for baseline survey and final evaluation is an asset for us	Know how on what is needed for good capacity as an organisation	Good understanding on capacity development parameters ;		

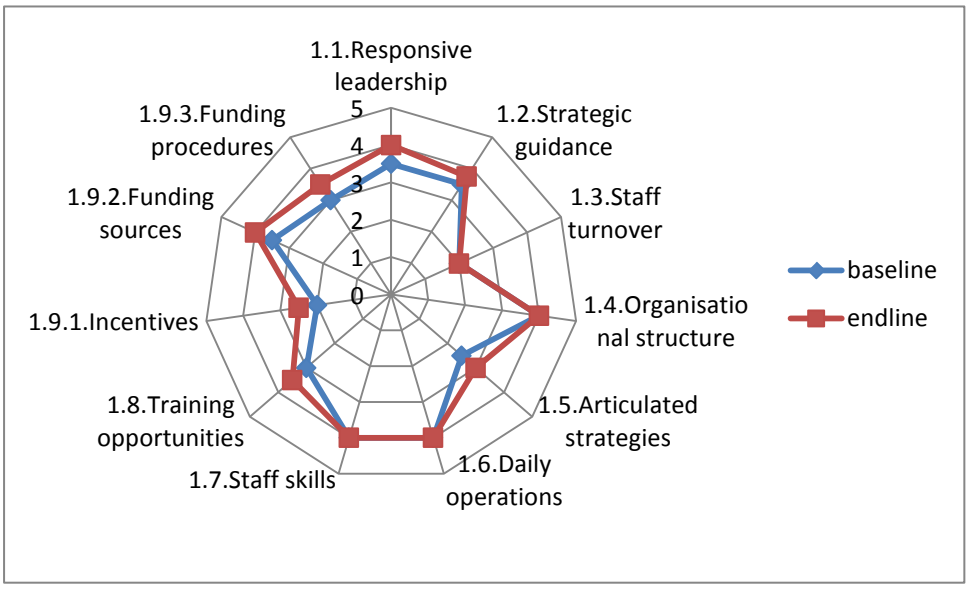
Source: B_5C endline_support to capacity development sheet_CFA perspective_ICCO; C_5C endline_support to capacity development sheet_SPO perspective_OSRA

4.2 Changes in capacity and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. See also appendix 4. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

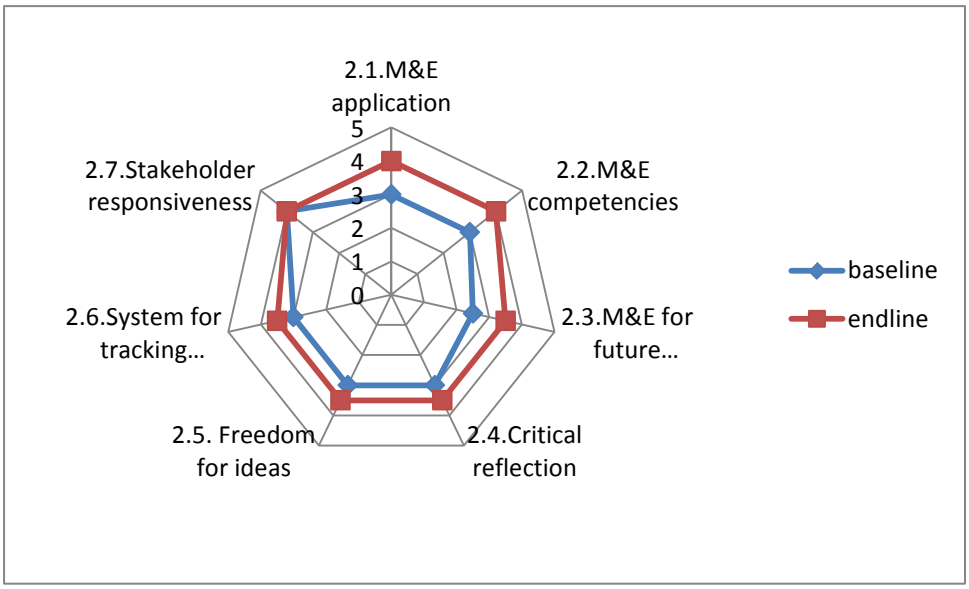
Capability o Act and Commit



OSRA has built on its experiences to bring changes and has strived to build consensus and collective decision-making. As indicated in the baseline period, OSRA has a participatory, open, responsive and transparent leadership style, since then OSRA has become more assertive and sharpened up their operational strategy after the change in management (new director). In terms of the strategic guidance, the board has initiated the study on charting growth directions for OSRA and this has helped to create a new department unit (fundraising- income generation department). On the other hand, OSRA has revised remuneration packages of staff; changed HR policy, and introduced limited loan schemes for staff for emergencies. However, some staff members said they still were not satisfied and hence more staffs resigned from the organization. Staff training needs assessments were undertaken to identify skill gaps at various levels and trainings were provided on different topics since the baseline. Staffs have improved their skill through different on-the-job trainings to accomplish planned activities and make timely reports. As a result the organization is better focused and has a good impact on the ground. Other trainings included: training of trainers on programmatic approach; downward accountability and client feedback mechanisms; environmental protection; and project management. Some of these have been funded by ICCO. The source of funding has been diversified to some extent and the level of funding has been increasing over time since the baseline. This is because OSRA has revised its organizational structure in a way that includes fundraising, proposal development and income generation as a designated unit/department that is responsible for resource mobilization. Besides, staff have been well aware on the organization funding strategy.

Score: from 3.2 to 3.4 (very slight improvement)

Capability to adapt and self-renew

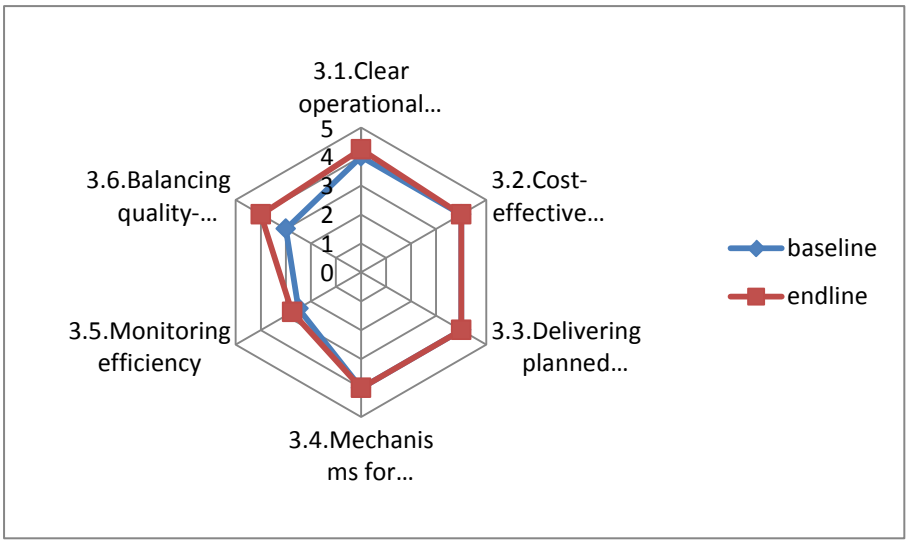


Outcome and impact level data collection has started and an M&E data collection guideline and M&E manual are under preparation. The organization has developed forms that help to collect and report at outcome and impact level. OSRA has also started to report case studies. To realize this, ICCO has supported the organization in different ways: training on Most Significant Change (MSC) technique; downward accountability experience sharing meeting; and conducting client satisfaction assessments for charting growth directions for OSRA. In addition to this, the organizational commitment to build up own experiences, learning from experiences and ICCO staff monitoring visits were indicated as the contributing factors for the improved efforts of OSRA to change its previous approach and style of monitoring.

Area office staff is well oriented and has started to report and document changes observed at result and outcome level since the baseline. The organization performance evaluation and implementation capacity has improved. Besides, the results obtained from M&E are used for developing a new strategy or scaling-up best practices after the baseline. Staff members are able to reflect their ideas freely and there has been improvement in the frequency of staff meetings to deal with programmatic issues together with management. In these meetings the context environment is scanned, which has contributed to the effectiveness in program implementation. Staff inputs are highly appreciated in OSRA and they have been encouraged to feel free to come up with new ideas. Environmental scanning has been undertaken by OSRA to identify factors affecting effective implementation of programs/projects. OSRA has good experience particularly in organizing regular meetings with stakeholders during project launching, planning, review workshops, reporting and feedback sessions. Hence, stakeholders are fully engaged in the whole project process and there is always room to collaborate and work with stakeholders.

Score: from 3.1 to 3.7 (slight improvement)

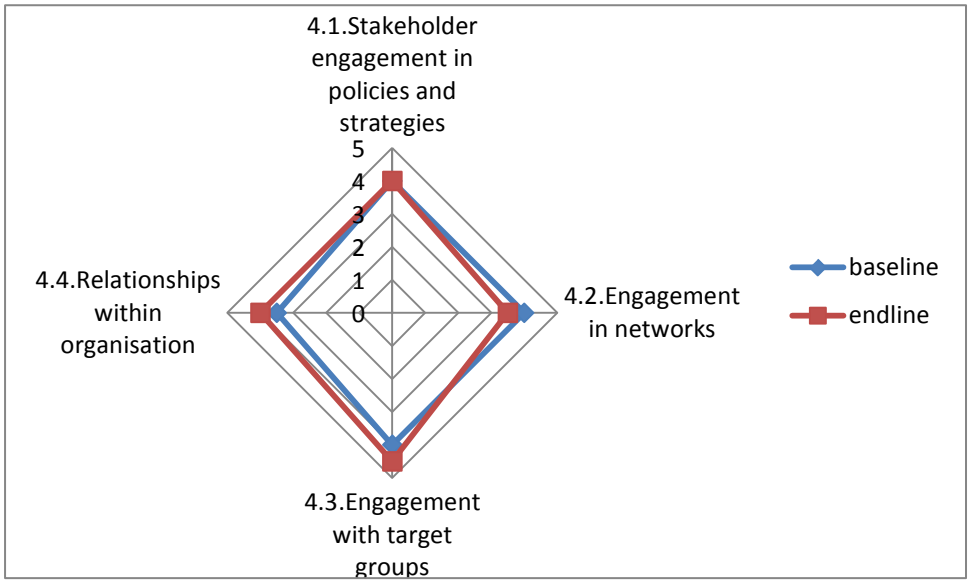
Capability to deliver on development objectives



Generally, planning is shifted from a top down to a bottom up approach, and has become more participatory as operational plans are made by projects and further reviewed at head office level to endorse towards the government agency and partners. The Oromo Self Reliance Association (OSRA) has used shared offices, desktop computers and motor bicycles for their day to day operations and hereby aims to use its resources cost-effectively. The training on RBM (Results Based Management) in 2013 by CAFOD/SCIAF/Trocaire and the improved experience of staffs through time and exposure along with community feedback has helped to crudely compare inputs with outputs and thus measure efficiency. OSRA has prepared quality of work monitoring tools and communicated these tools to staff members and minimum standard guidelines developed by different donors has helped the organization to measure quality of work. OSRA's project management approach (more decentralised decision-making and planning) was also significantly efficient and appropriate to attain the expected outputs and outcomes of the project. OSRA has maintained its strong experience to verify beneficiary needs and there are no clear observed changes in mechanisms for verifying beneficiary needs since the baseline. There have been no changes in terms of delivering planning outputs and generally this is done according to plan.

Score: from 3.6 to 3.8 (very slight improvement)

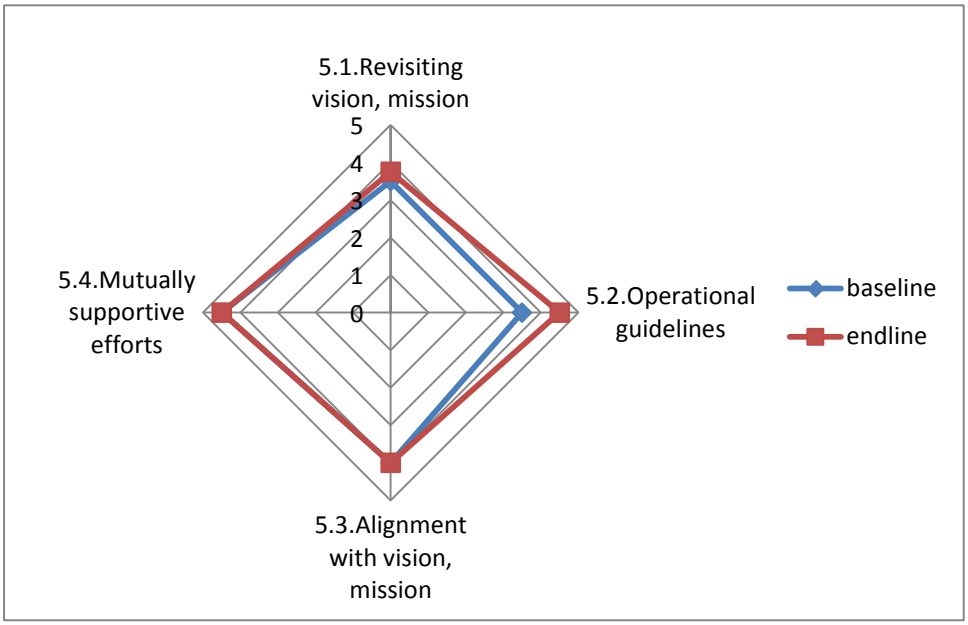
Capability to relate



OSRA has a good track record in the involvement of stakeholders in policies and strategies along with engagement with program formulation and implementation. The organization has also maintained networking and experience sharing with its all development alliances in a sustainable manner since the baseline. However, according to the report on the zero grazing project, although different forums have been organized to create linkages with various stakeholders, particularly at local level, there is still a need for additional efforts and commitment of all concerned stakeholders to establish effective linkages and networking to improve the service given to the farmers in the project areas. OSRA has made a great deal of effort in engaging target groups in project planning and M&E phases. Hence, OSRA has well set up outreach covering substantial numbers of target groups which has conveniently integrated ICT solution-based interventions into their FED program activities. It has improved access to telephone and internet connections and networks within the head and field offices. This has facilitated efficient communication and information exchange among staff members since the baseline. Staff members are able to communicate freely both horizontally and vertically, and ideas are shared and recognized. The ICT project supported by ICCO has improved the organization communication capacity from CDMA to broad band at head office level, and area offices use CDMA for internet services.

Score: from 3.9 to 4.0 (very slight improvement)

Capability to achieve coherence



The mission and vision of OSRA have been regularly discussed, internalized and popularized since the baseline. Hence there is an improvement in revisiting the organization's vision and mission due to regularity and efficient participation of the board and staff, particularly at strategy and policy formulation. OSRA has revised and updated the HRM policy manuals and accounting and financial procedures in November 2012. Based on these manuals new financial formats, procurement guideline and procedures have been developed, and the petty cash regulation has changed since the baseline. Besides, the intervention strategies of the project were well articulated in systematic ways and they were significantly correlated with the organization's stated objectives. In similar ways, the overall approaches and implementation activities of the project were appropriately fitting to the organization's intervention strategies. There is still a strong complementarity among all programs. They are integrated, and being implemented in a holistic manner in OSRA as indicated in the baseline.

Score: from 3.9 to 4.2 (Slight improvement)

4.2.2 Key organisational capacity changes - general causal map

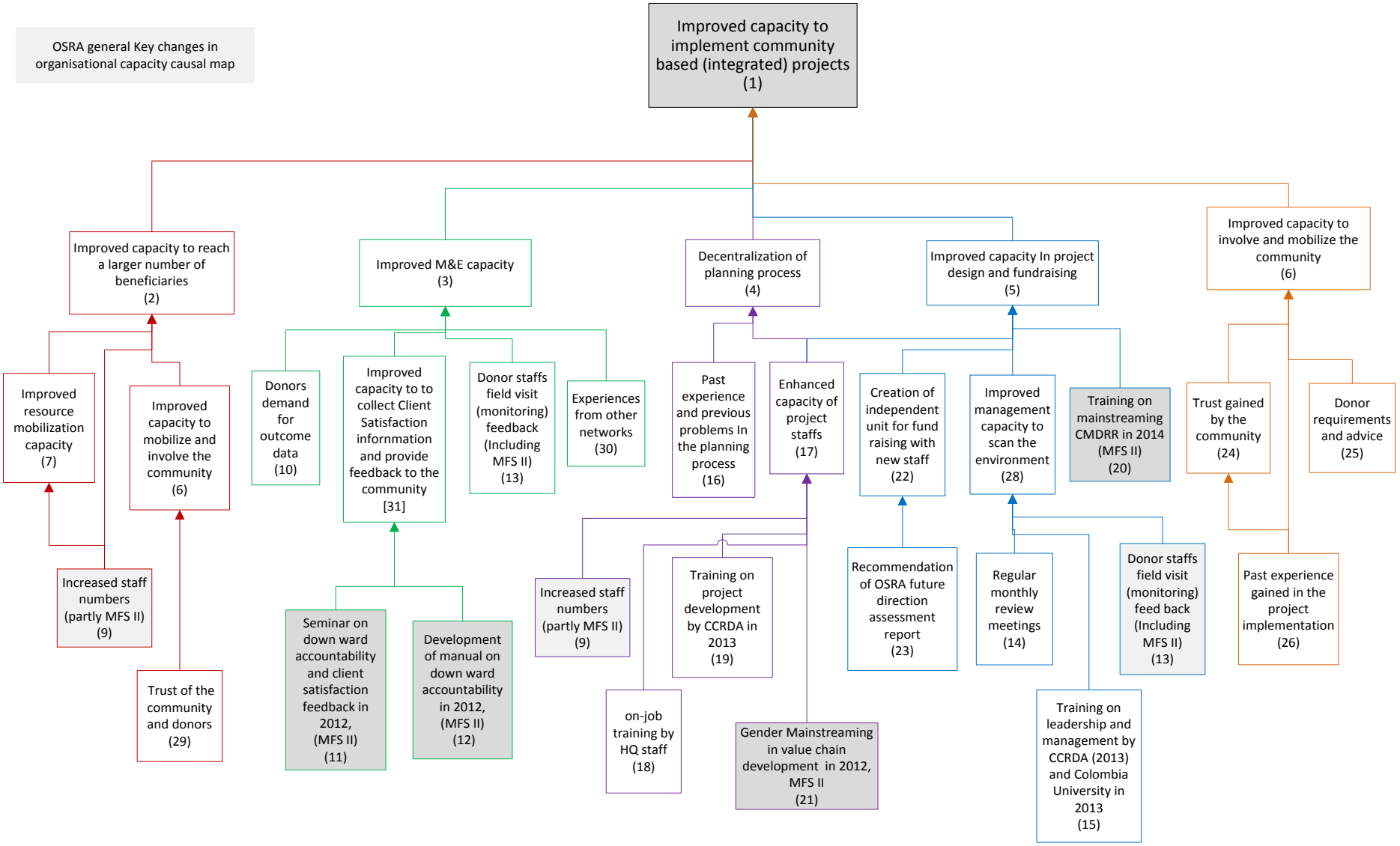
Below you can find a description of the key changes in organizational capacity of OSRA since the baseline as expressed by OSRA staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on OSRA from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how OSRA has changed since the baseline.

The endline workshop was conducted on August 25th and 26th, at OSRA headquarters, Alemegena, Oromia region. Thirteen OSRA staff of five job categories participated: management, program, M&E, field and administration, and finance staff. Following the self-assessment on August 25th, staff brainstormed about and developed a causal map for the key changes that happened in OSRA since the MFS II baseline survey in 2012 in the area of organizational capacity on August 26th.

At the endline workshop it was clarified that the overall organizational capacity goal of OSRA is improved capacity to implement community based projects (integrated projects) (1). Staff agreed that in the process to achieve this goal OSRA has improved the following capacities since the baseline in 2012:

Improved capacity to reach a larger numbers of beneficiaries (both in terms of number of beneficiaries and geographical coverage) (2)
Improved M&E capacity (3)
Decentralization of planning process (4)
Improved capacity in project design and fund raising (5)
Improved capacity to involve and mobilize the community (6)

Each of these five key organizational capacity changes is further explained below. The numbers correspond to the numbers in the visual below.


OSRA general Key changes in organisational capacity causal map
Improved capacity to implement community based (integrated) projects (1)
Improved capacity to reach a larger number of beneficiaries (2)
Improved M&E capacity (3)
Decentralization of planning process (4)
Improved capacity In project design and fundraising (5)
Improved capacity to involve and mobilize the community (6)
Improved resource mobilization capacity (7)
Improved capacity to mobilize and involve the community (6)
Increased staff numbers (partly MFS II) (9)
Trust of the community and donors (29)
Donors demand for outcome data (10)
Improved capacity to to collect Client Satisfaction infornmation and provide feedback to the community [31]
Donor staffs field visit (monitoring) feedback (Including MFS II) (13)
Experiences from other networks (30)
Seminar on down ward accountability and client satisfaction feedback in 2012, (MFS II) (11)
Development of manual on down ward accountability in 2012, (MFS II) (12)
Past experience and previous problems In the planning process (16)
Enhanced capacity of project staffs (17)
Increased staff numbers (partly MFS II) (9)
Training on project development by CCRDA in 2013 (19)
on-job training by HQ staff (18)
Gender Mainstreaming in value chain development in 2012, MFS II (21)
Creation of independent unit for fund raising with new staff (22)
Improved management capacity to scan the environment (28)
Training on mainstreaming CMDRR in 2014 (MFS II) (20)
Recommendation of OSRA future direction assessment report (23)
Regular monthly review meetings (14)
Donor staffs field visit (monitoring) feed back (Including MFS II) (13)
Training on leadership and management by CCRDA (2013) and Colombia University in 2013 (15)
Trust gained by the community (24)
Donor requirements and advice (25)
Past experience gained in the project implementation (26)

Improved capacity to reach a larger number of beneficiaries (in terms of both number of beneficiaries and geographical areas) (2)

OSRA has expanded (earlier working in Akaki, Ada, Ada Berga, Tole, Illu and Bechao) to new *kebeles* and *woredas* (Woliso and Goro woredas were added). Hence, since the baseline in 2012 OSRA has expanded its operations from 6 to 8 woredas.

This happened because of the following:

Improved resource mobilization capacity (7): OSRA was able to get more funding from donors. Increased numbers of staff [9] has helped in preparing documents including the kind of proposals that donors require. These documents helped in getting more funding that could be used to reach a larger number of beneficiaries.

Improved capacity to mobilize and involve the community (6): As a result of OSRA's presence in the region doing development work it has gained the trust of the people as well as donors [29]. This helped OSRA to Increased staff numbers (9). Obviously when there is more staff in an organization it allows the organization to reach a larger area and reach more beneficiaries. MFS II contributed through the pool fund in hiring the new staffs. One of the reasons to hire new staff, for example, the resource mobilization manager was the advice from OSRA board (32).

Improved M&E capacity (3)

According to staff present at the workshop, OSRA has now built the capacity to collect and report not only on outputs but also on outcome related data.

This happened as a result of:

- Donors demand for outcome data (10): Donors including MFS II partners require outcome related information. This incited OSRA to work towards collecting and reporting outcome related information.
- Seminar on downward accountability and client satisfaction feedback organized by ICCO with MFS II funding, Dec. 2012 (11). The seminar discussed on how to collect client satisfaction information and provide feedback to the community (31). The feedback is based on M&E information and improved the utility of M&E. Another reason for the improved capacity to collect client satisfaction information and provide feedback to the community (31) was the development of a manual on down ward accountability (12), which was developed in December 2012 with MFS II support. This helped staff to follow the procedures that ensure downward accountability, and to share M&E data with the community so that the community is informed about what is happening.
- Donor staffs field visit (monitoring) feedback (13): donors including the MFS II partners conduct field visits. M&E is among the points they give feedback on. They give feedback to field- as well as the HQ staff about the kind of data that should be collected, and the reporting processes and methods. They regularly follow up if this is being practiced or not. This process has helped OSRA to get better data and to build OSRAs M&E capacity.
- Experiences from other networks (30): OSRA participates in different networks operating in its target area as well as field of interest. The discussion in these networks helps to understand what kind of data is collected by other organisations and how. OSRA takes the opportunity to learn and also emulate what it believes useful for the organization.

Decentralization of planning process (4)

OSRA has now empowered field staff to conduct the initial planning at the area office level. This is found to be a basis for decentralized planning (4). HQs staff only give technical support and help in compilation of the plans coming from the field. This happened as a result of past experience and previous problems in the planning process (16). Earlier most plans were prepared by the HQ staff. When this was rolled out the area office had problems in understanding and implementing it. To reduce this problem HQs gave the responsibility of making the initial plan to the area offices and this was found helpful. This was made possible because area office staff got enhanced capacity to plan (17) through on the job training given by HQ staff (18). Another reason for enhanced capacity of staff to plan and design projects was the training on project development supported and funded by CCRDA (Consortium of Christian Relief and Development Association) (19). Furthermore, training on gender mainstreaming in value chain development was done in 2012 and supported by MFS II (21). This also enhanced staff capacity in project design (21). However, still there is no clear delineation on how the

decentralization of the planning process will be fully operationalized since the field planning is used for getting ideas from the field staff to prepare the final planning n the HQs. Hence it is difficult to call it a real decentralization.

Improved capacity in project design and fundraising (5)

OSRA has improved its capacity in designing projects and raising funds from within the country and abroad.

This happened variety of reasons:

- Staffs capacity to plan and design projects has improved since the baseline (17) and this supported the improved capacity of the organisation to design projects and thus raise funds (5). This was already explained above.
- A new and separate structure for fund raising was created and new staff with the level of (fundraising) manager was hired (22). This was implemented following the recommendations made in the OSRA future direction assessment report (23) which was done at the request of the board members of the general assembly.
- Improved management capacity to scan the environment (28): this capacity helped the management to follow trends in fundraising as well as to identify areas of intervention. The management built this capacity as a result of monthly review meetings (14) and the training on leadership and management organized by CCRDA in 2013 (15). The regular monthly review meetings (14) with staff helped to share information. Furthermore, the donor partner feedback [13] when they come for field visits also helped to the management to build their capacity (28).
- On some specific projects which are related to Community Managed Disaster Risk Management (CMDRR), the training on mainstreaming CMDRR which was organized in 2014 with the financial support of MFS II (20) was also considered helpful by the staff to enhance their capacity in project design and fundraising [5].

Improved capacity to involve and mobilize the community (6)

OSRA's capacity to involve and mobilize the community has improved (6). As a result, the community increased its willingness to participate in interventions identified by OSRA. For example, in the zero grazing project, which is financed by MFS II, the share of the financial contribution is (45:55) i.e. 45 % from OSRA and 55% from the community. This happened, similar to what was seen for other capacities, as a result of the experiences OSRA gained in the past in project implementation (26). This has also helped OSRA to gain the trust of the community (24). For example, recently, a community requested OSRA to build an irrigation facility in their locality and showed their willingness to cover the cost from their own sources. Donors' requirements and advice to involve the community (25) in matters that affect them has also made OSRA to regularly think how and when to involve the community. Therefore, it is a combination of internal development as well as external influence that brought about this capacity change.

5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited OSRA staff in the organizations HQs in Alemgena town and explained the purpose and the process of the 5C end line assessment. During the visit, both teams agreed on the workshop dates including the type and number of staff who will attend the workshop. In addition, the assessment team also gave the "support to capacity development sheet" to be filled by OSRA staff. The Ethiopian 5C assessment team conducted the assessment in three visits. First visit, to conduct the self-assessment workshop with a total of 13 participants and ask the staff to fill the self-assessment form in their respective five subgroups (management (2); program(2); M&E(1); HRM and administration (2) and field staff (6)). This was followed by a second visit to carry out a brainstorming session and develop a general causal map that explains the key organisational capacity changes that have occurred in OSRA since the baseline in 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessment and to better understand the change in OSRA's capacity since 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms. The interview with field staff was carried out by travelling to the project site of the organization.

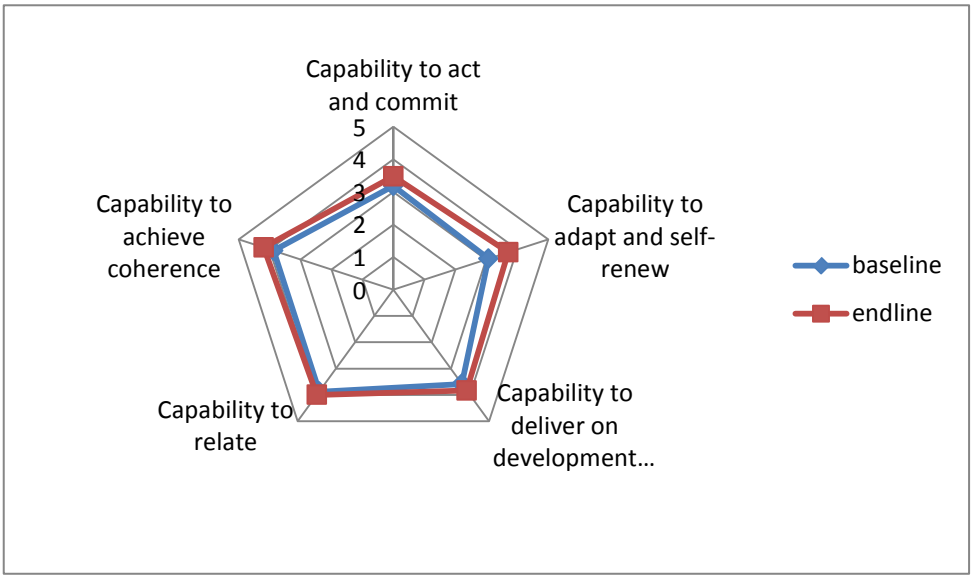
The plan of the evaluation team to also conduct two interviews with OSRA partners didn't materialize. The interviewee declined to respond the questions because he had little knowledge about the questions asked and his knowledge about the current status of the organization was limited. No OD consultant has been interviewed. Due to the new CSO regulation, most of the SPOs are not involving consultants frequently because it puts a burden to their administrative cost (the agency categorizes consultancy as overhead). If consultants are hired at all, then is it mainly technical but not OD consultants.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years many small improvements took place in the indicators under the capability to act and commit. Since the baseline, decision making has been further decentralised within OSRA, giving a decision-making role to programs and departments. The board members have become more responsive and involved in organisational issues. There is a very slight improvement in senior management leading and following up on strategic issues. Due to dwindling foreign funding, OSRA needed to strengthen its resource mobilisation strategy and performance, which they are doing by hiring qualified staff and involving stakeholders in planning and implementation. There is an improvement in collecting outcome related information which is used for operational management (not yet used to articulate strategies). An A training needs assessment has been done among OSRA staff to identify skill gaps and trainings were provided on different topics since the baseline. Most trainings were funded by ICCO and other donors like CRRDA. OSRA has made some improvements in incentives for staff: they have revised the salary scale; the HR policy, and introduced limited loan schemes for staff. OSRA has diversified its funding and the total amount of funding has increased with 30 percent since the baseline. Among the new projects there are some multi-year (3-5 year) projects. There is now a separate unit dedicated to fundraising, proposal development and income generation.

In the capability to adapt and self-renew OSRA saw many improvements. The application of M&E improved because forms have been developed that help collect and report at outcome and impact level and OSRA has started to report case studies. ICCO is supporting OSRA in its M&E activities through providing technical support, training and introduction of various approaches. There are now two M&E teams: one at the head office and another at the area level. A monitoring officer is responsible for coordinating M&E activities. He has improved his skills in collecting and analysing information as a result of the ICT based interventions through the financial support of IICD. Area office staff has also improved their skills in reporting and documenting changes.

In terms of the capability to deliver on development objectives, OSRA has improved in various indicators. Planning is now done in a more participatory way and there are operational plans per project in place. Staff use the operational work plans and budgets to guide them in their day-to-day activities. There is a very slight improvement in monitoring efficiency because of a training on RBM in 2013 and experience of staff has helped with crudely comparing inputs with outputs. OSRA has

improved in the way that they are balancing quality and efficiency because they have prepared quality of work monitoring tools and these have been communicated to staff. For ensuring efficiency there is a well-designed project management plan in place for each project.

In the capability to relate, OSRA slightly deteriorated in the indicator on engaging in networks. Though they continued to network in their alliances, in the zero grazing project there was limited coordination among stakeholders and the collaboration with financial service institutes was not effectively done. OSRA is however, engaging more with its target groups after feedback they gained from MFS II expertise field reports and improved leadership and management. OSRA's outreach has increased through the various projects they are involved in and where the community is actively engaged in. With regards to the relations within OSRA, access to telephone and internet at the head and field offices has improved, facilitating efficient communication between staff.

Finally, OSRA has shown some improvement in the indicators under the capability to achieve coherence. The mission and the vision of OSRA have been regularly discussed since the baseline, with efficient participation of the staff especially in strategy and policy formulation. There has been an improvement in OSRA's operational guidelines: there now are revised and updated HRM, accounting and financial policy manuals in place. New procurement guidelines and financial formats have been developed.

During the endline workshop some key organisational capacity changes were brought up by OSRA's staff in the 'general causal map': improved capacity to reach a larger numbers of beneficiaries (also increased geographical coverage); improved M&E capacity; decentralization of planning process; improved capacity in project design and fund raising; and improved capacity to involve and mobilize the community. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to OSRA's staff, they improved their capacity to reach a large number of beneficiaries because of their improved resource mobilisation capacity; their increased staff numbers (partly funded by MFS II); and improved capacity to mobilise and involve the community. The increased number of staff members has helped in improving OSRA's resource mobilisation capacity through document preparation. More staff was hired following the advice of OSRA's board. OSRA has become better at involving the community because of the trust they gained from the community and from donors. OSRA improved its M&E capacity because of donors' demand for outcome data; improved capacity to collect client satisfaction information and provide feedback to the community; feedback from donor after field visit (MFS II funded); and experience from other networks. OSRA improved its capacity to collect client satisfaction information because of a seminar on downward accountability and client satisfaction feedback in 2012 (funded by MFS II); and the development of a manual on downward accountability in 2012 (funded by MFS II). OSRA decentralised its planning process because of past experience and problems in the planning process and enhanced capacity of process staff. Staff enhanced their capacity because of on the job training by HQ staff; training on project development in 2013 by CCRDA; and training on gender mainstreaming in value chain development in 2012 (funded by MFS II). The organisation has improved its capacity in project design and fundraising because of enhanced capacity of staff; creation of an independent fundraising unit and hiring new staff; improved management to scan the environment; and training on mainstreaming Community Managed Disaster Risk Reduction (CMDRR) (funded by MFS II). The separate fundraising unit was created because of a recommendation from the OSRA future directions assessment report. The organisation became better at scanning their environment because of regular monthly review meetings; training on leadership and management by CCRDA and Colombia University in 2013; and donor staff's feedback after field visits (MFS II funded). Finally, OSRA improved its capacity to involve and mobilise the community because of trust gained by the community; donor requirements and advice; and past experience gained in project implementation.

According to OSRA's staff, MFS II funded capacity development interventions have thus played a role in improved M&E capacity; decentralization of planning process; and improved capacity in project design and fund raising. This was through a seminar on downward accountability, development of a manual on the same topic; feedback from field visits; training on gender mainstreaming in value chain

development; and training on CMDRR. However, internal factors like advice of their Board; trust of community and donors; experiences in other networks; past experiences; on the job training; recommendation from the OSRA future directions assessment report; and meetings have also played an important role in the key organisational capacity changes that the OSRA's staff considered important since the baseline in 2012. Support from other funders, like CCRDA and Colombia University; in terms of training, has also been mentioned among the underlying factors for these changes.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 270-280**.**

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

Letter of Co-Financing Agreement 12_059688.DOC
Letter of confirmation 2014 C-001350.pdf
Letter of Reminder Reporting - Audit report sent to OSRA 12_047439.DOC
Letter of Reminder Reporting in English 13_035126.DOC
O-scan.xlsx
ProjectPlan Basic Information in English 12_059195.DOC
ProjectPlan Basic Information in English 13_011893.DOC
ProjectPlan Considerations in English 12_037731.DOC
Report - ETHIOPIA EXCHANGE VISIT to Kenya - final v 2 - pdf (Hundee & OSRA).pdf
Revised Budget €220000 - OSRA 2012-14 12_060783.xlsx
Signed Contract 75-01-02-036.doc
Signed Contract Addendum 75-01-02-036.doc
Signed feedback on endreporting 75-01-02-001.doc
Specific Contract Terms and Conditions 12_059204.DOC
Specific Contract Terms and Conditions in English 13_011895.DOC
Yearly feedback on the project 75-01-02-036.pdf
14_001148 Year-end letter without reports.DOC
14_032174 Feedback letter on progress reporting.DOC
75-01-02-036 Confirmation 2013.pdf
Addendum - 75-01-02-036 Contract Amendment ICCO and OSRA 13_007929.doc
Addendum Budget - Contract - HAM-ICCO 13_007463.xlsx
Budget Proposal 2012-2014 12_038180.doc
Contract General Terms Conditions 12_059344.DOC
Een_gescand_document_19-12-2012_11-45-22 007464.pdf
Feedback letter final in English 13_038297.DOC
Feedback letter on narrative and financial reports 2011 - 12_007598.DOC
Feedback Letter on the reports in English.DOC
Feedback letter.doc
HAM Approval 26-11-2012_11-44-48.pdf
Zero grazing Operational Budget (2014).docx
Zero grazing phase 2 proposal (final draft).docx
updated zero grazing phase II approved budget (Nov 2012).xlsx
Zero grazing and dairy production Adjusted Plan for 2014.xlsx
Zero grazing phase 2 proposal (final draft).docx
updated zero grazing phase II approved budget (Nov 2012).xlsx
Zero grazing Annual report udate (final draft).doc
Annual Narrative report zero grazing (2013).docx
Annual Zero Grazing Financial Report (2013).xlsx
Letter on unspent balance (request to carry funds forward).pdf
Management Letter (Audit Report 2012).pdf
Narrative and Financial report on Zero grazing.docx
Narrative report zero grazing (2013).docx
OSRA Annual Report Zero grazing Final update 2013.docx
OSRA Audit Report 2012.pdf
OSRA no cost extension request.pdf
OSRA'S final Zero Grazing Evaluation report (final copy).docx
Zero grazing and dairy production Adjusted Plan for 2014.xlsx
zero grazing annual report 2011.docx
Zero Grazing Financial Report (2013).xlsx
Zero grazing Operation & budget plan for 2012.docx
Zero grazing Operational Budget %282014%29.docx
Zero grazing phase 2 proposal %282nd draft%29.docx
Zero grazing Phase -I Terminal Report (ICCO).docx
Zero Grazing Phase II contract.pdf
Zero grazing update annual report format.doc

Acknowledgement for the payment.pdf
Audit Report 2013.pdf
Financial Report for 2011 %28zero grazing%29.docx
ICCO Agreement 14.03.130001 (Returned Signed Contract Addendum 75-01-02-036).pdf
ICCO Receipt 02.04.20130001 (Acknowledgement Receipt - euro 137807).pdf
INVOICE related to Zero grazing.pdf

Fieldwork data:
A_5c endline_assessment sheet_C4C_ICCO_Ethiopia_OSRA_ICCOKIA_Revised - DKA_with interview.docx
B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_OSRA_ICCO_DKA_with interview.docx
H_5c endline self-assessment sheet_MandE staff_Ethiopia_OSRA.docx
I_5c endline self-assessment sheet_admin HRM staff_Ethiopia_OSRA.docx
J_5c endline self-assessment sheet_field staff_Ethiopia_OSRA -docx.docx
L_5c_endline_interview_guide_subgroup_management_selected_indicators_Ethiopia_OSRA.docx
M_5c endline interview guide_subgroup_program staff_selected indicators_Ethiopia_OSRA.docx
N_5c endline interview guide_subgroup_MandE staff_selected indicators_Ethiopia_OSRA.docx
O_5c endline interview guide_subgroup_admin and HRM staff_selected indicators_Ethiopia_OSRA.docx
P_5c endline interview guide_subgroup_field staff_selected indicators_Ethiopia_OSRA.docx
R_5c endline_observable indicators at SPO_Ethiopia_OSRA.doc
C_5C endline_support to capacity development sheet_SPO perspective_Ethiopia_OSRA.docx
F_5c endline self-assessment sheet_management_Ethiopia_OSRA.doc
G_5c endline self-assessment sheet_programme staff_Ethiopia_OSRA -Filled.docx

List of Respondents

Alliance / CFA officers:

No.	Name	Function
1	David Kamukama	Regional Business & Economic Development Advisor, ICCO Regional Office Central & Eastern Africa;
2	Dieneke de Groot	ICCO Planning, Monitoring & Evaluation advisor; Secretary ICCO Alliance

OSRA staff:

No.	Name	Function in the organisation
1	Alemayehu Hechessa	G/manager
2	Retta Lemma	Program Manager
3	Nigusie Gedefa	Fund Raising-IG Officer
4	Wondimu Geleta	M&E Officer
5	Gutema Kumela	ICT Officer
6	Haji Jemal	Health and Sanitation Officer
7	Hana Bulti	Acting HR & Finance
8	Tesfaye Teressa	WASH Project F/Officer
9	Ayele Gezu	WASH Project Officer
10	Takele Tolera	A/Office Coordinator
11	Dejene Bekele	WASH F/Officer
12	Urgessa Lamssa	FMO/Anim
13	Demitu Hirphasa	Casher Accountant

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[2] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

[2] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

The information on the indicators was collected in different ways:

1. **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2. **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3. **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4. **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5. Observation: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

Provide the description of indicators in the relevant formats – CDI team

Review the descriptions per indicator – in-country team & CDI team

Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)

Collect, upload & code the documents from CFA and SPO in NVivo – CDI team

Organise the field visit to the SPO – in-country team

Interview the CFA – CDI team

Run the endline workshop with the SPO – in-country team

Interview SPO staff – in-country team

Fill-in observation sheets – in-country team

Interview externals – in-country team

Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team

Provide to the overview of information per 5c indicator to in-country team – CDI team

Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team

Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team

Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the *2012* baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o -2 = Considerable deterioration
   - o -1 = A slight deterioration
   - o 0 = No change occurred, the situation is the same as in 2012
   - o +1 = Slight improvement
   - o +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

*Step 2. **Review** the descriptions per indicator – in-country team & CDI team*

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

Step 3. ***Send the formats*** *adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)*

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

Step 4. ***Collect, upload & code the documents*** *from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;
- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided. This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

Purpose of the fieldwork**:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were

selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative. This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

***Self-assessments*:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final

descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?***

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.

Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.

Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[3]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[3] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

- A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.
- A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).
- **Part** or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.
- **Attributes of the actor** = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on

MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.

The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

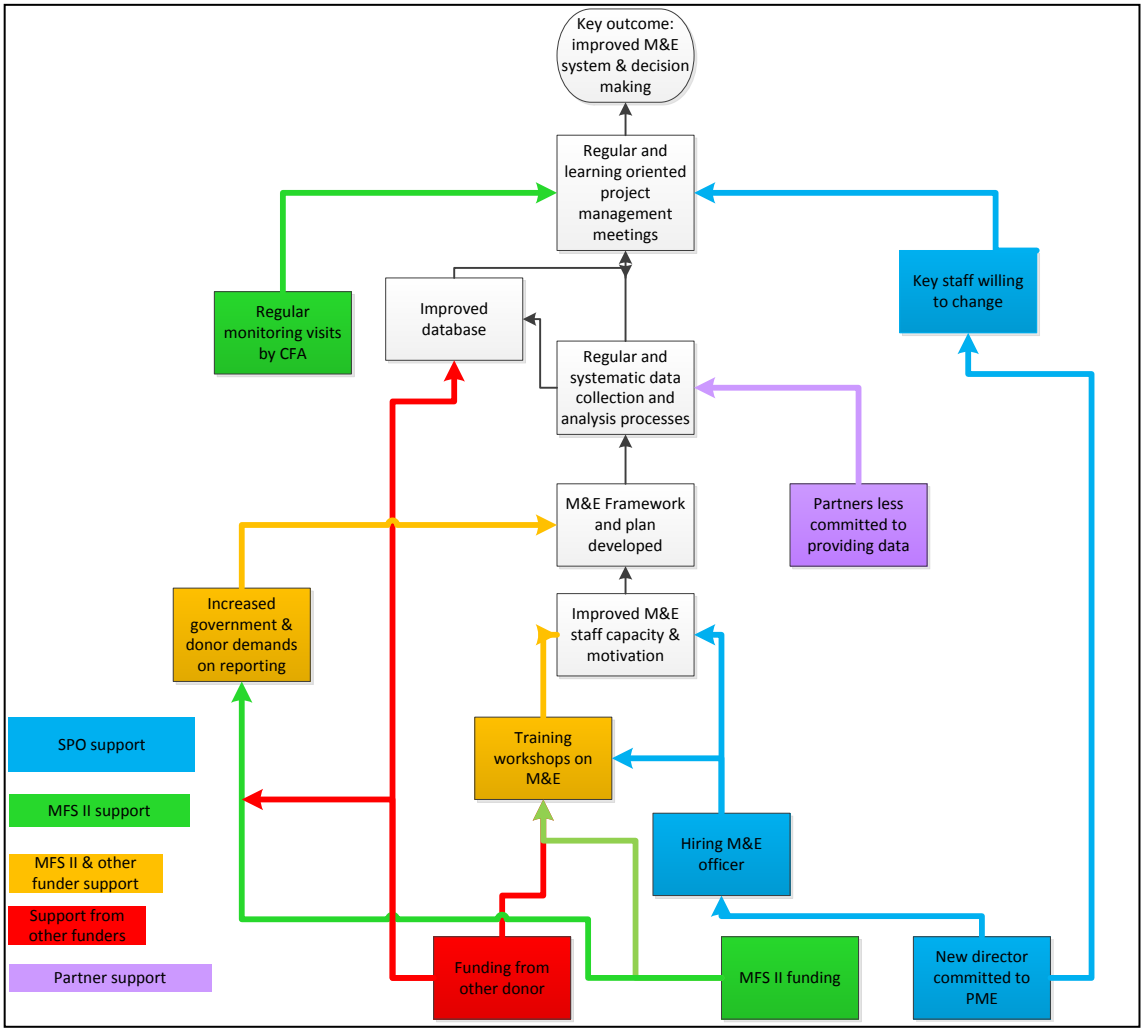


Figure 1 *An imaginary example of a model of change*

Step 5. Identify **types of evidence** needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, “What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?”. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: pattern, sequence, trace, and account. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be

addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

Step 6. ***Collect data*** *to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

Step 7. ***Assess the quality*** *of data and* ***analyse data****, and develop the* ***final detailed causal map*** *(model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

Confirming/ rejecting a causal relation (yes/no);
Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in

knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development.

Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

- **Capacity** is referred to as the overall ability of an organisation or system to create value for others;
- **Capabilities** are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);
- **Competencies** are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1. The capability to act and commit;
2. The capability to deliver on development objectives;
3. The capability to adapt and self-renew;
4. The capability to relate (to external stakeholders);
5. The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other

capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organization (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organization.

OSRA has built on its experiences to bring changes in the organisation and has strived to build consensus & collective decision making. As indicated in the baseline period, there is a participatory, open, responsive and transparent leadership style at OSRA and the management has become democratic and created harmony and team spirit to resolve conflicts. Since the baseline decentralization of the organization has further enhanced. Herewith the decision-making roles of programs and other departments have increased. The involvement of board members in the organizational issues has improved. Decisions are now made based on facts and through collective decision-making practices in which four members (General Manager, Admin & Finance, Program Manager, M&E and Fundraising program officers) take part. This is different than during the baseline. There is also a monthly management review meeting at head office level to update progress and to provide timely corrective measures. Short term training on leadership for senior management staff has helped to improve the situation on leading and following up on strategic issues. According to some staffs, OSRA has become more assertive and sharpened up their operational strategy after the change in management (new director).

On the other hand, some staffs noted that low attention has been given to area offices by the head office and the top management is not visible to the field staffs. Besides, according to the staff decision-making is not timely, and not based on facts and not transparent and participatory. However, there is slight improvement in timely provision of logistic materials but not still satisfactory since there is direct interference from the head office on the project procurement process.

Score: From 3.5 to 4 (Slight improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

What has actually changed is the regularity and involvement of the board of directors which closely follows up the management and provides strategic directions on policy matters. Some staff has been trained in specific skills like planning and monitoring. Short term training on leadership for senior management staff has helped to improve the situation on leading and following up on strategic issues. There is a shift throughout the organization structure to look for changes/results of the interventions. Generally, OSRA has a well-established structure both in governance and management. In terms of the strategic guidance, the board has initiated the study on charting growth directions for OSRA and this has helped to create a new department unit (section) and upgrading of the M&E unit. However, operational leadership has not changed much. The dwindling situation of resources due to government CSO policy and the competitive external environment to get funds has forced the organization to strengthen its resource mobilization strategy and performance. As a result, the organization has improved staff capacity through hiring qualified professionals, trainings etc. and improved participation of all stakeholders in planning and implementing various projects. Responsibility is shared by way of collective decision-making based on organizational strategic objectives. Changes have been attempted to improve the management style of the organization to include shared responsibilities such as:

participatory planning, implementation, monitoring and evaluation, reporting, and immediate decision-making. However, there is no demonstrated change in this regard besides the intention to update its strategic documents.

Score: From 3.5 to 3.75 (very slight improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

Few staff has changed positions and others have left the organization. However, though the organization has provided new salary increment, most of the staffs are not satisfied and hence more staff members have resigned from the organization since the baseline in 2012. There is very low staff benefit package with low salary and per-diem rate as well as no motivation given to staff by top management. This is partly due to low source of funding, the government's 30/70 NGO legislation, and the fact that the top management hasn't given enough attention to the problem. The staff members that have left the organization have been replaced by new staff members, though with a minimum salary increment.

Score: From 2 to 2 (No change)

1.4. Organizational structure: 'Existence of clear organizational structure reflecting the objectives of the organization'

Observable indicator: Staff have copy of org structure and understand this

OSRA generally has a well-established structure both in terms of governance and management.

Score: From 4 to 4 (No change)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

Strategies are done by external consultants with good situation analysis. In terms of utilization of M&E in the preparation of the strategic plan, the experience is limited. M&E is used mainly for accountability purposes and operational management (when preparing annual plans.). The slight improvement seen in this is with regard to the capacity created to collect outcome related information which was used in the operational management.

Score: From 2.5 to 3 (slight improvement)

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

There has been considerable improvement as staffs have been skilled to accomplish planned activities and make timely reports. Resources have been mobilized from different sources and field staffs were able to improve their planning, monitoring and follow up, and reporting skill through training and coaching.

Area office staff is engaging in plan preparation for quarterly and monthly implementation operations in a flexible manner, based on their local context. They also have been undertaking review meetings with all the stakeholders to adjust plans. This is the improvement the organization has brought though learning from experiences and adaption from others that have been engaging in similar activities through networking. Technical staff was capacitated planning, timely implementation and reporting and this has supported the operational planning. The organization was established by founders who had a vision to change the community of their origin. Therefore, they always try to see how the daily operations are in-line with the goal ascribed in the strategy. The board (founders) follow the progress and activities of the organization and make sure the activities are in-line with the strategy. However, some staffs noted that there is no change in this regard and there is lack of funding and they are unable to recruit additional competent staff.

Score: From 4 to 4 (no change)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

Different on-the-job trainings have been carried out to upgrade or improve staff skills. The field staff has improved skills in project planning, implementation, monitoring and timely reporting and documentation through training and coaching. Efforts were made to focus on outcomes rather than outputs in their reports. Accordingly, significant changes have been observed in the quality of the reports. Area offices have been able to prepare their plan and identify outcome-related data and reports. In addition, they are able to identify client needs, prepare and/or modify reporting format through experience sharing with experienced workers. Other topics staff were trained on include: Training of Trainers (TOT) on the Programmatic approach; Downward Accountability & Client Feedback Mechanisms; TOT on Gender Mainstreaming in value chain; Environmental Protection (Disaster Risk Reduction Management (DRRM); in different project management capacity building trainings and opportunities (most staff). It is not clear who exactly benefitted from these different trainings. For more info please see indicators 1.8.

Some staffs noted that there is still a lack of skill to develop winning proposals both at area office level and at head office. That is the reason why OSRA has no new donors since the baseline except the existing one. Besides, there is also a gap in maintaining skilled and trained staff. Few staff on the other hand noted that the situation is similar with the baseline period in this particular issues.

Score: From 4 to 4 (No change)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO are offered appropriate training opportunities

An OSRA staff training needs assessment to identify skill gaps was undertaken at various levels and trainings were provided on different topics since the baseline. As a result of the training needs assessment the respective area offices submitted their training needs, and actions have been taken by the organization. OSRA provided training opportunities for staff members, especially for area office coordinators and officers. To mention some of the trainings, Training of Trainers (TOT) on the Programmatic approach by ICCO alliance in Kampala, Uganda in 2012; the National Seminar on Downward Accountability & Client Feedback Mechanism conducted in Addis Ababa, Ethiopia in 11 December 2012; and a TOT on Gender Mainstreaming in value chain by the facilitation of FNS. ICCO has also provided training on Environmental Protection (Disaster Risk Reduction Management (DRRM)) and most staff members participated in different project management capacity building trainings and opportunities. ICCO has also made some arrangements to capacitate OSRA staffs through engagement in different functions to improve the effectiveness and efficiency of program/project implementation by ensuring gender equity and participation to obtain benefits particularly from the grain value chain project. OSRA has also started to support upgrading of staffs educational status since the baseline. Some staffs have been able to attend further education (first degree or second degree) through self-sponsorship and the organization has allowed the time they spent for education. However, some staffs indicated that there was no significant change regarding staff training opportunities took place since the baseline, since these were not created particularly for area office staff compared to staff at the head office. Most of the trainings like DRR, ICT, exposure visits, value chain were organized and supported by ICCO/CFA and other donors like CCRDA.

Score: From 3 to 3.5 (Slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

The organization has made efforts to improve its staff remuneration. Consequently, it has revised its salary scale; HR policy, and introduced limited loan schemes for staff in case the need arises. OSRA has improved job grades (improvements responsibilities and improved salaries) and salary benefits compared to the baseline. Though staffs are still not satisfied. OSRA has made adjustments to some degree to increase staff benefits in the form of salary and other incentives such as awards for best performing staffs working on Value Chain programs, allowance for transportation etc. However,

according to some staff members the new salary increment made by OSRA is not sufficient compared to other NGOs and the government payment scale.

Score: From 2 to 2.5 (slight improvement)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

The source of funding has been diversified to some extent and the level of funding has been increasing over time since the baseline. For instance, the total annual budget of the SPO has increased by about 30%. Moreover, the SPO has managed to secure funding for multi-year (3-5 years) projects like water & sanitation, and livelihood projects. OSRA has also managed to get a co-financer (ICCO) that can enable the SPO to address more target groups in its projects (IICD funded). Generally a slight improvement has been noticed in the fund-raising drive where few funds were obtained like from HAM Foundation and the Water & Sanitation projects (IICD). However, some staffs noted that there is nothing new in this regard since the baseline except the establishment of a Fundraising Income Generation unit led by the Fundraising manager.

Score: From 3.5 to 4 (Slight improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

OSRA has revised its organizational structure in a way that includes fundraising, proposal development and income generation as a designated unit/department that is responsible for resource mobilization. This newly established fundraising - income generation unit is led by the fundraising manager. OSRA staff have improved awareness on the organization's funding strategy. The organization has developed forms that will help to collect and report at outcome and impact level. OSRA has also started to report case studies. To realize this, ICCO has supported the organization in different ways: through providing linkages to build capacity in fundraising; training on Most Significant Change (MSC); organize downward accountability experience sharing meeting; and conducting client satisfaction assessments for charting growth directions for OSRA. However, the new department is not well organized or functional yet according to some staffs.

Score: From 3 to 3.5 (Slight improvement)

Summary of capability to act and commit

OSRA has built on its experiences to bring changes and has strived to build consensus and collective decision-making. As indicated in the baseline period, OSRA has a participatory, open, responsive and transparent leadership style, since then OSRA has become more assertive and sharpened up their operational strategy after the change in management (new director). In terms of the strategic guidance, the board has initiated the study on charting growth directions for OSRA and this has helped to create a new department unit (fundraising- income generation department). On the other hand, OSRA has revised remuneration packages of staff; changed HR policy, and introduced limited loan schemes for staff for emergencies. However, some staff members said they still were not satisfied and hence more staffs resigned from the organization. Staff training needs assessments were undertaken to identify skill gaps at various levels and trainings were provided on different topics since the baseline. Staffs have improved their skill through different on-the-job trainings to accomplish planned activities and make timely reports. As a result the organization is better focused and has a good impact on the ground. Other trainings included: training of trainers on programmatic approach; downward accountability and client feedback mechanisms; environmental protection; and project management. Some of these have been funded by ICCO. The source of funding has been diversified to some extent and the level of funding has been increasing over time since the baseline. This is because OSRA has revised its organizational structure in a way that includes fundraising, proposal development and income generation as a designated unit/department that is responsible for resource mobilization. Besides, staff have been well aware on the organization funding strategy.

Score: from 3.2 to 3.4 (very slight improvement)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organizational).

OSRA has made some improvement in this area through a focus on outcomes to address strategic issues during planning and targeting. An M&E data collection guideline and manual are under preparation. There has been a slight improvement of focus on data collection at field level with orientation to impact and outcome levels. The organization's performance evaluation and implementation capacity has improved, and this was evident on the report of zero grazing where OSRA has improved access to market information through providing a market data information system for Farmer Market Organizations (FMOs) using ICT. ICCO has been supporting OSRA to effectively implement its M&E activities through providing technical support, training and introduction of various approaches. The organization has developed forms that will help to collect and report at outcome and impact level. OSRA has also started to report case studies. To realize this, ICCO has supported the organization in different ways: training on Most Significant Change (MSC) technique; downward accountability experience sharing meeting; and conducting client satisfaction assessments for charting growth directions for OSRA. The downward accountability meeting, the staff satisfaction study, organizational commitment to build up own experiences, learning from experiences and ICCO staff monitoring visits were indicated as the contributing factors for the improved efforts of OSRA to change its previous approach and style of monitoring. However, some staff members indicated that limited attention is given to impact level changes and documentation of information.

Score: From 3 to 4 (improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

Two M&E teams were established, both at area and head office level. Each team has their own regular M&E session, and there exists a stronger working relationship between the two teams. Staff members have mentioned that they have improved their knowledge and skills through experiences and exposures in applying M&E. A monitoring officer, who is responsible to coordinate M&E activities has improved his skill in collecting and analysing information as a result of the ICT based interventions through the financial support of IICD (C4C alliance). Area office staff has been well oriented and has started to report and document changes observed at result and outcome level since the baseline. The downward accountability meeting, and the staff satisfaction study, organizational commitment to build up own experiences, learning from experiences and ICCO staff monitoring visits were indicated as the contributing factor for the improved efforts of OSRA to change its previous approach and style of monitoring.

There has been considerable improvement as staff members have been trained to accomplish planned activities and make timely reports. Resources have been mobilized from different sources and field staff was able to improve their planning, monitoring and follow up, and reporting skill through training and coaching. Efforts were made to focus on outcomes rather than outputs in their reports. Accordingly, significant changes have been observed in the quality of the reports.

Score: From 3 to 4 (improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

In this regard, there has been a slight change in terms of focus at the level of outcomes and impact, and in terms of processing and utilizing the information. Staffs have received slightly more information and orientation on the information produced from M&E and how it relates to the OSRA's future strategic direction. OSRA has started to incorporate outcome and impact level monitoring, and reporting and feedback has been provided on reports focusing on outcomes rather than activities and

outputs level. The results obtained from M&E is used for developing new strategies or scaling-up best practices. For example, a women self-help group intervention implemented in one area was expanded to other areas based on the results collected during M&E by the SPO. An M&E manual is under preparation and area office staff members are being trained in M&E concepts and approaches through exposure visits. The organization has also built its experiences and is committed to providing timely feedback after M&E so as to give directions for future project implementation.

Score: From 2.5 to 3.5 (improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff talks formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

There has been an improvement in the frequency of staff meetings to deal with programmatic issues together with management. In these meetings the context environment is scanned and this has contributed to the effectiveness in program/project implementation. The PME capacity has improved, hence a stronger need is felt to reflect on lessons learnt. This has induced the higher frequency of staff meetings. Consequently, the organization has started to organize regular meetings: monthly meetings for the management, quarterly meetings for both the management and technical staffs only and annual meetings for the whole staffs. The commitment and experience of the management to enhance critical reflection, field visit report and feedback of MFS II guests, review meetings with key stakeholders to learn from mistakes, and experiences and knowledge obtained over time were indicated as major factors for the improved situation of critical reflection in OSRA. However, some staffs noted that meetings have not been organized for critical reflection since the baseline.

Score: From 3 to 3.5 (slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

Staff inputs are highly appreciated in OSRA and they have been encouraged to feel free to come up with new ideas. It was observed that OSRA staff, especially technical staff, were free to forward ideas that contribute to the effectiveness and efficiency of program planning and implementation of activities. The valuable commitment of the organization to accommodate new ideas and appreciate free ideas of staff members, the training given on leadership and management, along with improved experiences and skills of individual staff members has helped to improve freedom of ideas. According to some staff, the report included in the baseline makes mention of some complaints of the field staff and this has triggered the current observed change in OSRA. Besides, ICCO and other donors like CCRDA continuously encourage staff freedom to come up with different ideas and learning in a recognized manner.

Score: From 3 to 3.5 (slight improvement)

2.6. System for tracking environment: 'The organization has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

Environmental scanning has been undertaken by OSRA to identify factors affecting effective implementation of programs/projects. OSRA has improved membership in networks and forums in the period of the baseline and recently the organization has become a member of the WASH Alliance, led by the Water Aid and by the Food security and Environmental forum after the baseline survey in addition to the existing ones. OSRA has conveniently integrated ICT based interventions into their FED program activities, especially to access market information using mobile phones. Most of these issues have not changed since the baseline at OSRA: for example, there are still regular review meetings with stakeholders. Regular exchanges of ideas, experience sharing within consortium and networks, the interest of ICCO and other donors to work in a consortium and compete for new funding forced the management to align with other organisations. Furthermore, a consortium of Oromia NGOs sends donor updates about calls for proposals through email regularly. The staff at the area office are

supported by the officers from the head office to discern factors negatively affecting the normal performance of OSRA.

Score: From 3 to 3.5 (Slight improvement)

2.7. Stakeholder responsiveness: 'The organization is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

In this regard, OSRA has good experience particularly in organizing regular meetings with stakeholders during project launching, planning, review workshops, reporting and feedback sessions. Stakeholders are fully engaged in the whole project process and there is always room to collaborate and work with stakeholders. This is due to the fact that OSRA has a commitment to sustain the strong relationship it has with stakeholders. Besides, the organization also provided training of key stakeholders on important issues when it is required according to some staff members.

Score: From 4 to 4 (No change)

Summary of capability to adapt and self-renew

Outcome and impact level data collection has started and an M&E data collection guideline and M&E manual are under preparation. The organization has developed forms that help to collect and report at outcome and impact level. OSRA has also started to report case studies. To realize this, ICCO has supported the organization in different ways: training on Most Significant Change (MSC) technique; downward accountability experience sharing meeting; and conducting client satisfaction assessments for charting growth directions for OSRA. In addition to this, the organizational commitment to build up own experiences, learning from experiences and ICCO staff monitoring visits were indicated as the contributing factors for the improved efforts of OSRA to change its previous approach and style of monitoring.

Area office staff is well oriented and has started to report and document changes observed at result and outcome level since the baseline. The organization performance evaluation and implementation capacity has improved. Besides, the results obtained from M&E are used for developing a new strategy or scaling-up best practices after the baseline. Staff members are able to reflect their ideas freely and there has been improvement in the frequency of staff meetings to deal with programmatic issues together with management. In these meetings the context environment is scanned, which has contributed to the effectiveness in program implementation. Staff inputs are highly appreciated in OSRA and they have been encouraged to feel free to come up with new ideas. Environmental scanning has been undertaken by OSRA to identify factors affecting effective implementation of programs/projects. OSRA has good experience particularly in organizing regular meetings with stakeholders during project launching, planning, review workshops, reporting and feedback sessions. Hence, stakeholders are fully engaged in the whole project process and there is always room to collaborate and work with stakeholders.

Score: from 3.1 to 3.7 (slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organization has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

Unlike during the baseline, operational plans are made per project and further reviewed at head office level to endorse towards the government agency and partners. Generally planning is shifted from a top down to a bottom up approach, and has become more participatory. This is due to the fact that gaps were identified during M&E at field level where the field staff members were complaining about the existing planning process and commitment of the management body to understand and act on the problem. The organization has facilitated a participatory planning session with all staff & stakeholders, thus all staff clearly understand their specific project activity. Staff now use the operational work plan and budget as a guiding framework for their day-to-day operations. All staff members are well informed during annual planning or technical review meeting, project launching, and during periodic

monitoring and reporting. However, some staff members noted that the operational plan would be modified by the program manager at the head office level after it is prepared by the field staff. These modifications are generally considered fine by field staff Changes have been made to ensure participation of technical staff at the area offices while developing annual operational plans in order to contextualize and allow them to include their ideas.

Score: From 4 to 4.25 (Slight improvement)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

Oromo Self Reliance Association (OSRA) has no vehicle at area office level (there are three area offices namely; Tulu Bolo, Adaberga and Dukem area offices). They are used to sharing offices, desktop computers and motor bicycles for their day to day operations. Besides, the audit report for the year ending 31st December 2013 gave a fair opinion concerning the financial statements of OSRA. No issues were mentioned on the management letter. OSRA financial Report figures for 2011 are consistent with the figures in the Audit Report. ICCO income is visible in the Audit Report. The quality of the Audit report is very high and very understandable. Generally, the audits show starts financial resources have not been wasted.

Score: From 4 to 4(no change)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

In this regard, most of the staff assessments and interview results showed that OSRA has not changed in the delivery of planned outputs since the baseline. This is due to the fact that the organization has not engaged in very big projects and hence there is no major difference in output delivery. However, according to the interview with program staff, most of the activities are achieved beyond the plan and reports are delivered on a timely basis as usual. This is also supported by the CFA assessment sheet where it is indicated that OSRA has submitted reports timely, though there are sometimes delays as a result of consolidation of information from the field.

Score: From 4 to 4 (No change)

3.4. Mechanisms for beneficiary needs: 'The organization has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

OSRA has maintained its strong experience to verify beneficiary needs and there are no clear observed changes in mechanisms for verifying beneficiary needs since the baseline. The self-assessment sheet information indicated that OSRA has a beneficiary needs assessment mechanism with participation of beneficiaries, gender based and with no discrimination of sex, age, disabilities and ethnics. Reports also indicated that selection of project beneficiaries was undertaken based on criteria which have been set jointly with all stakeholders at the local level.

Score: From 4 to 4 (no change)

3.5. Monitoring efficiency: 'The organization monitors its efficiency by linking outputs and related inputs (input-output ratios)'

This is about how the SPO knows they are efficient or not in their work.

Though indicated in the baseline, the SPO has not designed a new tool to calculate input-output ratio so as to monitor efficiency. The training on RBM (Results Based Management) in 2013 by Trocaire/SCIAF/CAFOD (CST joint Ethiopia office, Sustainable Livelihoods) and the improved experience of staff members through time and exposure long with community feedback was also said to have helped to crudely compare inputs with outputs. Monitoring guidelines are under preparation and there was discussion on results. On the other hand, CSt (Cafod/SCIAF/Trocaire) has introduced a new model (logic model) to monitor efficiency to see results based management and suggested to go through with this approach in the future. However, there is no evidence whether the organization has applied this.

Score: From 2.5 to 2.75 (very slight improvement)

3.6. Balancing quality-efficiency: 'The organization aims at balancing efficiency requirements with the quality of its work'

This is about how the SPO ensures quality work with the resources available

OSRA has prepared quality of work monitoring tools and these have been communicated to staff members. In this regard, minimum standard guidelines developed by different donors have helped the organization to measure quality of work based on the set guidelines. OSRA's project management approach was also significantly efficient and appropriate to attain the expected outputs and outcomes of the project. To ensure the efficiency of the project implementation in light of the required inputs and outputs/outcomes, the organization has followed a well-designed project management plan. The organization has also dealt with project quality management as one of the most valuable project implementation processes. The discussion made with area office staffs and the relevant stakeholders revealed that the planning, the day to day monitoring, control and involvement of the stakeholders at every level of operation were the standard processes employed by the organization to undertake project quality management.

Score: From 3 to 4 (improvement)

Summary of capability to deliver on development objectives

Generally, planning is shifted from a top down to a bottom up approach, and has become more participatory as operational plans are made by projects and further reviewed at head office level to endorse towards the government agency and partners. The Oromo Self Reliance Association (OSRA) has used shared offices, desktop computers and motor bicycles for their day to day operations and hereby aims to use its resources cost-effectively. The training on RBM (Results Based Management) in 2013 by CAFOD/SCIAF/Trocaire and the improved experience of staffs through time and exposure along with community feedback has helped to crudely compare inputs with outputs and thus measure efficiency. OSRA has prepared quality of work monitoring tools and communicated these tools to staff members and minimum standard guidelines developed by different donors has helped the organization to measure quality of work. OSRA's project management approach (more decentralised decision-making and planning) was also significantly efficient and appropriate to attain the expected outputs and outcomes of the project. OSRA has maintained its strong experience to verify beneficiary needs and there are no clear observed changes in mechanisms for verifying beneficiary needs since the baseline. There have been no changes in terms of delivering planning outputs and generally this is done according to plan.

Score: from 3.6 to 3.8 (very slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organization maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organization'

This is about whether the SPO engages external groups in developing their policies and strategies, and how.

In this regard, OSRA has a good track record in the involvement of stakeholders in its policies and strategies along with engagement with program formulation and implementation. Hence, the OSRA has been committed to maintain this good track record after the baseline.

Score: from 4 to 4 (No change)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

OSRA, as observed in the baseline period, is a member of various networks and consortia that helped the organization to gain experience and best practices both at the local and the international level. Hence, according to the majority of self-assessment and interview results, OSRA has maintained networking and experience sharing with all its development alliances in a sustainable manner since the baseline. However, according to the report on the zero grazing project, although different forums have

been organized to create linkages with various stakeholders particularly at local level, additional efforts and commitment of all concerned stakeholders is needed to establish effective linkages and networking to improve the services given to the farmers in the project areas. Hence, there was limited coordination among the stakeholders and this was evident where the coordination and collaborations planned with WASASA and/or other financial service institutes was not effectively done.

Score: From 4 to 3.5 (Slight deterioration)

4.3. Engagement with target groups: 'The organization performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

The self-assessments and interview results indicated that the situation observed during the baseline has continued in a strongly improved manner in this particular indicator. OSRA has made a great deal of effort in engaging target groups in project planning and M&E phases. This is due to the fact that the organization has appreciated and utilized donor recommendations, gained feedback from MFS II expertise field reports, and improved leadership and management. OSRA has well set up outreach covering substantial numbers of target groups, through convenient integration of ICT solution based interventions into their FED program activities. The annual narrative report on zero grazing for 2013 revealed that OSRA has organized community sensitization sessions during project launching to create awareness and familiarize the communities with project objectives, strategy, and implementation approaches. The organization has established target group selection criteria together with stakeholders, and facilitated review meetings and experience exchange among farmers in the target areas. Therefore, the interest of the community members to participate in the project was considered with due attention.

Score: From 4 to 4.5 (Slight improvement)

4.4. Relationships within organization: 'Organizational structure and culture facilitates open internal contacts, communication, and decision-making'

How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

OSRA has improved access to telephone and internet connection and networks at head and field offices. This has facilitated efficient communication and information exchange among staff members since the baseline. Staff members are able to communicate freely both horizontally and vertically and ideas are shared and recognized. The ICT project supported by ICCO has improved the organizational communication capacity from CDMA (code division multiple access) to broad band at head office level and area offices use CDMA for internet services. The existence of a clear organizational structure and transparent leadership has also helped to improve relationships within OSRA. Besides, OSRA has organized regular meetings for staff and some trainings (such as training on basic computer skills by MFS II and SPSS software training in 2013 by Dot Ethiopia) have improved staff communication which in turn helped good relationship within organization. Commitment within the organization to enhance information technology in organization for day to day activities is also mentioned by some staff members.

Score: From 3.5 to 4 (Slight improvement)

Summary of capability to relate

OSRA has a good track record in the involvement of stakeholders in policies and strategies along with engagement with program formulation and implementation. The organization has also maintained networking and experience sharing with its all development alliances in a sustainable manner since the baseline. However, according to the report on the zero grazing project, although different forums have been organized to create linkages with various stakeholders, particularly at local level, there is still a need for additional efforts and commitment of all concerned stakeholders to establish effective linkages and networking to improve the service given to the farmers in the project areas. OSRA has made a great deal of effort in engaging target groups in project planning and M&E phases. Hence, OSRA has well set up outreach covering substantial numbers of target groups which has conveniently integrated ICT solution-based interventions into their FED program activities. It has improved access to telephone and internet connections and networks within the head and field offices. This has

facilitated efficient communication and information exchange among staff members since the baseline. Staff members are able to communicate freely both horizontally and vertically, and ideas are shared and recognized. The ICT project supported by ICCO has improved the organization communication capacity from CDMA to broad band at head office level, and area offices use CDMA for internet services.

Score: from 3.9 to 4.0 (very slight improvement)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

The mission and vision of OSRA are regularly discussed, internalized and popularized since the baseline. Hence, there is an improvement in this regard due to regularity and efficient participation of the board and staff particularly in strategy and policy formulation. This was induced by the focus on the graduation of Farmer Marketing Organizations (FMOs) to make them independent from OSRA support. The necessity to have a good strategy to attract funding has been also considered as major priority. However, and the mission and vision have not changed since the baseline.

Score: From 3.5 to 3.75 (very slight improvement)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

Operational guidelines are available and used regularly as indicated during the baseline. However, OSRA has revised and updated the HRM, accounting, and financial policy manuals and procedures in November 2012. Based on these manuals new financial formats, procurement guideline and procedures have been developed, and the petty cash regulation has changed since the baseline. The organization felt the need to revise and develop manuals and guidelines due to donor requirements and the management realized the problem. Finally, training on leadership and HR by CCRDA has also helped in developing operational guidelines.

Score: From 3.5 to 4.5 (improvement)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organization'

This is about whether the operations and strategies are line with the vision/mission of the SPO.

According to narrative and financial reports on zero grazing, the intervention strategies of the project were well articulated in systematic ways and they were significantly correlated with the organization's stated objectives. In similar ways, the overall approaches and implementation activities of the project were appropriately fitting to the organization's intervention strategies. Hence, OSRA has been implementing project interventions in line with the vision and mission of the organization since the baseline.

Score: From 4 to 4 (No change)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

This is about whether the efforts in one project complement/support efforts in other projects.

Similar to the situation during the baseline period, there is strong complementarity among all programs and most of the programs/projects are integrated and are being implemented in a holistic manner in OSRA.

Score: From 4.5 to 4.5 (No change)

Summary capability to achieve coherence

The mission and vision of OSRA have been regularly discussed, internalized and popularized since the baseline. Hence there is an improvement in revisiting the organization's vision and mission due to

regularity and efficient participation of the board and staff, particularly at strategy and policy formulation. OSRA has revised and updated the HRM policy manuals and accounting and financial procedures in November 2012. Based on these manuals new financial formats, procurement guideline and procedures have been developed, and the petty cash regulation has changed since the baseline. Besides, the intervention strategies of the project were well articulated in systematic ways and they were significantly correlated with the organization's stated objectives. In similar ways, the overall approaches and implementation activities of the project were appropriately fitting to the organization's intervention strategies. There is still a strong complementarity among all programs. They are integrated, and being implemented in a holistic manner in OSRA as indicated in the baseline.

Score: from 3.9 to 4.2 (Slight improvement)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-056

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

Zero grazing baseline survey 2012

Identification code	Zone	District	PA	HH	Ind.

PART 0 – INTRODUCTION

Dear Sir/Madam, we work for IFPRI. We would like to ask you some questions about your household food production, utilization and income. Taking part in this study is voluntary. If you choose to take part, you have the right to stop at any time and there will be no consequences. We would like to thank you for your full cooperation in advance.

(*Enumerator: I have completed the informed consent process on the first page prior to administering the questionnaire. Enumerator's name and ID: ……..…)*

1	Name of the head of household	
2	Sex of the head (0=female, 1=male)	
3	Telephone no. of the household head or other household member	
4	First name of the respondent *(given name) and Sex* |__|	
5	Middle name of the respondent *(father's name)*	
6	Last name of the respondent *(grand father's name)*	
7	Relationship of respondent to head of household *(codes A)*	
8	Date of Interview ("**dd/ mm/ yyyy**") *Gregorian calendar*	/ / 2012
9	Time the interview started, 24 hour clock ("**hh: mm**")	_ _ : _ _
10	Time the interview ended, 24 hour clock ("**hh: mm**")	_ _ : _ _

		In words	Code
11	Region		
12	Zone		
13	District		
14	Peasant Association (PA, Kebele)		
15	Gote		
16	Village		
17	Enumerator's name		
18	Supervisor's name		
19	Data entry person's name		

Relationship of the respondent to the household head (codes A)

1. Household head
2. Spouse
3. Son/daughter
4. Parent
5. Son/daughter in-law
6. Grand child
7. Other relative
8. Other, specify

Zero grazing baseline survey 2012

Identification code	Zone	District	PA	HH	Ind.

PART I- Household Composition and housing conditions

1. Household composition and characteristics

Say to the respondent: Please tell me about all the people who normally live in this household, including both family members and non-family members such as residing servants. Start with yourself, then the head of the household (if it is not you), spouse and their children, then other family members and non-family members.

Member code	(1.1) Name of household member (start with respondent and make a complete list before moving to Q 1.2	Sex(Codes A) (1.2)	Age (years) (1.3)	Age (Months, children under five) (1.4)	Relation to HH head (Codes B) (1.5)	Height (children under 5)	Marital status (Codes C) (1.6)	Education level for years >=5 years (code D) (1.7)	Completed years of formal education (1.8)	(1.9) Ethnicity /Clan (Code E)	(1.10) How many months did HH------ live in the past 12 months	(1.11) Occupation **(Codes F)**	
												Main	Secondary
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

Sex (Codes A)	*Relation to head Q1.5(codes B)*		*Marital status Q1.6 (codes C)*	*Education Q1.7(codes D)*	*Clan/ Ethnic Q1.9 (Code E)*	*Occupation (codes F)*
0. Female	*1. Household head*		*1. Married living with spouse/s*	*0. None/Illiterate*	*1=Oromo*	*1. Work on the family farm*
1. Male	*2. Spouse*		*2. Married but spouse away*	*1. Adult education*	*2=Amhara*	*2. Salaried*
	3. Son/daughter		*3. Divorced/separated*	*2. Religious education*	*3=Somali*	*3. Casual labor*
	4. Parent		*4. Widow/widower*	*3.*	*4=Tigrawa y*	*4. Self-employed in business (other than the farm),*
	5. Son/daughter in-law		*5. Never married*	*4. First cycle (grades 1-4)*	*5=Sidama*	*5. Student*
	6. Grand child		*6. Other, specify……*	*5. Second cycle (grades 5-8)*	*6=Gurage*	*6. Not employed*
	7. Other relative			*6. Secondary (grades 9-10)*	*7=Other*	*7. Housekeeping and child care*
	8. Hired worker			*7. Preparatory (grades11-12)*	*(SPECIFY:*	*8. Livestock herding*
	9. Other, specify:			*8. Tertiary (diploma and above)*		
				9.NA (children under 5 years)		
				10.Others (specify……		

Identification code	Zone	District	PA	HH	Ind.

					_____ __)	*9. Other (specify):*

2. Housing conditions

2.1. Do you own this house?	0=No 1=Yes		
2.2. Major material exterior wall is made of the main residence	1=Wood and Mud 2=Wood and Grass 3=Reed and Bamboo 4=Mud and Stones	5=Cement and Stones 6=Hollow Bricks 7=Bricks 8=mud bricks 9=Other (specify)	
2.3. Major material floor is made of	1=Earth/Mud 2=Wood 3=Cement	4=Ceramics/Tiles 5=Other (specify)	
2.4. Major material roof is made of	1=Corrugated Iron Sheet 2=Thatch and Grass 3=Wood and Mud	4=Reed and Bamboo 5=Clay 6=Other (specify)	
2.5. Total number of rooms in the house			
2.6. Does the house have access to electricity?	0=No 1=Yes		
2.7. Does the house have access to piped water?	0=No 1=Yes		
2.8.Total number of outbuildings including kitchens but not including toilets			
2.9. Type of toilet facility the household uses	1=Pit latrine (Private) 2=Pit latrine (Shared) 3=Flush toilet (Private) 4=Flush toilet (Shared)	5=Field/Forest 6=Containers (Household utensils) 7=Other (specify)	

PART II: Household expenditures

3. Frequent cash expenditures (weekly)

	Item name	(3.1) In the **last 7 days** did your household spend money on this item? *(0=no, 1=yes)*	(3.2) How much did the household spend on the item in the *last 7 days*? [ETB]
1	Food and drinks (cash only)		
2	Cigarettes/tobacco/suret/gaya		
3	Fire wood		
4	Charcoal		
5	Kerosene		
6	Candles		
7	Gas for lantern		

Identification code	Zone	District	PA	HH	Ind.

8	Battery (dry cell)		
9	Other fuel (not electricity), specify _____		

4. Fuel wood and livestock dung use

	Fuel wood use	**4.1** **1=Yes; 0=No**	**If yes**	
			4.2 Unit	**4.3 Quantity**
1a	In the past 7 days, did your household use fuel wood collected by household members?			
1b	In the past 7 days, did your household use livestock dung collected by household members?			
2a	In the past 7 days, did your household use fuel wood from own production?			
2b	In the past 7 days, did your household use dung from own production?			
3	In the past 7 days did your household use purchased fuel wood?			
3	In the past 7 days did your household use purchased livestock dung?			

Codes 4.2
1=Human load (Shekem) 4=Sack
2=Donkey load 5=Other (specify)
3=Basket

Zero grazing baseline survey 2012

Identification code	Zone	District	PA	HH	Ind.

5. Monthly cash expenditures

	Item name	(5.1) In the **last 30 days** did your household spend money on this item? *(0=no, 1=yes)*	(5.2) How much did the household spend on the item in the **last 30 days**? [ETB]
1	Grain milling charge		
2	Electricity		
3	Water bill		
4	Soap/washing & cleaning products		
5	Personal care (barber, hair dresser, toothpaste, etc)		
6	Transport expenses		
7	Communication (cell phone charging and air time, mail,)		
8	Entertainment (socializing)		
9	House rent/mortgage payment		
10	Iddir contribution		
11	Hired labor		
12	Other, specify		

6. Less frequent expenditures (in the last 12 months)

	Item name	(6.1) In the **past 12 months**, did your household spend money on [ITEM]? *(*0=no, 1=yes)	(6.2) How much did the household spend on [ITEM] in the **last 12 months**? (ETB)
1	Clothes and shoes (including school uniforms)		
2	Furniture (tables, chairs, beds, etc)		
3	Blankets/bedsheets		
4	School fees and other educational expenses		
5	Social events (wedding, funeral, etc)		
6	Housing improvement (latrine, new roof, etc)		
7	Human health expenses (medicine, hospital , …)		
8	Vehicle purchase or repair (car, bicycle, motorcycle)		
9	Contributions & membership fees (associations/church/sports etc)		
10	Taxes		
11	Bond		
12	Other, specify		

Identification code	Zone	District	PA	HH	Ind.

PART III CROPS

7. Crop production and consumption

7.1	Do you or your household own land for agricultural activities (crop, forage, livestock production) 1. Yes 0. No	
7.2	If yes to Q7.1, how much land does your household own? (ha)	
7.3	Did you or any member of your household engage in crop production during 2012 crop season? 1. Yes 0. No	
7.4	If yes to Q 7.3, Did you use any of the produce for home consumption? 1. Yes 0. No	

7.5	*List all crops consumed (Code)*	(7.6) How much did you produce?		(7.7) How much did you consume?	
		a. Unit (code)	b. quantity	c. unit (code)	quantity
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Identification code	Zone	District	PA	HH	Ind.

12					

Code Q (7.4) **Code Q (7.6a & 7.7c)**

Cereals	Legumes	Oil crops	Vegetables & Tubers	
1= Sorghum	11=Faba bean	21=Sesame	31=Irish Potato	1=Kg
2=Maize	12=Field pea	22=Niger seed	32=Sweet Potato	2=Quintal
3=Millet	13=Chick Pea	23= Lin seed	33= Onion	3=Ton
4=Wheat	14=Lentil	24= Rape seed	34= Garlic	4=Other (specify)
5=Barley	15=Soya bean	25=	35= Tomato	
6=Tef	16=Grass pea	26=	36= Gesho	
7=	17=	27=	37=Enset	
8=	18=	28=	38=	

PART IV –LIVESTOCK

8. Livestock ownership: Please describe your household's livestock assets:

	Animal type	(8.1) Do you own [ANIMAL TYPE]? 1=Yes 0=No	(8.2) Total Number owned by the household	Number owned		
				(8.3) Local	(8.4) Crossbred	(8.5) Exotic
1	Cow					
2	Heifer					
3	Calf					
4	Bull					
5	Oxen					
6	Goats					
7	Sheep					
8	Camel					
9	Donkey					
10	Horse					
11	Poultry					
12	Bee hives				Transitional:____	Modern:_____

Identification code	Zone	District	PA	HH	Ind.

9. Dairy cattle

	Cattle type	(9.1) In the last 12 months how many calves were born?	(9.2) How many of the dairy animals you own were **received as gifts or payment** for services rendered in the last 12 months?	(9.3) How many of the dairy animals you own were **given out as gifts or payment** for services rendered in the last 12 months?	(9.4) How many dairy animals were **stolen or lost** in the last 12 months?	(9.5) How many dairy animals were **slaughtered for sale** in the last 12 months?	(9.6) How many dairy animals were **slaughtered for home consumption excluding for ceremonies** in the last 12 months?	(9.7) How many dairy animals were **purchased** in the last 12 months?	(9.8) What was the total amount spent for the purchases of dairy animals in the last 12 months?	(9.9) Where did you purchase the dairy animals? (code)	(9.10) Have you sold dairy animals] alive in the last 12 months? 1=yes 0=no	(9.11) If yes to Q9.10, How many dairy animals have you sold alive in the last 12 months?	(9.12) If yes to Q9.10, What was the total value of the sale of the dairy animals?	(9.13) If no to Q9.10, Why haven't you sold dairy animals alive in the last 12 months? (code)
1	Indigenous													
2	Crossbred													
3	Exotic													

Code 9.9
Livestock purchase codes
01 = local market
02 = district market
03 = distant market with special breeds
04 = distant market with low prices
05 = research centers
06 = government ranch
07 = private ranch
08 = DA/WOARD
09 = fellow farmer
10 = cooperatives
11=Other (specify)

Code 9.13
Livestock sale codes
1= Better to not have cash but keep livestock
2=Fear of losing/not being able to recover asset
3=Prestige keeping larger herd
4=Fear will not control income from livestock sale
5=Others (specify

Identification code	Zone	District	PA	HH	Ind.

10. Grazing and fodder production

10.1	Have your dairy animals grazed any pastures in the past 12 months? 1=yes 0 =no		
10.2	If yes to 10.1, for how many months did they graze?		
10.3	Have your animals consumed crops residues (through grazing or feeding) in the past 12 months? 1=yes 0=no		
10.4	In the last 12 months have you or your household engaged in fodder production for your dairy cattle? 1=yes 0=no (go to 11)		
	If yes to Q10.4, please tell me what you produced and how much you produced		
	(10.5) Type of fodder produced	(10.6) Amount/Quantity	
		a. Unit (1=Kg, 2=Quintal)	b. Quantity
1	Hay		
2	Elephant grass		
3	Tree lucerne/Sesbania		
4	Alfalfa		
5	Oat/Vetch		
6	Fodder beat		
7	Other		

11. Dairy Health

	Cattle type	(11.1) How many cattle suffered from disease in the last 6 months?	(11.2) Did they get treatment? 1=Yes 0=No	(11.3) If no to Q11.2, Why didn't they get treatment? 1=No veterinarian 2=Medicine not found 3=Medicine beyond financial reach 4=Others (specify)	(11.4) If yes to Q11.2, Was treatment for disease effective? 1=Yes 0=No	(11.5) How many [cattle] died in the last 6 months?	(11.6) What was the cause of death for most of those cattle that died in the last 6 months? (code)	(11.7) How many cattle are currently vaccinated ?
1	Indigenous							
2	Crossbred							
3	Exotic							

Code 11.6

Livestock death causes:

01 = disease
02 = lack of feed
03 = lack of water
04 = accident
05 = pests
06 = other (specify)

Zero grazing baseline survey 2012

Identification code	Zone	District	PA	HH	Ind.

12. Monetary costs

12.1	How much in total did you spend on veterinary costs in the last 12 months? (ETB)	
12.2	How much did you spend on concentrates (e.g. oil seed cake) in the last 30 days?ETB)	
12.3	How much did you spend On salt	
12.4	Did you use AI? 1=yes 0=no -> go to 12.9	
12.5	If yes to Q12.4, how many cows did you get inseminated?	
12.6	How many cows got pregnant?	
12.7	Who did the insemination 1=govt/ development agent 2=commercial/private 3=both	
12.8	How much did you spend in total? (ETB) Go to 13	
12.9	Why did you not use AI?	

Codes 12.9

1. No cows to be inseminated
2. I prefer non-artificial insemination
3. I don't want improved semen
4. Too expensive
5. Low quality/not effective
6. Not available in time

Comment [MvdB1]: I just put some things. Chilot/Wondwosen, please improve according to your knowledge.

13. Dairy production

Cow #	(13.1) Type 1=indigenous 2=crossbred 3=exotic	(13.2) Did [COW NUMBER] produce milk in the past 12 months? 1=YES 0=NO -> NEXT COW	(13.3) How many months has [COW NUMBER] Produced milk?	(13.4) On average, how much milk did she give each day? (Liters)
1				
2				
3				
4				
5				
6				
7				

14. Dairy marketing

14.1	Did you sell milk or milk products in the last 12 months? 1=yes 0=no	
14.1b	Which? *1=Whole Milk* *5=Butter* *2=Skimmed Milk* *3=Cheese (traditional)* *4=Yoghurt*	
14.2	If yes to Q 14.1, Who did you sell most of the milk/milk products	

Identification code	Zone	District	PA	HH	Ind.

	to? 1=direct to consumers 2=collectors 3=processors 4=Unions 5=Others			
14.3	What was the average price?	product	Price (ETB)	Per unit (code)

15. Home consumption of livestock products

15.1	In the past 7 days, did you consume any animal products produced in the household? 1=yes 0 =no	
15.2	If yes to Q 15.1, make a list of all products that they consumed. (code). Then ask Q (15.3)	(15.3) How much did you consume?
		a. Unit (code) / b. quantity
1		
2		
3		
4		
5		

Codes 15.2		*Codes 15.3a*	
1=Whole Milk	*5=Butter*	*1= Kg*	*4=Number*
2=Skimmed Milk	*6=Meat*	*2=Quintal*	*5=*
3=Cheese (traditional)	*7=Eggs*	*3=Litre*	*6=*
4=Yoghurt	*8=Other*		

PART VI - FOOD SECURITY

16. Household Food Insecurity

16.1	In the last 12 months, did you at any time not have enough food? 0 = no; 1 =yes											
16.2	In the past 12 months, for how many months did you not have enough food to meet your family needs? *Check below (✓)*											
	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
16.3	Did you receive any food aid during the past 12 months? 0 = no; 1 =yes											
16.4	If yes to Q6.13, in which months of the year did you receive food aid? *Check below (✓)*											

Zero grazing baseline survey 2012

Identification code	Zone	District	PA	HH	Ind.

	1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC

Zero grazing baseline survey 2012

Identification code	Zone	District	PA	HH	Ind.

For each of the following questions, consider what has happened in the **past 1 month**. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 1 month? *(Circle the answer)*

Event		Frequency of event			
		Never (0 times)	Rarely (1-2times)	Sometimes (3-10 times)	Often > 10 times
16.5	Did you worry that your household would not have enough food?	**0**	**1**	**2**	**3**
16.6	Were you or any household member not able to eat the kinds of foods you **preferred** because of a lack of resources?	**0**	**1**	**2**	**3**
16.7	Did you or any household member eat a **limited variety** of foods due to a lack of resources?	**0**	**1**	**2**	**3**
16.8	Did you or any household member eat food that you did not want to eat because a lack of resources to obtain other types of food?	**0**	**1**	**2**	**3**
16.9	Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?	**0**	**1**	**2**	**3**
16.10	Did you or any other household member eat fewer meals in a day because there was not enough food?	**0**	**1**	**2**	**3**
16.11	Was there ever no food at all in your household because there were no resources to get more?	**0**	**1**	**2**	**3**
16.12	Did you or any household member go to sleep at night hungry because there was not enough food?	**0**	**1**	**2**	**3**
16.13	Did you or any household member go a whole day without eating anything because there was not enough food?	**0**	**1**	**2**	**3**

16.14 ON AVERAGE, How many meals were eaten yesterday in this household, by children of **less than 5 years old ?**	|___|
16.15 ON AVERAGE How many meals were eaten yesterday in this household by children of **5-15 years of age?**	|___|
16.16 **ON AVERAGE,** How many meals were eaten yesterday in this household, by one household members with **more than 15 years of age?**	

16.17 Which one of the following categories of food was eaten in this household during the **last 7 days?**
(Mark with x if a food category was present in the diet for that specific day, leave blank otherwise)

Categories of food	Yesterday	2 days ago	3 days ago	4 days ago	5 days ago	6 days ago	7 days ago
01. Cereals and root-crops (rice, bread, millet, cassava, potatoes, etc…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
02. Pulses (peanuts, haricots, sesame, chick peas, lentilles, green peas, other peas…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
03. Fruit	|___|	|___|	|___|	|___|	|___|	|___|	|___|
04. Meat/Fish	|___|	|___|	|___|	|___|	|___|	|___|	|___|
05. Dairy products (milk, butter, cheese, yoghurt, etc…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
06. Eggs							
07. Vegetable oil/fat (ghee, oils…)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
08. Sugar, honey, drinks with sugar (coca cola, fanta, etc..)	|___|	|___|	|___|	|___|	|___|	|___|	|___|
09. Vegetable	|___|	|___|	|___|	|___|	|___|	|___|	|___|
10. Any other food item	|___|	|___|	|___|	|___|	|___|	|___|	|___|

Identification code	Zone	District	PA	HH	Ind.

17. Access to rural services in the last 12 months

17.1	Do you have a bank account? (0=no; 1=yes)	
17.2	If yes to (Q 17.1), how much money do you currently have in the account (ETB)	
17.3	Did you try to obtain a loan last year (0=no; 1=yes)	
17.4	If yes to (Q 17.3), did you get the loan? (0=no; 1=yes)	
17.5	If yes to (Q 17.4), how much credit did you receive? [ETB]	
17.6	Did you have access to agricultural extension last year? (0=no; 1=yes)	
17.7	If yes (Q 17.6), how many contacts did you have over the last 12 months (visits, field days, consultations, …)	

THE END Thank you very much for your time.

Zero grazing baseline survey 2012

Identification code	Zone	District	PA	HH	Ind.

FINAL PART: ENUMERATOR NOTE

Researchers affiliated with IFPRI would like to learn more about you and your background.

X1 What is your sex?	1=Male 0=Female	
X2 What is your age?	[__|__]	
X5 What is the language you grew up speaking?	1=Amharic 2=Oromigna 3=Tigrina 4=Somali 5=Guaragigna 6=English 7=Other (SPECIFY:_____)	
X7 What ethnic group do you belong to?	1=Oromo 2=Amhara 3=Somali 4=Tigraway 5=Sidama 6=Gurage 7=Other (SPECIFY:_____)	
X8 What is the highest level of schooling that you have completed?	1=First cycle primary school (1-4) 2=Second cycle primary school (5-8) 3=Secondary school (9-10) 4=TVET/Diploma 5=BA or BSc 6=Master's Degree 7=Phd	
X9 Did you have previous interviewing experience?	1=Yes → **X10** 0=No → **X11**	
X10 For which organization did you work as interviewers?	IFPRI……1 National Statistics Office .....2 NGO survey team….....3 None.....4 Other (SPECIFY:_____)..5	

Identification code	Zone	District	PA	HH	Ind.

Researchers affiliated with IFPRI would like to learn more about this interview and to seek feedback from you.

X11 Which is the result of the interview?	1=Interview completed 2= Interview partly completed 3= Refusal, no interview obtained 4= No respondent at home 5= Other (SPECIFY_____)	
X12 What is the main language you used for the interview?	1=Amharic 2=Oromigna 3=Tigrigna 4=Somali 5=Guaragigna 6=English 7=Other (SPECIFY:_____)	
X13 Did you use any other languages?	1=Yes → SPECIFY: _____ 0=No	
X14 Which one (anyone else) beside respondent was present during the interview?	0=No one 1=Husband/wife 2=A child ≥ 5 years 3=A child < 5 years 4=An adult, household member 5=An adult, non-household member	
X15 Did the respondent find some of the questions difficult, embarrassing, or confusing?	1=Yes 0=No	
X16 What questions did the respondent find difficult, embarrassing, or confusing? (write the section/part and question number)	_____ _____ _____ _____	
X17 What is your evaluation of the accuracy of respondent's answers?	1=Excellent 2=Good 3=Fair 4=Not so good 5=Very bad	
X18 Do you believe the work you are doing for this project is difficult?	1=Very difficult 2=Somewhat difficult 3=About ok 4=Very easy	

THE END Thank you very much for your time and all your hard work.

C10 – Zero Grazing Project

Marrit van den Berg[1], Elisabetta De Cao[2,3], Steffen Eriksen[3], Chilot Y. Tizale[4], Tefera Wondwosen[5]

1 Wageningen University, Netherlands

2 University of Oxford, United Kingdom

3 University of Groningen, Netherlands

4 Ethiopian Institute of Agricultural Research

5 International Food Policy Research Institute - Addis Ababa

1. Introduction

This paper provides an evaluation of the Zero Grazing of the Oromia Self Reliance Association (OSRA) financed by ICCO within the MFSII framework for the Dutch Ministry of Foreign Affairs. In this evaluation, we try to answer the following questions:

1. What are the changes under MDG1 -to eradicate poverty and hunger, during the 2012 – 2014 period and what are the differences between the target group and comparable households in 2012?
2. To what degree are these changes and differences attributable to the development interventions of OSRA (i.e. measuring effectiveness)?
3. What is the relevance of these changes?
4. Were the development interventions of OSRA efficient?
5. What factors explain the findings drawn from the questions above?

In addition to this, we did an evaluation of the first phase of the project, which ended in 2012. We observe limited impact of both phases. During phase 2, we observe an increase in the average amount of fodder produced, which could directly result from the project. Also total expenditure increased in the project areas compared to the control areas. However, we cannot explain this from the project activities, as we hardly observe dairy sales and increased self-consumption of dairy (which we cannot statistically prove) cannot realistically be large enough to explain this difference. We do not see adoption of zero grazing or a change in herd composition towards improved cattle. The limited impact is likely to be due at least partly to the lack of a marketing component in the project: if farmers do not have access to a market for dairy products, incentives for productive investments are very limited.

The structure of the paper is as follows. We first present the context of smallholder livestock production in the target districts and give a description of the project. Subsequently, we present the methodology and data. This is followed by an analyses of the results, an discussion, and a conclusion.

2. Context[1]

After experiencing severe country-wide famines in both the 1970s and 1980s, Ethiopia seems to have ventured on a pathway towards development and food security. Since 1992, the Ethiopian Government has adopted a strategy of Agricultural Development-Led industrialization, which involved substantial liberalisation of the economy. Per capita incomes increased by over 50 percent from 2001 to 2009, and poverty rates declined by 33 percent from the mid-1990s to 2011 (www.WorldBank.org). Yet the poverty rate is still high at 30% and the food security situation is precarious. In the past two decades there have been several major, though localized, food production shortfalls, and even in normal years an estimated 44 percent of the population is undernourished (Schmidt and Dorosh, 2009). Further broad-based development is thus needed to improve the situation of the remaining poor and food insecure. Though growth in industry and services has outpaced agricultural growth, the latter has made a major contribution to overall growth and has been essential for poverty alleviation.

A recent study on strategic priorities for agricultural development in Eastern and Central Africa concludes that milk would be the most important commodity subsector for growth-inducing investment and that milk is especially important for Ethiopia, Eritrea, and Sudan (Omamo et al, 2006). Ethiopia's dairy sector holds a large potential for development (Ahmed et al, 2004; Negassa et al, 2012). Income and population growth are expected to lead to substantial increases in the demand for dairy. On the supply side, the country holds the largest livestock population in Africa, and the climate is suitable for dairying (Ahmed et al, 2004. Yet compared to the neighbouring countries, the government has done little to improve the dairy sector and its productivity is low (Negassa et al, 2012).

Development of the dairy sector may positively affect the lives of many people, as production is spread widely over the rural population. The traditional smallholder system produces 97 percent of Ethiopia's total milk production (Ahmed, et al 2004). Most milk is produced in the highlands on farms with mixed-crop livestock production systems and, increasingly scarce, communal grazing lands. Milk is mainly used for home consumption, and the marketed surplus is small. Households on average own two to four cattle, of which 45 percent are draft cattle and 25 percent is used for dairy production (Negassa et al,

[1] This section is partly based on an early paper based on the baseline data: Elisabetta De Cao, Chilot Y. Tizale, Marrit van den Berg, and Tefera Wondwosen (2013). Paper presented t the CSAE Conference 2013: Economic Development in Africa, Oxford , UK, 17th - 19th March 2013.

2012). Most cattle are of indigenous breeds, with low production levels compared to crossbreds or exotic breeds.

Not just the production, but also marketing and processing is generally informal and small scale. Only a very small portion of the production is industrially processed. The remainder is administered by cooperatives and smallholders. These cottage dairy products and the fresh fluid milk are sold and consumed locally. Even in the dairy market in Addis Ababa, the majority (75%) of the products sold come from traditional processing; 17% are process in local industry and 8% is imported (Francesconi, 2009).

The OSRA Zero Grazing project targets dairy production in ten rural kebeles in four districts in the neighboring Special Zone and East Shewa Zone of Oromia National Regional State: Akaki, Ada'a, Gimbichu, and Sebata. These districts are located close to the capital, Addis Ababa (35-45 km), but infrastructure is poorly developed. The main economic activity in the area is agriculture, as is common in the Ethiopian highlands. The area is characterized by black cotton soils, and rainfall is adequate and evenly distributed. The principal crops produced are teff, chickpea and wheat. As a secondary activity, the farmers engage in livestock rearing for draught power, food, income and asset accumulation. Mostly, farmers rear different types of local livestock, and the returns from the rearing activities are low and declining. As the majority of the farmland has been allocated to crop production, only small pieces of land, such as road sides, are left for grazing. As a consequence, crop residuals are the main source of food for the animals, accounting for more than 50% of the annual requirements.

In the years before the project, there have been several attempts to boost dairy production and incomes, but these have not resulted in substantial changes in the sector. In collaboration with district agricultural offices, Debreziet Agricultural Research Center (DZARC) of the Ethiopian Institute of Agricultural Research (EIAR) and the International Livestock Research Center (ILRI), have promoted crossbred cows, improved feeds, and improved health management. In addition, the extension service has since long t promoted Artificial Insemination (AI).

3. Project description

Within this context, OSRA has executed a program to stimulate income from the production of milk and milk products through the introduction of improved breeds and the intensification of management

through zero grazing. After a one-year pilot in 2008-2009, the project was intended to start Jan 1, 2010. However, there was a delay in the approval of the proposal, which in turn delayed actual implementation such that project activities only started in the last quarter of 2010. Due to this delay, the end-date of the project was postponed from December 31, 2011 to November 31, 2012. The overall budget was €104,264.50.

The ultimate objectives of the project were:

1. Improvement in family income from sales of milk and milk products.
2. Reduction in the pressure on grazing land through promotion of zero grazing.
3. Improvement of the capacity of the target households on zero grazing and improved diary production and management.
4. Improved access to input and output markets, extension support and technical services in the area of artificial insemination (AI), feed and health management, and finance that are relevant to promote zero grazing.

The project activities were diverse. A central nursery site was established to gather different multipurpose seedlings used for animal feed. This was done to lower the pressure on the already sparse grazing land and to improve the availability of feed. In order to improve the AI services, AI technicians were trained. In addition, AI crushes used for restraining cows during AI were constructed, along with various AI materials. Furthermore, motor bikes were provided to the district livestock development, health and marketing agencies, to improve access. Farmer access to support services and markets was promoted through the organization of workshops with community representatives and service providers. In addition, the capacity for zero grazing and improved livestock management was stimulated through training of experts, developments agents and farmers and through the facilitation of experience exchange among farmers.

The project beneficiaries were cattle-holding farm households in ten selected kebeles of Akaki and Ada'a districts. The selection of the target kebeles was based, among others, on: the number of population/households in the area; the cattle population, especially improved and/or Borena breeds in the localities; and the accessibility of the localities so that technical and other supports be provided to target groups. Within the kebeles, a total of 1,700 farmers where selected for participation in training and representatives where invited to workshops with service providers. The selection of these direct project beneficiaries was conducted jointly with the Livestock Development, Health and Marketing Agency, de-

velopment agents, kebele administrations and the representative community members based on the interest of the community member to participate, those who have local breeds or exotic breeds, accessibility to road infrastructure, female headed households, and experience in promoting improved forage at backyard or farm boundaries.

The project assumes that the results of all project activities spill over to the remainder farmers in the community. Knowledge and experience is supposedly shared, and improved services and access to AI benefit all farmers in the kebeles. However, the Livestock development, Health and Marketing agency was unable to assign trained AI staff to Artificial Insemination. Besides, the office transferred the trained AI to other locations.

By the end of the initial project, a second phase was approved. The extension started with a small delay in April 2013 because the government needed to evaluate the first phase and appraise the proposal. The second phase is planned to finish in 2015. While in first phase was targeted to ten kebeles, the project is now scaled up to twenty kebeles. The new phase continued with the introduction of improved breeds, distribution of fodder seeds, training (another 2000 farmers), and improvement of AI services (capacity building support). According to the project implementers, during 2013 a total of 410 cows were inseminated out of which 189 have given birth to calves. Likewise in 2014 620 cows were inseminated by the AI technicians in both districts out of which 260 cows have given birth to calves.

New activities were milk processing and the introduction of bio-gas technologies. The latter activity has been included because to improve overall welfare by using waste to produce energy. OSRA provides materials like cement. The plan was to reach 200 households in two years. Yet, as the costs were higher than envisaged, only 83 instead of 100 households were reached in 2013. About 10-15 percent of these households had started to use the installations in the summer of 2014. Because of the high costs, OSRA has sought collaboration with the government.

In addition, the second phase involved the distribution of heifers, contrary to the first phase. The identification of the suppliers was problematic. The project initially planned to distributed heifers of the local breed Boren, but had to change into the improved Frisians. In addition, the rainy season delayed distribution. Ultimately, the project reached 67 households out of the 100 planned. They all received the improved breed, but had to pay 40 percent of the costs. Reportedly, so far no milk has been marketed but production has increased from 1 to 3 liters per day. The milk is shared with neighbors.

Reported challenges are the accessibility of the farmers and government bureaucracy. During our visit in May 2014, project staff indicated that they were able to do 60-70% of activities planned in 2013, and 45%-50% of the planned 2014 activities so far. Some activities, like training would continue until mid-September.

4. Methodology

The objective of this report is to describe changes in wellbeing that could be attributed to participation in the Zero Grazing project. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants of wellbeing (Armendariz (2010)). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not automatically provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some people more likely to choose to participate in the program, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized controlled trial (RTC). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RTCs, is not always possible because of the program implementation or ethical reasons.

As we had no influence on the design of the zero grazing program, we use an alternative to RCTs: the propensity score method (PSM) (Rosenbaum(1983). The basic idea is to match beneficiary households to households from the control group who are observationally similar in terms of characteristics that are not affected by the intervention. These include stable characteristics of the household head and the household. In practice, PSM involves running a binary regression of the project participation indicator on the relevant set of characteristics. The result is the propensity score: the estimated probability that a household is a beneficiary. For further analysis, we study only households with propensity scores in the range in which both beneficiaries and non-beneficiaries are observed (the *common support*): non-beneficiaries with a very low propensity score and beneficiaries with a very high propensity score are discarded. For these households, we conducted a balancing test. Although debated in the literature, a balancing test is generally used to determine if the observable controls are distributed similarly between the two groups in question.[2] If any significant difference exists between the two groups, a balancing test should pick up this difference and indicate that the current composition of the data could lead to a biased estimate of the treatment effect. The balancing test is conducted as a set of OLS regressions in which each control variable is individually regressed on a constant and the treatment dummy. The standard errors in the regressions are clustered at the kebele level to account for intraclass correlation. The coefficient of the treatment dummy now gives us an unbiased estimator of the difference between the control and treatment group at the time of the baseline survey, provided that there is only selection on the observed characteristics. A similar set of OLS regressions is used for the impact indicators. The coefficients of the treatment dummy now give an unbiased estimator of project impact, again provided that the assumption of selection on observed characteristics only holds.

When data on beneficiaries and controls are available for two points in time, a so-called double difference (DD) model can be used. Ideally, data are available from before (baseline) and after (end line) the intervention, so that the complete change due to the project can be measured. For the current evaluation, we had information for two periods in time of which the first was almost at the end of the original project, while the second was after the extension. The DD estimates will therefore measure the additional impact of the project extension.

While the RTC methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RTC method

[2] For a summary of the literature and further discussion of balancing tests see Kleyman (2009)

is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains. As the DD method works best if the treatment and comparison group are as comparable as possible, we apply the DD method to households within the common support of the PSM only.

Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \quad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[3], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y, and is an unbiased estimate of the average impact on the dependent variable Y of being assigned to the treatment group provided the assumption of no selection on unobservables holds.

Some of the outcome variables considered in the analysis are binary. In these cases, we estimated a linear probability model (LPM) and report the marginal effect of D_i^C for the impact of the sustainable energy project on outcome Y.[4] In all models the standard errors are clustered at the kebele level. Clustering at the kebele level provides a relatively low amount of clusters (18), but big enough clusters. It is important to cluster the standard errors, as the data might be subject to intraclass correlation, that is, households in the same kebele are likely to be more similar on a wide variety of measures than households that are not part of the same kebele. The higher intraclass correlation, the less unique information

[3] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

[4] In recent literature, Puhani (2012) shows that in a nonlinear difference-in-difference, such as the one used in this study, the cross difference is not equal to the treatment effect. Instead the treatment effect comes from the cross derivative (or cross difference) of the conditional expectation of the observed outcome minus the cross derivative of the conditional expectation of the potential outcome without treatment. Although this calculation of the treatment effect is appealing, this study will follow common practice in the field and report the estimate of β_3 in the case of a LPM.

each household provides. This has to be taken into account when running the regressions by inflating the standard errors.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The DD model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As in this case, the number of new entries and drop outs are very low, as will be seen in the following section, all estimations will be done on the unbalanced panel.

Although a combination of PSM and DD can solve many potential biases in the data, some bias may remain. As PSM assumes selection on observables, bias can still be caused by selection on unobservables. Adding DD to PSM helps picking up the time- invariant heterogeneity, but bias can still remain due to time-variant unobservables. Yet, a positive significant effect in the PSM and especially the DD model is a strong indication of an influential intervention. An insignificant effect -or even a significant negative effect, however does not necessarily imply that the intervention does not work -or even does harm, as in our analysis we only measure short-term effects.

5. Data

Data for both the baseline survey and follow-up were collected in four districts in the neighboring Special Zone and East Shewa Zone of Oromia National Regional State: Akaki, Ada'a, Gimbichu, and Sebata. The baseline survey was conducted in September 2012 –so just before the end of the first phase of the project, and included 495 farm households equally divided over three groups: farm households with direct participation in the project; farm households with dairy animals with indirect participation through spillover effects at the district level (but not in the same kebele), and farm households with dairy animals outside the project districts. The first group was randomly selected from project participants in four project kebeles (all project kebeles not involved in the pilot), and the other households were randomly selected from farmers with dairy livestock in kebeles comparable to the project kebeles in terms of soils, rainfall, farm size, crops, role of livestock, infrastructure and other relevant characteristics. The follow-up survey was collected in Mid-May to Mid-June 2014, a few months before the end of

the Second Phase, in a similar manner as the baseline survey and revealed a very low amount of drop outs and new entries (4 and 1 respectively).

The questionnaire contains general questions on household composition and housing conditions, household expenditures and food security, crop production and consumption, land and livestock endowments, and detailed questions related to dairy cattle and production, involving grazing, fodder production, health, milk production, production costs, marketing, and home consumption.

We found no significant differences between the control and the "spillover" groups in household characteristics and technology adoption in the baseline survey. This suggests that there were no significant spillover effects of the intervention. Such effects were expected because households in the "spillover" group would benefit from the improvements in the AI service. Unfortunately, these improvements were not realized for reasons explained above: Trained AI staff was not assigned to AI, and some were transferred to other locations. This means that although trainings were given, this has not resulted in better trained AI staff in the treatment kebeles. As a result, the spillover and control group were merge into one large non-treatment group. The results presented in this project thus only distinguish between two groups.

5.1 Descriptive statistics and balancing test

The descriptive statistics and balancing tests presented here are based on the common support as a result of the estimated propensity score. The set of covariates chosen for the estimation of the propensity score is the same as the set of controls used in the DD regressions. It is important to note that while these tests are conducted on the baseline survey, the survey was conducted after the intervention was implemented. We therefore do balancing tests only or those variables that we expect not to be influenced by the intervention –the controls.

Figure 1 below displays the distribution of the propensity score in the treatment and control group. Plotting the distribution of the propensity score is helpful to see if there are any problems in the common support. The distributions seem to have a wide area from which they overlap, thus indicating that only a few observations are dropped from the sample. Specifically, the region of the estimated common support is given by [.1457, .7317] given a total number of 12 observations who are dropped from the sample.

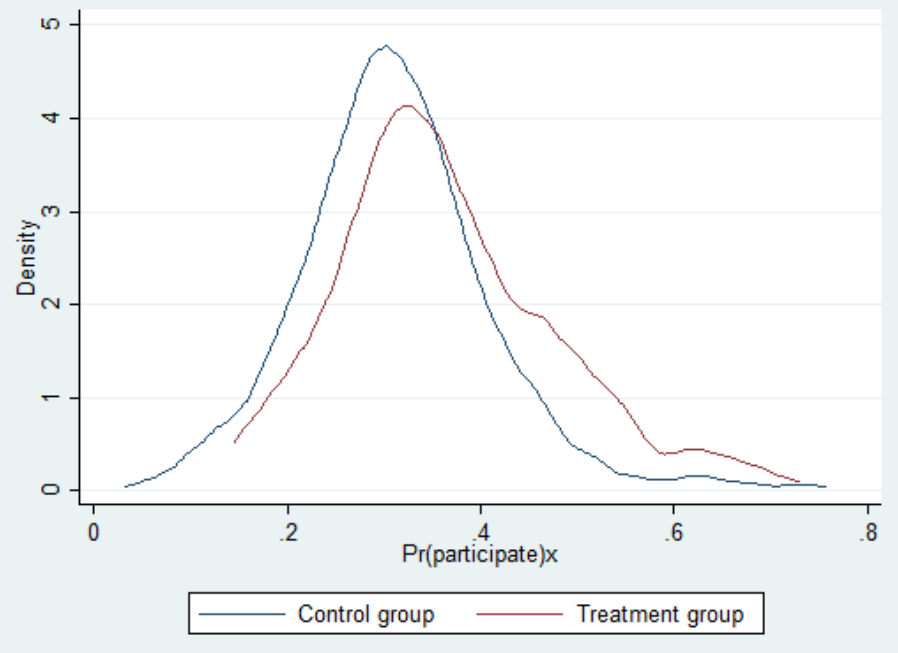


Figure 1: Distribution of the propensity scores in the control and treatment group

Most of the household heads in the sample are middle-aged Oromo men with farming as primary occupation (Table 1). They own on average 2 hectares of land, about three oxen and four sheep/goats for a family of 7. Education of the household head is very low at less than three years on average. Overall the balancing tests reveal a good balance between the two groups in terms of the controls variables. The only significant difference is between the two groups is found in the education variable but this amounts to less than a year.

Table 1: Summary statistics and balancing tests for controls

	Summary Statistics				Balancing tests
	Control		Treatment		
Dependent variable	No.	Mean	No.	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Characteristics of the household head					
Sex (male=1)	308	0.88	158	0.90	0.019
					(0.037)
Age (years)	308	45.06	158	43.65	-1.410
					(1.756)
Material (1=married)	308	0.87	158	0.86	-0.009
					(0.026)
Education (years)	308	1.90	158	2.69	0.790*
					(0.388)
Ethnicity (Oromo=1)	308	0.91	158	0.84	-0.077
					(0.047)
Job (farmer=1)	308	0.93	158	0.96	0.027
					(0.023)
Household characteristics					
Members (#)	308	6.77	158	6.62	-0.152
					(0.520)
Dependency ratio	308	94.12	158	90.76	-3.358
					(7.366)
Land (ha)	308	2.13	158	1.93	-0.199
					(0.168)
Oxen (#)	308	2.95	158	3.06	0.108
					(0.189)
Goat & Sheep (#)	308	3.67	158	4.27	0.600
					(0.700)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score. Robust standard errors in parentheses ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

6. Results

6.1 The initial project (2010-2012)

Overall, the beneficiary and control households do not differ much with respect to the outcome indicators. We found some small but significant differences. However, these seem to point at mild selection bias rather than at impact. Beneficiary households own nine indigenous cows on average compared to 8 for those in non-project kebeles. The number of crossbred and exotic cows is low: less than one on average. While the average number of crossbreds per household does not differ significantly between beneficiaries and non-beneficiaries, the number of exotic cows is slightly higher for the controls: 0.08 for the control group and 0.01 for the treatment group. Yet this difference is too small to be meaningful. Milk production is low for both groups at about 200 liters per cow per year (slightly higher for the control group) with about 10 kg of milk or derived products consumed per household in the seven days before the survey. Only three farmers (in the non-project kebeles) sold milk (not included in the PSM). AI is practiced slightly more by the non-project farmers: by ten percent compared to three percent of project beneficiaries. Usage is too low to detect differences in costs. On average, cows graze almost 11 months of the year, implying very little adoption of zero grazing. Still, the cows of the project beneficiaries graze a bit less on average than those of the controls: 10.2 months compared to 10.9 months. Also, project farmers are more likely to grow fodder, but average fodder production is the same between treatment and control farmers. Overall, the differences between project beneficiaries and controls are very small and not consistently pointing at positive project impact.

Table 2: Summary statistics and impact tests for outcomes

	Summary Statistics				Impact tests
	Control		Treatment		
Dependent variable	No.	Mean	No.	Mean	Treatment
	(1)	(2)	(3)	(4)	(5)
Expenditures/capita (Birr)	307	2,035	158	2,401	364.979 (400.077)
Yearly milk production /cow (liters)	253	217.42	132	199.30	-18.983 (20.641)
Home consumption of	275	11.63	156	9.26	-2.419

dairy/week (kg)°					(1.693)
#grazing months (#)	307	10.93	158	10.18	-0.755*
					(0.369)
Fodder production (yes=1)	307	0.39	158	0.56	0.162**
					(0.069)
Fodder quantity (kg)	307	1.887	158	1.138	-748.763
					(514.295)
Indigenous cows (#)	307	1.23	158	1.31	0.073
					(0.078)
Crossbred cows (#)	307	0.03	158	0.05	0.018
					(0.021)
Exotic cows (#)	307	0.02	158	0.00	-0.019
					(0.016)
Indigenous calve (#)	307	0.84	158	0.96	0.122*
					(0.062)
Crossbred calve (#)	307	0.02	158	0.04	0.018
					(0.022)
Exotic calve (#)	307	0.01	158	0.00	-0.010
					(0.007)
Use of AI (Yes=1)	307	0.10	156	0.03	-0.072**
					(0.033)
Costs of effective AI °°	27	17.41	4	44.25	26.843
					(35.670)

Notes: Column 2 and 4 presents the mean of the control and treatment group respectively. Column 5 displays the coefficient from a separate OLS regression. Standard errors are clustered at the kebele level. The summary statistics and balancing tests are based on the common support as given by the propensity score. °All dairy products are converted to kgs of fresh milk. °°The total cost for the insemination times the number of cows that got pregnant divided by the total number of cows inseminated. Robust standard errors in parentheses ***Significant at the 1 percent level. **Significant at the 5 percent level. *Significant at the 10 percent level.

6.2 Phase 2 (2013-2014)

Table 3 reports all the estimates with the respective statistics from all the different approaches used in this project. The results are mostly robust to the approach selected. Beneficiaries households increased their expenditures (including home consumption of crops and animal products) by 790 birr more than the control household during Phase 2 of the project. This is quite substantial compared to the overall increase between baseline and endline of 2,334 birr (year effect), which is similar to baseline income and at least partly explained by inflation. However, our results suggest that this was not due to a chang-

es in milk production or consumption, for which no significant difference is observed. Moreover, milk sales are still very rare. Yet, we do observe a relative increase in fodder production levels for farmers in the treatment kebeles, though the share of farmers growing fodder did not change significantly. However, though we observe an overall decrease in the average number of months that cows are grazing –and hence an increase in zero grazing, this is not larger for the project area. We find no changes in the use of AI or the effective costs of AI for ether project farmers or controls. Relatedly, we find no significant difference in the size and composition of the herd, except for a small increase of the number of indigenous cows for the treatment group, but this effect disappears when we use a combination of DD and PM.

The question remains whether we find few evidence of project results because of lack of impact or because our sample was too small to have sufficient power. We therefore computed the minimum effect size that we could detect with our sample given the heterogeneity of the sample. For herd composition, we could generally detect a difference of less than 0.1 animal. Only for indigenous calves this was higher: 0.23. For grazing months, we could detect an average difference of 0.94 months, which is quite small. We can thus conclude that our analysis is quite accurate with respect to herd composition and grazing. For home consumption of dairy products and milk production the numbers are much higher: 8.93 kg per week for consumption –which is an additional increase of almost the same magnitude as the average weekly consumption in the baseline survey, and 65.65 liters per year per cow for production –which is equivalent to about one third of average baseline production. These minimum effect sizes are so high because of the large differences between households. The observed (insignificant) effect on milk production is about 32 liters per year and the observed (insignificant) impact on dairy consumption is about 3.7 kg per week, which are both somewhat substantial but much lower than the increases of 2-5 liters per day mentioned in FGDs during an evaluation of the initial project commissioned by OSRA (Gudeta, 2013). Yet, we can be sure that if the project resulted in increased milk production, this has not led to sales of milk and increased incomes at least not in our sample. Similarly, the impact coefficients for AI point in the right direction and are relatively high. Our sample is not sufficient to tell whether these are project impacts or statistical artefacts. However, we do not find evidence of an increase in the number of crossbred calves, and this finding is quite accurate.

Table 3: Estimation results

Variables	(1) DD	(2) DD	(3) PSM+DD	(4) PSM+DD

		- with controls		- with controls
Indigenous cow	SI	SI	SI	NI
Crossbred cow	NI	NI	NI	NI
Exotic cow	NI	NI	NI	NI
Indigenous calve	NI	NI	NI	NI
Crossbred calve	NI	NI	NI	NI
Exotic calve	NI	NI	NI	NI
AI	NI	NI	SI	NI
Effective costs AI°°	NI	NI	NI	NI
#grazing months	NI	NI	NI	NI
Milk production /cow (liters/year)	NI	NI	NI	NI
Home consumption of dairy (kg/week) °	NI	NI	NI	NI
Fodder production	NI	NI	NI	NI
Fodder quantity	SI	SI	SI	SI
Total expenditures per capita	SI	SI	NI	SI

Notes: NI: no impact; NM: Not measured; SD: Significant decrease; SI: significant increase. Controls include: Sex, age, marital status, members, ethnicity, job, land, pack animals, and goat & sheep. See detailed estimation results in the appendix.

Our analysis suggests that the impact of the project has been limited. Though we cannot completely be sure that this is not due to the limited power of our sample, we feel confident to say that the project did not result in a widespread adoption of zero grazing, sales of dairy, or an increase in ownership of improved cattle among participating households. It is possible that the project participants in our sample,

which were selected based on participation in the initial project, did not participate in the second project. However, this is not because they already benefited sufficiently in the 2010-2012 project: we do not find impact for this project either.

6.3 Efficiency analysis

To assess the efficiency of the project, we computed unit costs for selected activities and compared these to values found in the literature. The cost of the training of AI technicians was only 61% of that of a similar, but somewhat shorter, training in Indonesia. Also the farmer trainings were much lower than data found in the literature: Int$50 per trained farmer compare to Int$521-819 in Bangladesh. However, the large difference in values suggests different training lengths. More money was spent per farmer for the distribution of seedlings and seeds than found in the literature. However, both the quantity and type of seeds are different, so these numbers are hard to compare. Overall, we find it difficult to compare the unit costs computed for the project with unit costs from the literature. The most reliable comparison seems that for the AI technician training, which suggests the project was quite efficient.

Table 4 Efficiency estimates (based on the 2010/11 financial reports)

Activity	Unit costs	Unit cost benchmark	Source benchmark
Forage seeds and planting materials distributed	Int$19 for seedlings and seeds	Int$ 9.70 for seeds and other inputs	Teweldmehidin, M. Y., & Conroy, A. B. (2010). (Namibia)
Livestock training	Int$50 (training on zero grazing & improved heifer management, business management skill, book keeping)	Int$ 521.00-Int$ 819.00 (vocational education)	Dohmen (ILO, 2009) and Dar, A. et al. (2006) (Bangladesh)
Training of AI technician (per person trained)	Int$ 1,672 (45 days training)	Int$ 2,726.00 (one month training)	Subagiyo, 2010 (Indonesia)

Note: See Table A5 in the appendix for unit costs calculations

7. Discussion

Previous research in Ethiopia shows that the adoption of improved dairy technology results in higher per capita incomes and higher intake of calories, protein, and iron (Ahmed et al, 2004). Yet adoption is constrained by increasing fodder scarcity and a lack of economic incentives to produce marketable surplus (Lemma et al, 2008a). The demand for milk and milk products has increased, putting an upward

pressure on prices, but marketing systems are not well-established (Lemma et al, 2008b). Also the lack of health infrastructure and veterinary services are a disincentive for acquiring improved breeds (Negassa et al, 2012). Improved dairy technologies related to housing, feeding and healthcare largely improve milk production performance for crossbred cows, but have only a limited effect on the productivity of local cows (Mekonnen et al, 2010). Sustainable commercialisation of smallholder dairy in Ethiopia therefore requires an integrated approach involving technological as well as institutional innovations.

The project activities correspond to part of these observations. Yet, the focus is completely on technology and the output market is ignored. As indicated above, a lack of economic incentives due to an underdeveloped marketing system will limit the adoption of improved technologies. In fact, during our discussion with OSRA, the organisation indicated that those farmers who received subsidized improved heifers substantially increased their production, but did not yet sell milk. Instead, they shared it with their neighbours. While in itself this could result in higher food and nutrition security, it suggests limited incentives for further investments. Relatedly, the evaluation of the initial project commissioned by OSRA indicated that farmers show no interest taking credit for purchasing improved cattle (Gudeta, 2013). Future projects should therefore include a component of improving linkages to output markets. Especially given the location of the kebeles close to Addis Abeba this is a missed opportunity In the present project.

8. Conclusion

Our evaluation shows an increase in total expenditure in the project areas compared to the control areas. In addition, we observe an increase in fodder production. While the latter could well be a direct result of the project, it is unlikely that this is the case for the increase in expenditures: Milk sales are extremely rare and a possible increase in milk consumption (that we do not observe due to limited power of the sample) cannot explain the relatively large increase. Gazing decreased between the surveys, but equally in treatment and control areas.

Given the low levels of income in the region and the scarcity of fodder, the observed changes are highly relevant. However, for the project to be more effective, it should have included a market component to increase the profitability of dairy production and generate incentives for investment. Due to lack of

good benchmarks, we do not want to give a general evaluation of project efficiency. However, the AI training seemed highly efficient.

Table 5 Evaluation conclusions

Statement	Rating[1]	Comments
The project was well designed	5	Integrated technological innovations, but lack of attention for output markets
The project was implemented as designed	7	Costs and bureaucracy were underestimated, which resulted in some delays, downscaling and cost recovery from participants.
The project reached all its objectives	5	Some evidence of impact on fodder production, slight decrease in grazing.
The observed results are attributable to the project interventions	6	The results for phase 1 are based on the baseline only and could result from other factors than the project. The results for phase 2 are based on the DD method, which is relatively reliable. Yet, we cannot explain the increase in expenditures from the project due to the lack of impact on sales and consumption. For some variables, standard deviations are high. Cross-variable comparison of impact estimates is helpful .
The observed results are relevant to the project beneficiaries	8	Increased expenditures and fodder production are important. Zero grazing can benefit the area
The project was implemented efficiently	8	Difficult to say due to lack of good benchmarks, but the (AI) trainings seem highly efficient.

[1] Our agreement on a scale for 1 (not at all) to 10 (completely)

References

Ahmed, M. A., S. Ehui, et al., 2004. Dairy development in Ethiopia. EPTD Discussion Paper, International Food Policy Research Institute. 123

Armendáriz, Beatriz and Jonathan. Morduch, 2010. The Economics of Microfinance. The MIT Press, second edition.

Dar, A.; Abrahart, A.; Ahmed, S.; Rashed Al-Zayed, S.; Khan, Q.; Stopnitzky, Y.; Savachenko, Y.; Tan, H. (2006) The Bangladesh vocational education and training system: an assessment. Washington, DC:

World Bank. http://documents.worldbank.org/curated/en/2006/11/10151997/bangladesh-vocational-education-training-system-assessment

Dohmen, D. (2009). Financing of Technical and Vocational Education and Training (TVET) in Bangladesh. For the EC/ILO Executed TVET Reform Project in Bangladesh.

Dorosh P. and Rashid S., 2012. Introduction. In: Food and Agriculture in Ethiopia. Progress and Policy Challenges. Paul Dorosh and Shahidur Rashid Editors. PENN Press.

Francesconi, G.N. 2009. *Cooperation for Competition: Linking Ethiopian Farmers to Markets.* International Chains and Network Series, vol. 5. Wageningen, the Netherlands: Wageningen Academic Publisher.

Kleyman, Yevgeniya N, 2009. Testing for covariate balance in comparative studies. Ph.d. dissertation, University of Michigan.

Lemma, T,. Azage Tegegne, Ranjitha Puskur and Dirk Hoekstra. 2008 a. "Moving Ethiopian Smallholder Dairy Along a Sustainable Commercialization Path: Missing Links in the Innovation Systems."

Lemma, T., Ranjitha Puskur Dirk Hoekstra, and Azage Tegegne, 2008b. Exploring Innovation Capacity in Ethiopian Dairy Systems. Paper presented at the international conference "Knowledge for enhancing agricultural development in developing countries', IFPRI, 7-9 April 2008, Addis Ababa, Ethiopia

Mekonnen, H; G Dehninet and B Kelay. 2010. "Dairy Technology Adoption in Smallholder Farms in "Dejen" District, Ethiopia." *Tropical animal health and production*, 42(2), 209-16.

Negassa A., Rashid S., Gebremedhin, B. and Kennedy, A. (2012) Chap. 6 "*Livestock Production and Marketing*" in Food and Agriculture in Ethiopia. Progress and Policy Challenges. Paul Dorosh and Shahidur Rashid Editors. PENN Press.

Omamo, SW; X Diao; S Wood; J Chamberlin; L You; S Benin; U Wood-Sichra and A Tatwangire. 2006. "Strategic Priorities for Agricultural Development in East and Central Africa," Research Report 150. Washington, DC: International Food Policy Research Institute (IFPRI).

Rosenbaum, P.R. and D.B. Rubin (1983) The central role of the propensity score in observational studies for causal effects. *Biometrika*, Vol. 70, No. 1. pp. 41-55.

Puhani, Patrick A., 2012, The treatment effect, the cross difference, and the interaction term in nonlinear 'difference-in-differences' models. *Economics Letters*.

Subagiyo, I. (2010) Indonesia-Japan Training on Artificial Insemination of Dairy Cattle: Case Study. Task Team on South-South Cooperation.

Tegegn Gudet (2013) Final evaluation report on "Promotion of zero grazing and improved dairy production project"

Teweldmehidin, M. Y., & Conroy, A. B. (2010) The economic importance of draught oxen on small farms in Namibia's Eastern Caprivi Region. *African Journal of Agricultural Research*, *5*(9), 928-934.

Appendix

Table A1: Double Difference estimates (no controls)

VARIABLES	(1) Total ex-penditures	(2) Yearly milk production/cow (liters)	(3) Home consumption of dairy/week (kg)	(4) #graze months	(5) Fodder production	(6) Fodder quantity (kg)	(7) Local cow	(8) Crossbred cow	(9) Exotic cow	(10) Local calve	(11) Crossbred calve	(12) Exotic calve	(13) AI	(14) AI effect
Year	1,975.776***	-18.047	7.833***	-4.294***	-0.128	-1,338.221**	-0.228***	0.034*	0.018	0.054	0.031	0.009	0.085	3.135
	(306.895)	(20.915)	(2.478)	(0.302)	(0.089)	(416.019)	(0.046)	(0.018)	(0.022)	(0.053)	(0.019)	(0.011)	(0.051)	(10.737)
year*treatment	627.262*	29.044	5.647	1.030	0.146	1,611.880**	0.195**	0.028	0.031	0.007	0.037	0.022	0.133	-38.638
	(340.161)	(33.786)	(3.884)	(0.663)	(0.100)	(579.959)	(0.078)	(0.025)	(0.043)	(0.084)	(0.030)	(0.030)	(0.079)	(40.511)
Constant	2,046.715***	214.360***	11.444***	10.936***	0.400***	1,829.018***	1.234***	0.030***	0.018	0.836***	0.018**	0.009	0.095***	17.143***
	(153.635)	(8.895)	(1.113)	(0.134)	(0.066)	(398.451)	(0.046)	(0.006)	(0.015)	(0.053)	(0.007)	(0.006)	(0.032)	(4.091)
Observations	984	789	951	868	893	986	985	985	985	985	985	985	889	108
R-squared	0.140	0.001	0.025	0.284	0.062	0.026	0.021	0.010	0.006	0.007	0.012	0.004	0.047	0.020

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, Age, marital, members, educ, ethnic, job, depratio, land, oxen, and goatsheep. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A2: Double Difference estimates (with controls)

VARIABLES	(1) Total ex-penditures	(2) Yearly milk production/cow (liters)	(3) Home consumption of dairy/week (kg)	(4) #graze months	(5) Fodder production	(6) Fodder quanti-ty (kg)	(7) Local cow	(8) Crossbred cow	(9) Exotic cow	(10) Local calve	(11) Crossbred calve	(12) Exotic calve	(13) AI	(14) AI effect
Year	2,198.082***	-10.015	8.072***	-4.416***	-0.096	-1,187.095***	-0.208**	0.062**	0.021	0.039	0.062*	0.011	0.102*	4.635
	(352.834)	(21.183)	(2.620)	(0.280)	(0.084)	(338.890)	(0.071)	(0.027)	(0.024)	(0.061)	(0.035)	(0.014)	(0.055)	(13.103)
year*treatment	892.857**	26.322	5.287	0.917	0.159	1,502.161**	0.172*	0.023	0.032	-0.027	0.032	0.019	0.115	-56.280
	(358.249)	(36.938)	(3.678)	(0.672)	(0.094)	(527.837)	(0.091)	(0.024)	(0.047)	(0.093)	(0.034)	(0.033)	(0.079)	(36.306)
Constant	5,108.381***	162.464	-12.160**	8.430***	0.245*	-224.793	0.144	-0.017	-0.035	-0.248	-0.023	-0.000	0.019	-30.171
	(436.902)	(93.043)	(4.257)	(0.713)	(0.116)	(695.354)	(0.222)	(0.019)	(0.066)	(0.208)	(0.031)	(0.041)	(0.098)	(34.931)
Observations	944	756	909	834	856	944	944	944	944	944	944	944	853	104
R-squared	0.247	0.015	0.074	0.313	0.079	0.067	0.217	0.049	0.030	0.164	0.066	0.015	0.072	0.124

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A3: PSM with Double Difference estimates (no controls)

VARIABLES	(1) Total ex-penditures	(2) Yearly milk production/cow (liters)	(3) Home consumption of dairy/week (kg)	(4) #graze months	(5) Fodder production	(6) Fodder quantity (kg)	(7) Local cow	(8) Crossbred cow	(9) Exotic cow	(10) Local calve	(11) Crossbred calve	(12) Exotic calve	(13) AI	(14) AI effect
year	2,053.840***	-23.584	7.970***	-4.260***	-0.132	-1,401.216***	-0.212***	0.030	0.020	0.061	0.030	0.010	0.069	5.573
	(291.943)	(23.258)	(2.445)	(0.326)	(0.089)	(442.333)	(0.043)	(0.017)	(0.024)	(0.053)	(0.021)	(0.012)	(0.048)	(12.729)
year*treatment	516.027	34.562	4.444	0.993	0.157	1,677.808**	0.192**	0.029	0.032	0.015	0.036	0.022	0.154*	-42.877
	(333.624)	(34.178)	(3.716)	(0.705)	(0.098)	(608.200)	(0.079)	(0.026)	(0.045)	(0.083)	(0.029)	(0.031)	(0.082)	(40.664)
Constant	2,035.367***	218.282***	11.670***	10.928***	0.397***	1,899.577***	1.235***	0.033***	0.020	0.840***	0.020**	0.010	0.098***	17.407***
	(159.548)	(10.836)	(1.200)	(0.142)	(0.066)	(433.326)	(0.044)	(0.007)	(0.016)	(0.052)	(0.007)	(0.007)	(0.031)	(4.339)
Observations	924	745	891	816	840	925	925	925	925	925	925	925	837	100
R-squared	0.139	0.001	0.023	0.277	0.061	0.026	0.017	0.009	0.007	0.005	0.011	0.004	0.046	0.027

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated with controls, which include: Sex, Age, marital, members, educ, ethnic, job, depratio, land, oxen, and goatsheep. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A4: PSM with Double Difference estimates (with controls)

VARIABLES	(1) Total ex-penditures	(2) Yearly milk production/cow (liters)	(3) Home consumption of dairy/week (kg)	(4) #graze months	(5) Fodder production	(6) Fodder quantity (kg)	(7) Local cow	(8) Crossbred cow	(9) Exotic cow	(10) Local calve	(11) Crossbred calve	(12) Exotic calve	(13) AI	(14) AI effect
year	2,334.100***	-13.459	8.152***	-4.301***	-0.099	-1,174.229***	-0.168**	0.061	0.026	0.066	0.065	0.015	0.081	9.964
	(348.976)	(23.900)	(2.647)	(0.305)	(0.088)	(394.096)	(0.066)	(0.036)	(0.028)	(0.070)	(0.047)	(0.017)	(0.054)	(16.928)
year*treatment	790.101**	31.933	3.726	0.870	0.155	1,551.552**	0.149	0.027	0.032	-0.056	0.033	0.019	0.136	-61.286
	(369.904)	(37.454)	(3.527)	(0.703)	(0.097)	(557.534)	(0.086)	(0.025)	(0.049)	(0.092)	(0.033)	(0.034)	(0.080)	(38.924)
Constant	5,151.897***	181.301*	-11.436**	8.492***	0.262**	-86.272	0.173	-0.005	-0.035	-0.191	-0.011	0.002	-0.005	-34.639
	(480.376)	(99.138)	(4.459)	(0.725)	(0.112)	(727.239)	(0.242)	(0.019)	(0.070)	(0.200)	(0.033)	(0.044)	(0.092)	(43.996)
Observations	899	724	865	798	819	899	899	899	899	899	899	899	816	96
R-squared	0.248	0.015	0.068	0.310	0.076	0.067	0.223	0.042	0.032	0.164	0.058	0.016	0.070	0.130

Notes: All the columns present the coefficient estimate of the Double Difference regressions after first matching the baseline characteristics on their propensity score. The estimation is then done for observations on the common support. The model regresses the outcome variable on a treatment dummy (equaling 1 if the household belongs to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the kebele level and are estimated without controls. Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

Table A5 Unit cost calculations

year	Units	total costs (Birr)	PPP	$	cost($)	cost (int$)	unit costs (int$)
Training of AI technicians (45/days)							
2010	2	11180	4.18	14.41	775.8501	3243.053	
2011	2	11,840.00	4.92	16.9	700.5917	3446.911	1672
Training of farmers (on zero grazing & improved heifer management, business management skill, book keeping)							
2010	0	0	4.18	14.41	0	0	
2011	1693	289,990.87	4.92	16.9	17159.22	84423.38	50
Fodder and forage plants provision							
2010		52,048.08	4.18	14.41	3611.942	15097.92	
2011	2866	138,464.79	4.92	16.9	8193.183	40310.46	19

Endline report – Ethiopia, TTCA MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

Trudi van Ingen [1]
Cecile Kusters [1]
Elias Zerfu [2]
Derbew Kefyalew [2]
Dereje Getu [2]
Bram Peters [1]
Nicky Buizer [1]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI- 15-053

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Kusters, C.S.L, T. van Ingen, E. Zerfu, D. Kefyalew, D. Getu, B. Peters, N.N. Buizer, 2014. *Endline report Ethiopia, TTCA. Capacity of Southern Partner Organisations (5c) component.* Centre for Development Innovation, Wageningen UR (University & Research centre). Report CDI- 15-053. Wageningen.

This report presents the findings of the endline of the evaluation of the organisational capacity component of the MFS II country evaluations. The focus of this report is Ethiopia, TTCA. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

Key words: 5C (five core capabilities); attribution; baseline; causal map; change; CFA (Co-financing Organisation) endline; organisational capacity development; SPO (Southern Partner Organisation).

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI- 15-053

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction & summary **7**

1.1 Purpose and outline of the report 7
1.2 Brief summary of analysis and findings 8

2 Context and General Information about the SPO – TTCA **11**

2.1 General information about the Southern Partner Organisation (SPO) 11
2.2 The socio-economic, cultural and political context in which the partner operates 11
2.3 Contracting details 12
2.4 Background to the Southern Partner Organisation 13

3 Methodological approach and reflection **14**

3.1 Overall methodological approach and reflection 14
3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4 15
3.3 Attributing changes in organisational capacity - evaluation question 2 and 4 17

4 Results **21**

4.1 MFS II supported capacity development interventions 21
4.2 Changes in capacity and reasons for change - evaluation question 1 and 4 22

5 Discussion and conclusion **30**

5.1 Methodological issues 30
5.2 Changes in organisational capacity 30

References and Resources **33**

List of Respondents **35**

Appendix 1 Methodological approach & reflection **36**

Appendix 2 Background information on the five core capabilities framework **61**

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators **63**

Acknowledgements

We are grateful to all the people that have contributed to this report. We particularly would like to thank the Southern Partner Organisation Teacher Training Centre Ayssaita (TTCA) and the Co-Financing Agency Edukans for their endless patience and support during this challenging task of collecting the endline data. We hope that this endline report will provide useful insights to TTCA, Edukans, consortia, the synthesis team, IOB and NWO/Wotro and other interested parties and other interested parties.

The Ethiopia 5C evaluation team

List of abbreviations and acronyms

ABE	Alternative Basic Education
ACTE	Ayssaita College of Teachers Education
BEN-E	Basic Education Network Ethiopia
BEQIP	Basic Education Quality Improvement Program
BESO	Basic Education Strategic Objective
BPR	Business Process Reengineering
Causal map	Map with cause-effect relationships. See also 'detailed causal map'.
Causal mechanisms	The combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome
CBO	Community Based Organisation
CDI	Centre for Development Innovation, Wageningen UR, the Netherlands
CFA	Co-Financing Agency
CPD	Continuous Professional Development
CS	Civil Society
CSO	Civil Society Organization
C4C	Connect for Change Consortium
DEC	Development Expertise Center
Detailed causal map	Also 'model of change'. the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change. In the 5C evaluation identified key organisational capacity changes and underlying reasons for change (causal mechanisms) are traced through process tracing (for attribution question).
General causal map	Causal map with key organisational capacity changes and underlying reasons for change (causal mechanisms), based on SPO perception.
EF	Edukans Foundation
ESDP	Education Sector Development Programme
GEQIP	General Education Quality Improvement Package
HDP	Higher Diploma Program
IFPRI	International Food Policy Research Institute
IQPEP	Improving Quality of Primary Education Programme
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MFS	Dutch co-financing system
MIS	Management Information System
MoFA	Ministry of Foreign Affairs
NGO	Non-Governmental Organisation
OD	Organisational Development
PME	Planning, Monitoring and Evaluation
PRA	Priority Result Area
Process tracing	Theory-based approach to trace causal mechanisms
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
ToC	Theory of Change
TTCA	Teacher Training Centre Ayssaita (TTCA)
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction & summary

1.1 Purpose and outline of the report

The Netherlands has a long tradition of public support for civil bi-lateral development cooperation, going back to the 1960s. The Co-Financing System (*Medefinancieringsstelsel*, or 'MFS') is its most recent expression. MFS II is the 2011-2015 grant framework for Co-Financing Agencies (CFAs), which is directed at achieving a sustainable reduction in poverty. A total of 20 consortia of Dutch CFAs have been awarded €1.9 billion in MFS II grants by the Dutch Ministry of Foreign Affairs (MoFA).

The overall aim of MFS II is to help strengthen civil society in the South as a building block for structural poverty reduction. CFAs receiving MFS II funding work through strategic partnerships with Southern Partner Organisations.

The MFS II framework stipulates that each consortium is required to carry out independent external evaluations to be able to make valid, evaluative statements about the effective use of the available funding. On behalf of Dutch consortia receiving MFS II funding, NWO-WOTRO has issued three calls for proposals. Call deals with joint MFS II evaluations of development interventions at country level. Evaluations must comprise a baseline assessment in 2012 and a follow-up assessment in 2014 and should be arranged according to three categories of priority result areas as defined by MoFA:

- Achievement of Millennium Development Goals (MDGs) & themes;
- Capacity development of Southern partner organisations (SPO) (5 c study);
- Efforts to strengthen civil society.

This report focuses on the assessment of capacity development of southern partner organisations. This evaluation of the organisational capacity development of the SPOs is organised around **four key evaluation questions:**

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
2. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
3. *Were the efforts of the MFS II consortia efficient?*
4. *What factors explain the findings drawn from the questions above?*

The purpose of this report is to provide endline information on one of the SPOs involved in the evaluation: TTCA in Ethiopia. The baseline report is described in a separate document.

Chapter 2 describes general information about the Southern Partner Organisation (SPO). Here you can find general information about the SPO, the context in which the SPO operates, contracting details and background to the SPO. In chapter 3 a brief overview of the methodological approach is described. You can find a more detailed description of the methodological approach in appendix 1.Chapter 4 describes the results of the 5c endline study. It provides an overview of capacity development interventions of the SPO that have been supported by MFS II. It also describes what changes in organisational capacity have taken place since the baseline and why (evaluation question is 1 and 4). This is described as a summary of the indicators per capability as well as a general causal map that provides an overview of the key organisational capacity changes since the baseline, as experienced by the SPO. The complete overview of descriptions per indicator, and how these have changed since the baseline is described in appendix 3. The complete visual and narrative for the key organisational capacity changes that have taken place since the baseline according to the SPO staff present at the endline workshop is presented in chapter 4.2.2.

Chapter 5 presents a discussion on the findings and methodology and a conclusion on the different evaluation questions.

The overall methodology for the endline study of capacity of southern partner organisations is coordinated between the 8 countries: Bangladesh (Centre for Development Studies, University of Bath; INTRAC); DRC (Disaster Studies, Wageningen UR); Ethiopia (CDI, Wageningen UR); India (CDI, Wageningen UR: Indonesia (CDI, Wageningen UR); Liberia (CDI, Wageningen UR); Pakistan (IDS; MetaMeta); (Uganda (ETC). Specific methodological variations to the approach carried out per country where CDI is involved are also described in this document.

This report is sent to the Co-Financing Agency (CFA) and the Southern Partner Organisation (SPO) for correcting factual errors and for final validation of the report.

1.2 Brief summary of analysis and findings

Since the baseline, two years ago, improvements took place in all of the capabilities.

Over the last two years many small improvements took place in the indicators under the capability to act and commit. Members of management have become more responsive and proactive and the academic dean is more easily approached by all staff. The management has become better at providing strategic guidance and staffs are able to discuss the strategic plan, which is available for all departments, with management. TTCA is using M&E feedback and takes the current situation into consideration when articulating operational plans. Staff skills have improved since the baseline, as college teachers now have second degrees, while they used to have first degrees; key tutors and the vice dean have been trained through the C4C Alliance (MFS II); and staff is making better use of ICT. There has been a slight improvement in the training opportunities that are offered to staff. Trainings through the C4C alliance (DEC) are for a limited number of staff, but USAID, MoE and Save the Children UK have also offered training opportunities for staff. There has been a very slight improvement in the funding situation of TTCA because UNICEF and UNESCO have started supporting primary schools. No new funding procedures are in place but some (successful) efforts have been made to approach donors by writing proposals for funding for e.g. ICT infrastructure, reference books, library etc.

In the capability to adapt and self-renew TTCA saw some improvements. Teaching practices are now evaluated in a more integrated way through joint M&E practice involving teachers, the department head and academic dean. Improvements have been observed in the number of staff evaluations, the utilization of evaluation reports, preparations of students' results in a timely fashion, and in delivery of scheduled progress reports by Department heads. The student and teacher behaviour observation matrix that is provided by the C4C alliance (MFS II funding) provides inputs for strategic planning and also to make actions and corrections. Opportunities for critical reflection have improved slightly as review meetings are organised to discuss progress and design improvement actions. TTCA has seen a very slight improvement in the way it is tracking its operating environment. Through sharing experience within the C4C alliance, linkages with primary schools and working closely with communities, TTCA understands better what is happening in its environment.

In terms of the capability to deliver on development objectives, TTCA has improved in some indicators. The centre has improved in delivering planned outputs because active teaching and learning strategies are now applied and teachers are aware of the need to actively involve students in the learning process. Mechanisms to check whether service meet beneficiaries' (students') needs, have improved very slightly because every 20 days there are discussions with students' representatives from each department and the students council about the teaching-learning process and other issues in the college with the academic dean and the respective heads of departments. Despite the limited resources, TTCA is trying to balance efficiency and quality by improving the quality of education and trainings.

In the capability to relate, TTCA improved in all indicators. According to management TTCA has improved its relations with external groups and is considering partners' feedback and reflection in their

strategy and future activity towards improving the quality of education. The college has started collaborating with Dessie and Jimma CTEs (through the C4C alliance) and therefore their engagement in networks improved slightly. TTCA is engaging slightly more with its target groups as there is now a formal system to support DEC intervention at schools, and parents' involvement in e.g. the preparation of strategies is encouraged. Within TTCA there is a slight improvement in relations between top management and staff as they are engaging more in open discussions and dialogue.

Finally, TTCA has shown a very slight improvement in the indicator "mutually supportive efforts" under the capability to achieve coherence. The college has started to work with other NGOs like USAID, UNESCO and UNICEF to complete projects and there are good efforts to help cluster schools through e.g. the provision of computers.

During the endline workshop some key organisational capacity changes were brought up by TTCA's staff in the 'general causal map': "improved knowledge in the application of active learning approaches and teaching skills"; "improvement in ICT utilization"; and "improved skills in compiling and recording student grades". The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, as this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to TTCA staff, they have improved their knowledge in the application of active learning approaching and teaching skills because of progressively built knowledge on the different approaches of active learning and the improvement in ICT utilisation. Knowledge was progressively built during a training for mathematics and science teachers by the MoE and JICA (Japan International Cooperation Agency) in 2013; a training on active learning organized by USAID in 2012; Continuous Professional Development (CPD) on different subjects by the MoE and the college; practice active learning approaches in project elementary schools (MFS II funded), which teachers has learned during a series of trainings by DEC in 2012-2014 (MFS II funded) and through continuous supervision and follow up by DEC, UvA and Edukans in 2012-2014 (MFS II funded).

TTCA improved its utilisation of ICT because of installation of required infrastructure by DEC (MFS II funded); material (computer etc.) provision by USAID before 2012; and material provision and training by DEC during 2012-2013 (MFS II funded).

The college improved its skills in compiling and recording student grades because of improvement in ICT utilisation; cascading of the MIS training by USAID for the management before 2012 to other staff; and guidance and coaching by the college management, which was triggered by the USAID MIS training.

According to TTCA's staff, MFS II funded capacity development interventions have thus played a role in improved knowledge in the application of active learning approaches and teaching skills; improvement in ICT utilization; and the improved skills in compiling and recording student grades. This was through MFS II funded trainings, supervision and the provision of ICT infrastructure and material. However, internal factors like Continuous Professional Development by the college have also played an important role in the key organisational capacity changes that the TTCA's staff considered important since the baseline in 2012. Support from other funders, like MoE, JICA, USAID, in terms of trainings and material provision, has also been mentioned among the underlying factors for these changes.

2 Context and General Information about the SPO – TTCA

2.1 General information about the Southern Partner Organisation (SPO)

Ethiopia	
Consortium	Connect for Change (C4C)
Responsible Dutch NGO	Edukans Foundation (EF)
Project	Improving the Teaching-Learning Processes and Educational Management through ICT (C4 in MDG sample)
Southern Partner Organisation	Teacher Training Centre Ayssaita (TTCA)

The project/partner is part of the sample for the following evaluation components:

Achievement of MDGs and themes	
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

2.2 The socio-economic, cultural and political context in which the partner operates

The fact that a large majority of the Ethiopian population lives in rural areas and in fairly dispersed communities poses specific problems for the education sector: spreading education and ensuring equitable access to education presents challenges in such a geographic context. In addition, the existence of many pastoral and semi-pastoralist groups raises issues of organization of the school system and also of the relevance of the curriculum. Nevertheless, Ethiopia, which had fewer than 2,000 primary schools 15 years ago now has 28,0000, and is on the verge of providing access to education for all of its 20 million school age children. Development aid experts say Ethiopia has devoted as much as one quarter of all public expenditures to schools during the past few years. This commitment is prompting international donors to pump in an estimated $150 million a year to support the effort.

Access to education in Ethiopia was a point of discussion and has been big on the agenda since decades. The average general enrolment rate of education in the country in 1991 was only 19 %. Access at all levels of the education system increased at a rapid rate in line with a sharp increase (more than 100 folds) in the number of teachers, schools and institutions. The long journey towards addressing the issue involved all education stakeholders which have been endeavoured to bring the enrolment rate to over 97% at present. However, the campaign made for access has precipitated quality of education in the whole country in all levels of education.

As access to education improves, it is also necessary to shift attention to quality concerns in general and to those inputs and processes which translate more directly into improved student learning and which help change the school into a genuine learning environment. These are: quality-focused school supervision, internal school leadership, increased student participation, school-community partnerships, etc. The General Education Quality Improvement Package (GEQIP), which was launched

a few years ago, has started this process. Education policies aimed at improving quality will build on GEQIP and further develop the package. GEQIP will thus become an integral part of ESDP IV.

Quality is also a crucial challenge at higher education level: due to the rapid expansion of this sub-sector, there is now an increased need to focus on quality improvement with regard to human and material resources as well as reform processes. The challenge of quality is closely linked to the challenge of completion. While access to primary education has increased, many children still do not complete the first cycle of primary and repetition and drop-out rates remain high throughout the whole cycle. Drop-out is particularly high in the early primary grades. This highlights the need to work on expanding early childhood education, which helps prepare children for primary school and which is at the moment still very scarce. One issue which needs more attention than in previous years is the low quality of school infrastructure, due to a strong reliance on low cost constructions (mainly through community support).

TTCA is one of the Partners/Target groups selected for the MFS II C4C "Improving the Teaching-Learning Processes and Educational Management through ICT" Program. This C4C programme is being implemented by 8 local civil society organizations (CSOs) that are partners of Edukans Foundation, 4 Community based organizations (CBOs), and 3 TTCs (of which TTCA is one) in 75 primary schools. The Development Expertise Centre (DEC) plays a coordinating role of the programme. While the local CSOs implement the program in primary schools where they are working, the TTCs implement it in their own campus as well as in the nearby primary schools to exercise the knowledge and skills they get from the program. For experience sharing and knowledge transfer, both CSOs and TTCs join and discuss on common issues and how to go about through the coordination.

The general objective of the programme is to contribute towards quality in primary education through improving the teaching learning processes and enhancing educational managements. The specific programme objectives are to capacitate educational institutions; enable the teachers and instructors apply active learning methodologies; improve the capacity of administration staffs in educational management; enhance friendly supportive supervision system in schools and TTCs.

Ayssaita Teachers Training College is found in Afar Regional State in the North- Eastern part of Ethiopia. Ayssaita College of Teachers Education was established in 2008. The college mainly focuses on primary teachers training targeting on the pastoralist community. Ayssaita TTC is currently training about 300 candidates annually. As the region is not yet fully using the Afar language for primary education system, the college in particular and the region in general will benefit a lot from the programme The implementation of C4C in the compound of this TTC and the exercise teachers do in primary schools help education system maintain quality of education.

2.3 Contracting details

When did cooperation with this partner start:
July 2011

What is the MFS II contracting period:
July 2011 – June 2015

Did cooperation with this partner end?
No

If yes, when did it finish?
N.A.

What is the reason for ending the cooperation with this partner:
N.A.

If not, is there an expected end date?
June 2015.

2.4 Background to the Southern Partner Organisation

History

Aysaita College of Teachers Education (ACTE or TTCA) was established in 2007 with the vision of improving the backward life style of Afar region pastoralists. The mission of TTCA was to produce disciplined primary school teachers who can alleviate backwardness of the Afar community. The strategy of the organization in 2007 was cluster-based curriculum and no specialization. Three departments and 100 diploma and certificate students were indicated as target groups. The number of staff was 45 including 12 teachers and support staff. The funders included regional government and USAID/BESO. Capacity strengthening activities included gender training for instructors and librarian. Important influencing factors and actors pointed out by TTCA staff include limited power supply which influenced working condition including teaching learning process.

In 2011, the leadership of the College was changed. The vision during this time was to see an institute capable of producing teachers with democratic culture, well qualified and competent for teaching-learning process. ACTE's mission during the period was to reduce the shortage of primary school teachers and equip them with skills and competencies, deliver on the job training to improve capacity and problem solving research. The strategy was based on both cluster-based and linear approach (based on specialization). The number of students reached 223 (65 diploma, 78 certificate and 80 alternative basic education). In 2011, there were 98 staff including 23 teachers and the rest being support staff. The 2011 budget was 4372047 ETB from regional government, federal government (General Education Quality Improvement Program) and USAID. Capacity strengthening activities undertaken during the period included licensing for higher diploma program (HDP), metrology, Pedagogy (active learning), action research, classroom management, human resource management, financial management, and strategic planning training. Lack of teacher computer skills, initiation of HDP, purchase of laboratory equipment, and supply of more books have been indicated as important influencing factors affecting the college during the year.

The year 2012 was put as another critical milestone by the staff because of changes such as, change in physical environment and implementation of business process reengineering (BPR). The vision and mission were the same as in 2011. The strategy this time became fully linear which was based on specialization. The target group in 2012 included 247 students (31 evening extension, 78 diploma and 138 certificate. There were 137 staff in 2012 including 31 teachers and 106 support staff. The budget increased to 5847455 ETB with funders including regional government, federal government; MFSII and USAID. Capacity strengthening activities carried out during the period included higher diploma program (HDP), gender training, inclusive education, adult education, instructional planning, early childhood care and education, and training on data base. Experience sharing with three colleges (Kotebe, Dese, Hawasa), natural science training, different management training were also mentioned as capacity strengthening activities done during the period. The fact that the college developed its own curriculum and the subsequent development of course outlines and modules together with more experience sharing visits by staff were noted as important influencing factors during the year.

Vision

To see an institute capable of producing teachers with democratic culture, well qualified and competent for teaching-learning process.

Mission

To reduce the shortage of primary school teachers and equip them with skills and competencies, deliver on the job training to improve capacity and problem solving research.

Strategies

The college mainly focuses on primary teachers training targeting on the pastoralist community. Ayssaita. It is currently training about 300 candidates annually.

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

This chapter describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around **four key evaluation questions**:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

Note: this methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report A detailed overview of the approach is described in appendix 1.

The first (changes in organisational capacity) and the fourth evaluation question are addressed together through:

- **Changes in the 5C indicators since the baseline:** standard indicators have been agreed upon for each of the five capabilities of the five capabilities framework (see appendix 2) and changes between the baseline, and the endline situation have been described. For data collection a mix of data collection methods has been used, including self-assessments by SPO staff; interviews with SPO staff and externals; document review; observation. For data analysis, the Nvivo software program for qualitative data analysis has been used. Final descriptions per indicator and per capability with corresponding scores have been provided.
- **Key organisational capacity changes – 'general causal map':** during the endline workshop a brainstorm has been facilitated to generate the key organisational capacity changes as perceived by the SPO since the baseline, with related underlying causes. For this purpose, a visual as well as a narrative causal map have been described.

In terms of the attribution question (2 and 4), **'process tracing'** is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to

focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

At the end of this appendix a brief methodological reflection is provided.

3.2 Assessing changes in organisational capacity and reasons for change - evaluation question 1 and 4

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?** And the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This is explained below. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[1].

[1] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1. **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2. **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3. **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4. **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;
5. **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Please see appendix 1 for a description of the detailed process and steps.

3.3 Attributing changes in organisational capacity - evaluation question 2 and 4

This section describes the data collection and analysis methodology for answering the second evaluation question: ***To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia*** **(i.e. measuring effectiveness)?** and the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Below, the selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

3.3.1 Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

For the detailed results of this selection, in the four countries that CDI is involved in, please see appendix 1. The following SPOs were selected for process tracing:

- Ethiopia: AMREF, ECFA, FSCE, HUNDEE (4/9)
- India: BVHA, COUNT, FFID, SMILE, VTRC (5/10)
- Indonesia: ASB, ECPAT, PtPPMA, YPI, YRBI (5/12)
- Liberia: BSC, RHRAP (2/5).

3.3.2 Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general

endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained. More information can be found in Appendix 1.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

3.3.3 Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team. These can also be found in appendix 1.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when

analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
  - Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
  - Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall

evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.
Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

4 Results

4.1 MFS II supported capacity development interventions

Below an overview of the different MFS II supported capacity development interventions of TTCA that have taken place since the baseline in 2012 are described. The information is based on the information provided by Edukans and IICD.

Table 1

Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Training of 5 key tutors (including the vice dean) of Assayta CTE and 20 key teachers of 5 primary schools about applying the Active Teaching and Learning Methodology	To improve the quality of education (moving form a teacher centered towards a student –centered approach)	**Bottom-up approach**: (1) take time to understand the education institution and its context before we develop a training programme. (2) develop a tailor made training programme – together with the tutors of the teachers college – aiming to hand over responsibility for the methodology change as soon as possible	During the 4-year programme provide continuous feedback and support to the Teachers college (twice year by Edukans/UoA and in between the training session by DEC Ethiopia): on-the-job training	€ 52.535 of which 85% MFS II funding: € 44.008
Education Management Information System (EMIS) for School Management team and key teachers	- Effective education management as a way of improving the schools and quality of education - Effective use the EMIS for school data management at the institution	The SMT participated in the EMIS development process and validated before it was developed in to software. SMT aware of using the EMIS for school data management	The process started in the second year intervention of the program (2012)	No info
Basic ICT Support and training for School Management team and key teachers	Support teachers to work towards quality of education; enable teachers to prepare lessons and keep students' records properly; Teachers able to use computers to prepare lesson, explore information and keeping records in their daily teaching learning process	Teaching learning process fully supported by ICT and integration of ICT and education.	At the begging of the project and refreshment trainings as required (all the key teachers and SMT in the targeted five primary schools)	No info

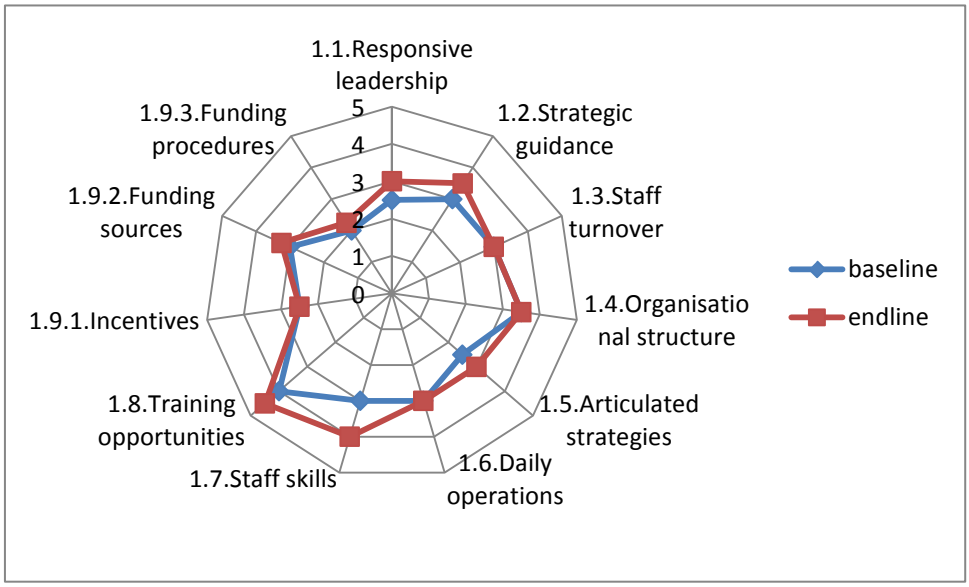
Sources: B_5C endline_support to capacity development sheet_EDUKANS; B_5C endline_support to capacity development sheet_CFA perspective_Ethiopia_TTCA_IICD

4.2 Changes in capacity and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

Capability to Act and Commit

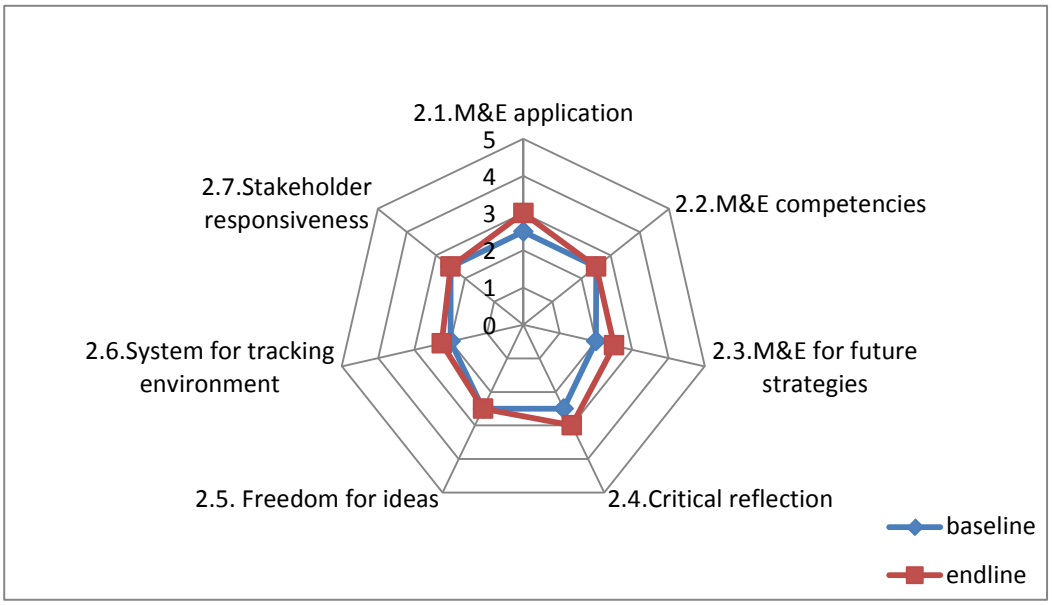


An overall very slight improvement has been observed in the colleges' capability to act and commit. The leadership of the college has shown an improvement in their willingness, commitment and capacity of managing the college. They have become more responsive and proactive. It resulted in a better provision of strategic guidance, and more openness and transparency in decision making. The middle management has freedom to exercise their responsibilities. The management has become close to the staff and they have discussed on the college's strategic plan and the day to day operational guide of the college is extracted from this. The college has worked in line with the strategic plan set by the Ministry of Education according to the education and training policy of the country and the region and the practical implementation of this is based on this strategic plan as well as based on monitoring results. The strategic plan is not shared with all staff and they are thus not all aware of this. The organizational structure of TTCA has not been changed and revised since the baseline and it is clearly communicated with staff and extensible to all. In line with the strategic plan the teaching methodology has improved from teacher centered to student-centered active learning. With support from the C4C alliance (MFS II funding) an ICT room has been established and the ICT technology supports teachers in preparing modules, lesson plans and other course materials. This stimulates staff in addition to having extension payment and training and experience sharing opportunities. Furthermore, incentives like upgrading staffs academic status from second to first degree has helped to retain staffs. Training has been provided to

staff in terms of recruitment of new students (i.e. in the proper utilization of the selection criteria), material or module preparation, practicum implementation and preparation of volunteer's guideline, gender, quality education and property management. Different organisations supported these trainings: DEC, USAID, MoE, Save the Children UK. The C4C alliance (MFS II funding) has supported training on active learning, moving from teacher-centered to student centered learning. The government has remained the major funder of the college whereas DEC also increased its contribution (from MFS II) and additional funds were received from C4C for establishing ICT infrastructure. UNICEF and UNESCO have started to collaborate with the college to support primary school mother tongue education.

Score: from 2.9 to 3.2 (very slight improvement)

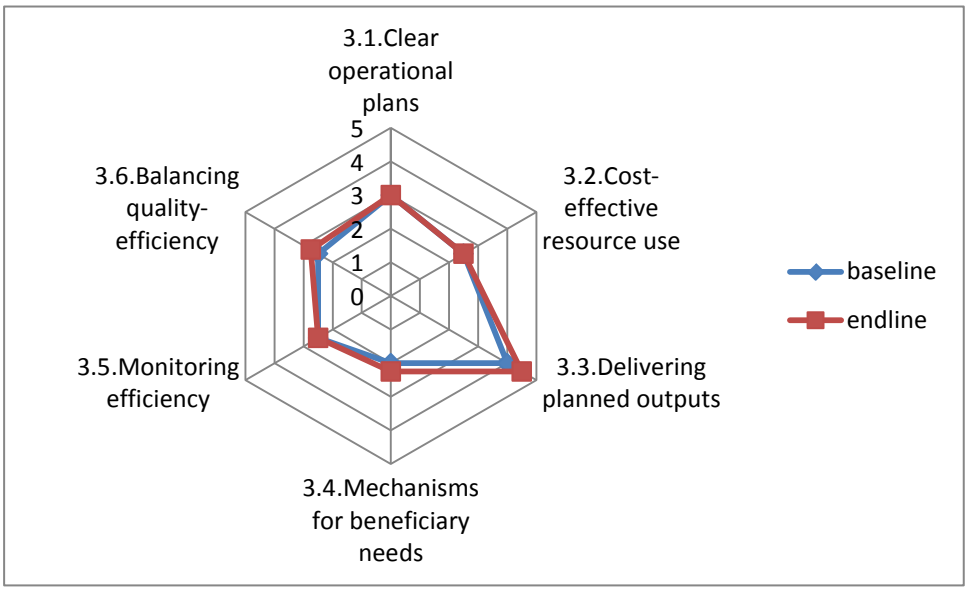
Capability to adapt and self-renew



DEC had accomplished the evaluation of its 15 implementing partners. The C4C pilot primary schools are also supervised by DEC in collaboration with the implementing partners. Shortage of administrative budget to monitor project activities at school level is found to be a major challenge for the implementing partners. TTCA has set up a joint M&E practice by teachers, department head and academic dean, where the evaluation report is utilized to make corrective actions, to give timely feedback to students and to report the progress. Staffs are well aware of the staff performance evaluation on what is to be evaluated and how. The C4C alliance provided and trained staff on an observation Matrix which has 16 indicators, of which 8 focus on behavior of the teacher and 8 on the behavior of the students. This is now used twice a year. Classes of key tutors as well as non-key tutors are observed. Insight in the progress made has been given by the CTE and communicated to the University of Amsterdam. The observation tool has become a monitoring tool for CTE tutors for assessing the quality of teaching and learning at classroom level. This also provides insights for strategic planning, along with inputs from few stakeholders. TTCA closely works with primary schools where they support and supervise them. There has been a slight improvement in terms of frequency of meetings and the dean has become more open and supportive to staff to share their ideas.

Score: from 2.4 to 2.6 (very slight improvement)

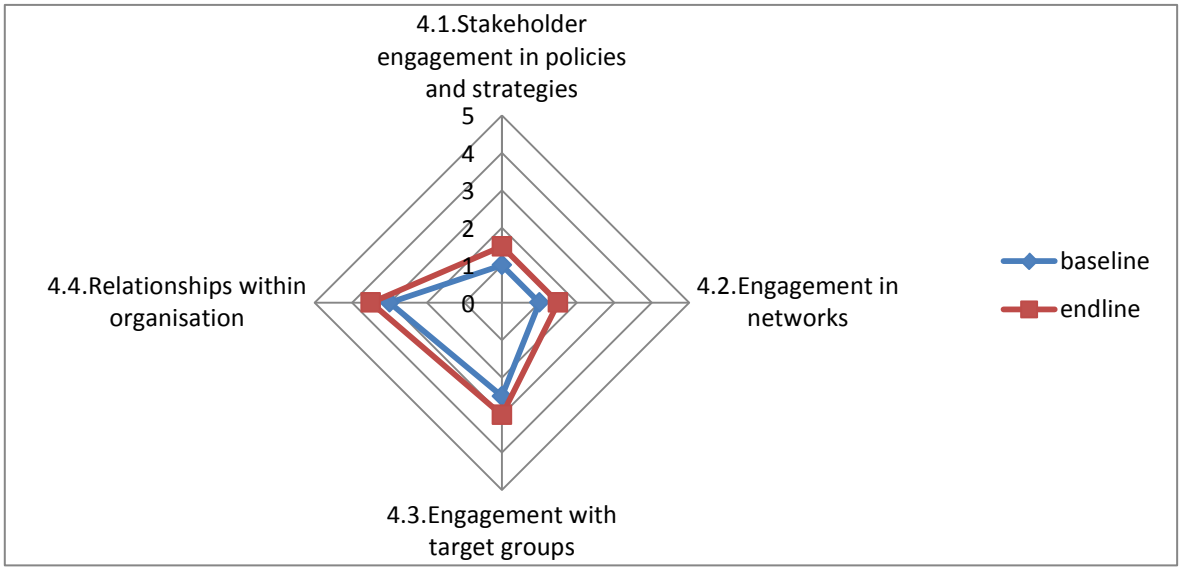
Capability to deliver on development objectives



All the activities of the college have their own operational plan with their respective budget. The operational plans are developed through a bottom up discussion, where all department heads and process owners discuss issues with their respected staffs. It's after this the academic commission and the management committee starts to follow up on the implementation of the operational plan. Operational plans are made at the end of each C4C project visit – for the coming 6 months. It is observed that fiscal and financial plans have started to be prepared timely by the Department heads. TTCA is trying to manage resources in a cost effective way, where budgets are allocated by prioritizing activities. Colleges and department heads are informed about their allotted budget so as to use these cost-effectively. Though there is no standardized monitoring system in the college yet, the vice dean has started to frequently supervise tutors and provide immediate feedback. Students' class representatives are also consulted frequently about the teaching learning process and other related issues and the identified gaps and problems are addressed accordingly. Active Teaching and Learning strategies are better applied at the college since 2013 by the key tutors which has enhanced quality of the work. Despite the limited resources, the college is trying to bring efficiency and quality in the college by improving the quality of education, partly through applying the Active Teaching and Learning strategies at the college since 2013 by the key tutors. This has also helped to improve on achieving objectives.

Score: from 2.75 to 2.9 (very slight improvement)

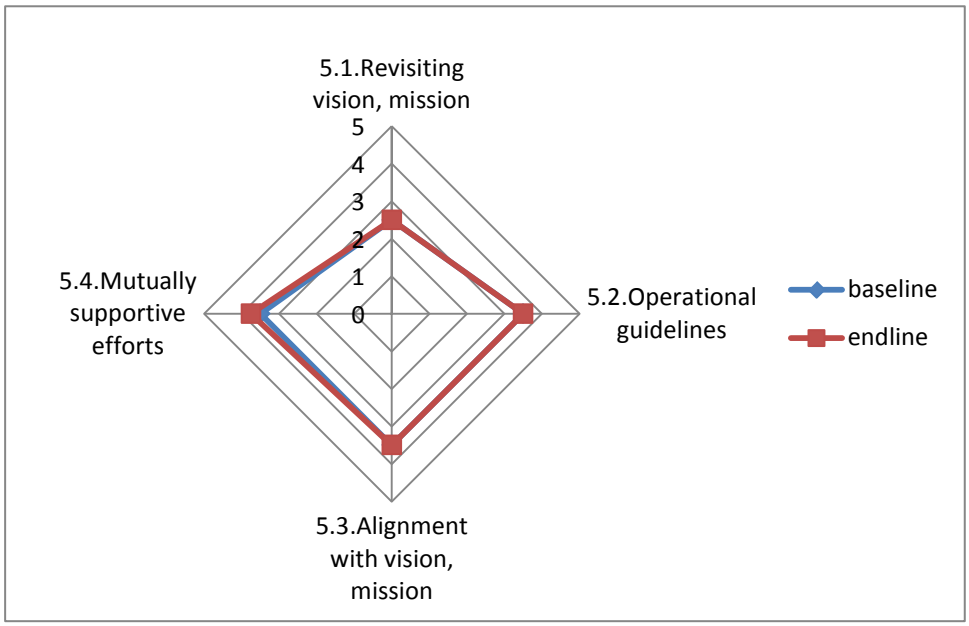
Capability to relate



There is a slight improvement in the ability of management to engage with external stakeholders. The feedbacks of the stakeholders have been considered during the preparation the college's strategic plan. Efforts are also made with parents to increase parents' involvement in education. TTCA has also collaborated with similar colleges such as Dessie and Jimma college of teacher education, where experiences and materials such as modules, curriculums are shared among their staffs. TTCA has also closely engaged with C4C intervention primary schools. In addition, the top level management, particularly the academic vice dean, has improved engagement with the staffs.

Score: from 1.9 to 2.4 (slight improvement)

Capability to achieve coherence



Vision, mission and strategies are discussed when the need arises. The strategies and activities of TTCA are still in line with these vision and mission. Other funding organisations like UNICEF and UNESCO have come on board to support implementation of mutually supportive efforts. TTCA still has operational guidelines in place on HRM, finance, goods and service procurement, trainee's selection and others and most of these guidelines are used for practical activities. However, these guidelines still require updating

and still staff do not seem to have adequate understanding of the guidelines. It is only the Education Management Information System (EMIS) that has developed and installed on computers of the 75 schools in the end line period.

Score: from 3.3 to 3.3 (no change)

4.2.2 Key organisational capacity changes - general causal map

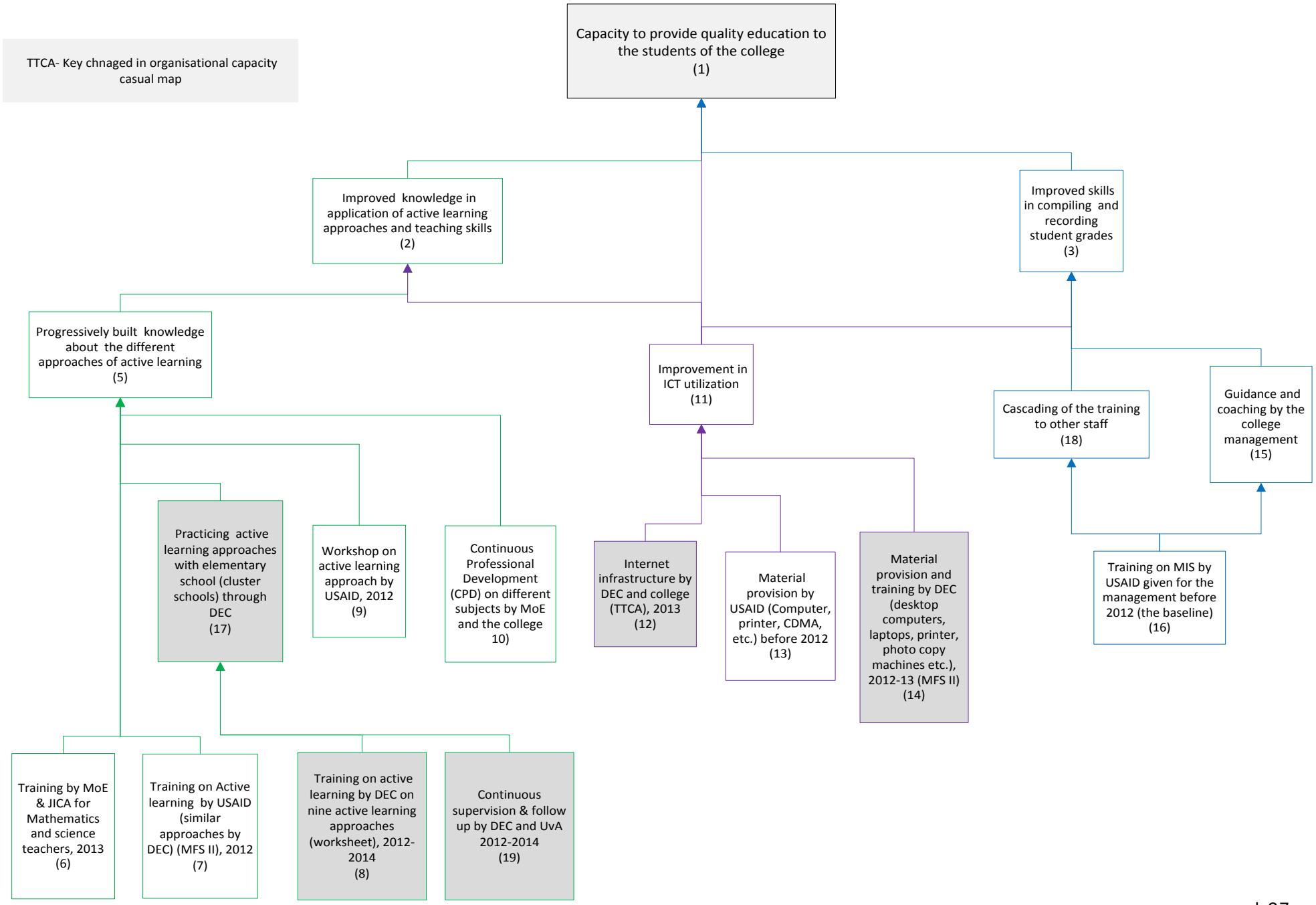
Below you can find a description of the key changes in organizational capacity of TTCA since the baseline as expressed by TTCA staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on TTCA from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how TTCA has changed since the baseline.

The endline workshop was conducted on May 01, 2014 starting from 9:00 am to 5:00 pm, at Assayita Teacher Training Centre office, Assayta, Afar Region, TTCA staff of five categories- management, program, M&E, field office and administration and finance- participated. From 11 staffs participating only three staffs had been in the baseline assessment carried out in 2012.

The goal of TTCA f is to provide quality education to the students of the college (1). Staff agreed that in the process of achieving this, the following three major changes were observed:

- Improved knowledge in the application of active learning approaches and teaching skills (2)
- Improvement in ICT utilization (11)
- Improved skills in compiling and recording student grades [3]

Each of these three key organisational capacity changes is explained below. The numbers correspond to the numbers in the visual.


TTCA- Key chnaged in organisational capacity casual map
Capacity to provide quality education to the students of the college (1)
Improved knowledge in application of active learning approaches and teaching skills (2)
Improved skills in compiling and recording student grades (3)
Progressively built knowledge about the different approaches of active learning (5)
Improvement in ICT utilization (11)
Cascading of the training to other staff (18)
Guidance and coaching by the college management (15)
Practicing active learning approaches with elementary school (cluster schools) through DEC (17)
Workshop on active learning approach by USAID, 2012 (9)
Continuous Professional Development (CPD) on different subjects by MoE and the college 10)
Internet infrastructure by DEC and college (TTCA), 2013 (12)
Material provision by USAID (Computer, printer, CDMA, etc.) before 2012 (13)
Material provision and training by DEC (desktop computers, laptops, printer, photo copy machines etc.), 2012-13 (MFS II) (14)
Training on MIS by USAID given for the management before 2012 (the baseline) (16)
Training by MoE & JICA for Mathematics and science teachers, 2013 (6)
Training on Active learning by USAID (similar approaches by DEC) (MFS II), 2012 (7)
Training on active learning by DEC on nine active learning approaches (worksheet), 2012-2014 (8)
Continuous supervision & follow up by DEC and UvA 2012-2014 (19)

Improved knowledge in the application of active learning approaches and teaching skills (2)
This refers to the knowledge gained by the college faculty to enhance the active learning of the college students. This includes the use of active learning approaches that increase the participation of students in the classroom (5).

This knowledge was gained as a result of different capacity development interventions which include different trainings and workshop and, improvement in ICT utilization.

Training and workshops:

The trainings that were given include: the training for mathematics and science teachers which was organized by the MoE and JICA (Japan International Cooperation Agency) in 2013 (6). This training targeted mathematics and science teachers and focused on how to deliver these courses interactively to improve the understanding of students. The other training was on active learning organized by USAID in 2012 (7) which was given to the majority of the faculty. Similar series of trainings were given on the nine modules/components by DEC (MFS II funded) from 2012 -2014 (8). This training was delivered to four focal teachers of the college identified by the (MFSII funded) project. These four teachers also had the opportunity to practice the active learning approaches they learned on the MFS II implemented in project elementary schools (cluster schools) (17).

The main difference between the two types of trainings was that the DEC trainings complemented training with continuous supervision and follow up by DEC and the experts coming from the University of Amsterdam, the Netherlands (19). However, the USAID supported training targeted the whole faculty of the TTCA. In addition, USAID also complemented this with a workshop on active learning (9). Note: Currently the focus of most donors and the government is related to active learning. However, the unique thing with DEC is trainers from the Netherlands coming twice a year and DEC staff visiting the college up to four times per year.

The other staff training intervention that contributed to the improved knowledge in application of active learning approaches and teaching skills (2) was the Continuous Professional Development (CPD) on different subjects (10) by the MoE and the college. This professional development training is provided to all faculties on the subjects the faculty is teaching including active teaching and learning methods. The workshop participants gave high value to this program.

It needs to be noted that active learning as a concept and practice was introduced not only by the Development Expertise Centre (DEC) but also by other stakeholders, such as through the Higher Diploma Program (HDP) of the ministry of Education and the World Bank.

The training given by DEC (MFS II funded) was attended by faculty members selected by the college as focal persons for the active learning project that is implemented by DEC. Some faculty members feel that the training received by the four faculty members was not cascaded to other teachers. Therefore, when reading this part of the causal map on this subject (8 and 19) we need to understand that the training was given to only a limited number of faculty staff.

The Academic Vice Dean mentioned that the change that happened in relation to active learning was a result of capacity building by HDP and DEC. Currently the focus of most donors and the government is related to active learning. However, the unique thing with DEC is trainers from the Netherlands coming twice a year and DEC staff visiting the college up to four times per year.

Improvement in ICT utilization (11)
The improvement in utilization of information and communication technology (ICT) (11) relates to the improved ability of the college staff to use computers, so as to access the internet for collecting information that is to be used in preparing lecture notes. In addition, it also refers to the use of computers for word processing and visualization techniques related to activities that help to improve the lecture notes as well as their delivery (e.g. preparation and presentation of power point slides). This was made possible because the college got computers and accessories (printers, photocopy machines etc.) from DEC in 2012 and 2013 with MFS II funding (14). Similarly, to improve internet access DEC installed the required infrastructure (financed the installation of land line broadband internet connection and provided CDMAs- Code Division Multiple Access) (12). However, earlier to this the college also received computers from USAID (13). Therefore, the computers received from both sources were instrumental in improvement of the knowledge in the ICT utilization.

Improved skills in compiling and recording student grades [3]

One activity, which contributes to quality education, is the proper recording and handling of student grades. TTCA believes that it has continuously improved in this. Now the college staff has better knowledge and skills in how to compile and record student grades [3]. This enabled to decrease student complaints regarding incorrect grading and misplacement of student grades.

The factors that helped in this include the training on MIS organized by USAID for the management before 2012 (16). However, since the management cascaded the training to other staff (18) and complemented it with guidance and coaching (15) it has contributed to the improvement of the skills in compiling and recording of more staff (3). Since the MIS utilizes the ICT facility, the improvement made in ICT utilization (11) was also helpful here.

5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team contacted, through telephone, TTCA's general manager located in the organization' s HQs in Asayta town to explain the purpose and the process of the 5C end line assessment. In addition, the team also sent through email the "support to capacity development sheet" to be filled by TTCA staff.

Following this, the assessment team travelled to the area to carry out the assessment. The assessment team stayed for one week in Asayta town and visited the college on three occasions. During the first visit to the college, the self-assessment was carried out workshop with a total of 11 participants and the staffs were asked to fill the self-assessment form in their respective five subgroups (management (1); program (3); M&E (2); HRM and administration (2) and field staff (3). It was difficult to make clear cut groupings based on the above mentioned categories as the college structure differs from other organizations. Though some staff members may be given leadership responsibilities they are still faculty members and are required to teach. Therefore, to form the groups we based the responsibilities they are given other than the teaching. In the self-assessment exercise we learned that the HRM and administration were unable to fill the form on their own due to their English language skills. Therefore, the assessment team combined the self-assessment and interview and conduct an interview. In a second visit a brainstorming session was organized to develop a general causal map that explains the key organisational capacity changes that have occurred in TTCA since the baseline in 2012. In the third visit an interview was conducted with one representative from each subgroup to triangulate the information collected through the self-assessment and to better understand the changes in TTCA's capacity since 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms.

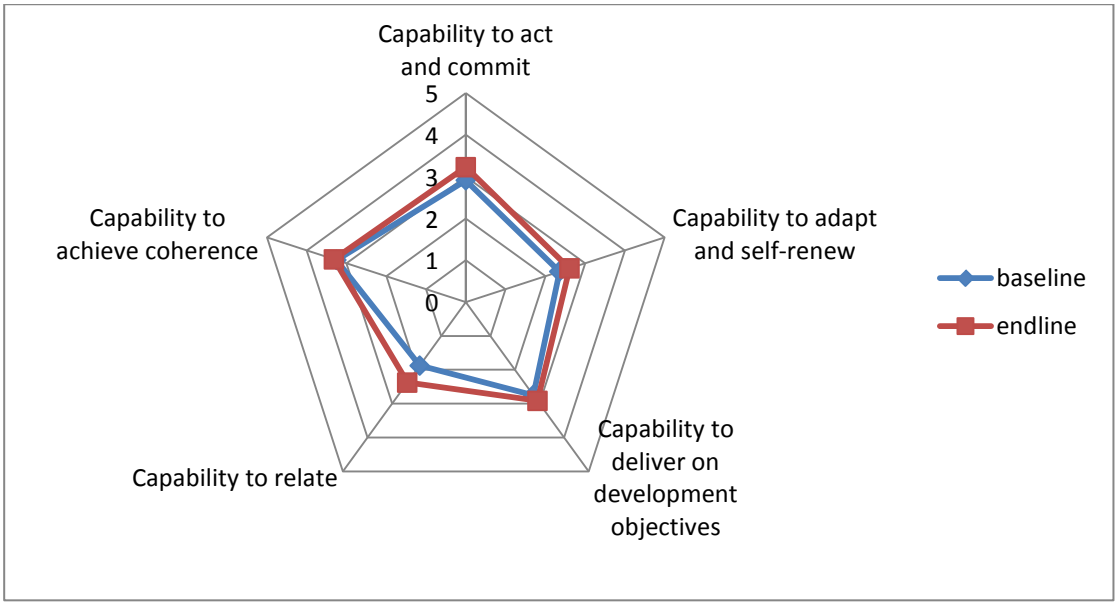
The plan of the evaluation team to conduct three interviews with TTCA partners did materialize. Instead, the evaluation team had an interview with the principals of three schools that were partner to TTCA. No consultants were interviewed since the college does not work with consultants.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*
4. *What factors explain the findings drawn from the questions above?*



Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years many small improvements took place in the indicators under the capability to act and commit. Members of management have become more responsive and proactive and the academic dean is more easily approached by all staff. The management has become better at providing strategic guidance and staff are able to discuss the strategic plan, which is available for all departments, with management. TTCA is using M&E feedback and takes the current situation into consideration when articulating operational plans. Staff skills have improved since the baseline, as college teachers now have second degrees, while they used to have first degrees; key tutors and the vice dean have been trained through the C4C alliance; and staff is making better use of ICT. There has been a slight improvement in the training opportunities that are offered to staff. Trainings through the C4C alliance (DEC) are for a limited number of staff, but USAID, MoE and Save the Children UK have also offered training opportunities for staff. There has been a very slight improvement in the funding situation of TTCA because UNICEF and UNESCO have started supporting primary schools. No new funding procedures are in place but some (successful) efforts have been made to approach donors by writing proposals for funding for e.g. ICT infrastructure, reference books, library etc.

In the capability to adapt and self-renew TTCA saw some improvements. Teaching practices are now evaluated in a more integrated way through joint M&E practice involving teachers, the department head and academic dean. Improvements have been observed in the number of staff evaluations, the utilization of evaluation reports, preparations of students' results in a timely fashion, and in delivery of scheduled progress reports by Department heads. The student and teacher behaviour observation matrix that is provided by the C4C alliance (MFS II funding) provides inputs for strategic planning and also to make actions and corrections. Opportunities for critical reflection have improved slightly as review meetings are organised to discuss progress and design improvement actions. TTCA has seen a very slight improvement in the way it is tracking its operating environment. Through sharing experience within the C4C alliance, linkages with primary schools and working closely with communities, TTCA is understanding better what is happening in its environment.

In terms of the capability to deliver on development objectives, TTCA has improved in some indicators. The centre has improved in delivering planned outputs because active teaching and learning strategies are now applied and teachers are aware of the need to actively involve students in the learning process. Mechanisms to check whether service meet beneficiaries' (students') needs have improved very slightly because every 20 days there are discussions with students' representatives from each department and students council about the teaching-learning process and other issues in the college with the academic dean and the respective heads of departments. Despite the limited resources, TTCA is trying to balance efficiency and quality by improving the quality of education and trainings.

In the capability to relate, TTCA improved in all indicators. According to management TTCA has improved its relations with external groups and is considering partners' feedback and reflection in their strategy and future activity towards improving the quality of education. The college has started collaborating with Dessie and Jimma CTEs (through the C4C alliance) and therefore their engagement in networks improved slightly. TTCA is engaging slightly more with its target groups as there is now a formal system to support DEC intervention at schools and parents' involvement in e.g. the preparation of strategies is encouraged. Within TTCA there is a slight improvement in relations between top management and staff as they are engaging more in open discussions and dialogue.

Finally, TTCA has shown a very slight improvement in the indicator "mutually supportive efforts" under the capability to achieve coherence. The college has started to work with other NGOs like USAID, UNESCO and UNICEF to complete projects and there are good efforts to help cluster schools through e.g. the provision of computers.

During the endline workshop some key organisational capacity changes were brought up by TTCA's staff in the 'general causal map': improved knowledge in the application of active learning approaches and teaching skills; improvement in ICT utilization; and improved skills in compiling and recording student grades. The evaluators considered it important to also note down the SPO's story about what they considered to be key organisational capacity changes since the baseline, and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to TTCA staff, they have improved their knowledge in the application of active learning approaching and teaching skills because of progressively built knowledge on the different approaches of active learning and the improvement in ICT utilisation. Knowledge was progressively built during a training for mathematics and science teachers by the MoE and JICA (Japan International Cooperation Agency) in 2013; a training on active learning organized by USAID in 2012; Continuous Professional Development (CPD) on different subjects by the MoE and the college; practice active learning approaches in project elementary schools (MFS II funded), which teachers has learned during a series of trainings by DEC in 2012-2014 (MFS II funded) and through continuous supervision and follow up by DEC,UvA and Edukans in 2012-2014 (MFS II funded). TTCA improved its utilisation of ICT because of installation of required infrastructure by DEC (MFS II funded); material (computer etc.) provision by USAID before 2012; and material provision and training by DEC during 2012-2013 (MFS II funded). The college improved its skills in compiling and recording student grades because of improvement in ICT utilisation; cascading of the MIS training by USAID for the management before 2012 to other staff; and guidance and coaching by the college management (which was triggered by the USAID MIS training).

According to TTCA's staff, MFS II funded capacity development interventions have thus played a role in improved knowledge in the application of active learning approaches and teaching skills; improvement in ICT utilization; and the improved skills in compiling and recording student grades. This was through MFS II funded trainings, supervision and the provision of ICT infrastructure and material. However, internal factors like Continuous Professional Development by the college have also played an important role in the key organisational capacity changes that the TTCA's staff considered important since the baseline in 2012. Support from other funders, like MoE, JICA, USAID; in terms of trainings and material provision has also been mentioned among the underlying factors for these changes.

References and Resources

Overall evaluation methodology

Bamberger, Michael. August 2012. *Introduction to mixed methods in impact evaluation*. *Impact evaluation notes,* number 3.

Barrett, Jennifer, Paula Bilinsky, Caroline Desalos, Annemarie Groot Kormelinck, Dorothea Hillhorst, Erik Kamphuis, Dieuwke Klaver. Cecile Kusters (CDI team leader 5C study), May 2012. *Evaluation methodology MFS II Country Evaluations. Capacity of Southern Partner Organisations (5C) Component.* Evaluation methodology for DRC, Ethiopia, India, Indonesia, Liberia and Uganda.

Beach, Derek and Rasmus Brun Pederson. 2013. *Process tracing methods. Foundations and guidelines.* The University of Michigan Press.

Bennett, Andrew. 2005. *The Guns That Didn't Smoke: Ideas and the Soviet Non-Use of Force in 1989. Journal of Cold War Studies* 7 (2): 89-109.

Bennett, Andrew. 2008a. *Process tracing: a Bayesian perspective*. In *The Oxford Handbook of Political Methodology,* ed. Janet M. Box-Steffensmeier, Henry E.Brady, and David Collier, 702-21. Oxford: Oxford University Press.

Bennett, Andrew. 2008b. *The Mother of All "Isms": Organising Political Science around Causal Mechanisms*. In *Revitalising Causality: Realism about Causality in Philosophy in Social Science,* ed. Ruth Groff, 205-19. London: Routledge. P. 52.

Checkle, Geoffrey T. 2008. *Tracing Causal Mechanisms. International Studies Review* 8 (2): 362-70.

Delahais, Thomas and Jacques Toulemonde. 2012. *Applying contribution analysis: Lessons from five years of practice. Evaluation* July 2012 vol. 18 no. 3 281-293

George, Alexander L., and Andrew Bennett. 2005 . *Case Studies and Theory Development in the Social Sciences. Cambridge:* MIT Press. P. 206-207.

Glennan, Steward S. 1996. *Rethinking Mechanistic Explanation. Philosophy of Science* 69: 342-53.

Kusters, Cecile S.L, with Nicky Buizer, Caroline Desalos, Dieuwke Klaver, Anja Wolsky , Bekti Andari, Sam Gotomo, Bibhu Prasad Mohapatra, Sonam Sethi, Elias Zerfu. 2012. *Operational guidelines endline (draft). MFS II country evaluations. Capacity of Southern Partner Organisations (5C) component*. Centre for Development Innovation, Wageningen University and Research centre.

Lemire, Sebastian T., Steffen Bohni Nielsen and Line Dybdal. 2012. *Making contribution analysis work: A practical framework for handling influencing factors and alternative explanations. Evaluation*18(3) 294–
309. Sage Journals.

Mayne, John. 2012. *Contribution analysis: Coming of age? Evaluation* July 2012 vol. 18 no. 3 270-280.

Rogers, Patricia. March 2012. *Introduction to impact evaluation, Impact evaluation notes*, number 1.

Stern, Elliott (Team Leader), Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani. April 2012.' *Broadening the range of designs and methods for impact evaluation. Report of a study commissioned by the Department for International Development.* DFID, Working Paper 32.

Woolcock, Michael. 9 October 2012. *But How Generalizable is That? A Framework for Assessing the Internal and External Validity of 'Complex' Development Interventions'.* World Bank and Harvard University. Presentation at DFID, East Kilbride, 9 October 2012.

Woolcock, Michael. 2009. *Toward a plurality of methods in project evaluation: a contextualised approach to understanding impact trajectories and efficacy, Journal of Development Effectiveness*, 1:1, 1-14.

List of documents available:

The Active Teaching & Learning Method %282014%29.pdf

Training report UvA Jan-Dec 2013 (14-12-13).docx

Training report 2012 (UoA 18-01-2013).docx

Travel report HM 04-04-2012.pdf

Travel report HM 22-11-12.pdf

Travel report HM 07-04-13.pdf

Travel report HM 13-10-2013.pdf

Travel report HM 17-03-14.pdf

C4C - 6 months Project Progress Report 2013 (06-09-2013).doc

C4C Country Progress report Ethiopia 2012 (01-02-2013).doc

C4C Country Progress report Ethiopia 2013 (25-01-2014).doc

Financial Plan 2011-2015 %28March 2014%29.xlsx

Intake C4C - extra funds 2013 %28June 2013%29.doc

Partnerschip contract C4C 2013 DEC (13-02-2013).doc

Partnerschip contract C4C 2014 DEC (11-02-2014) v2.doc

Partnership Contract EF-UvA 2013 (13-02-2013).doc

Partnership Contract EF-UvA 2014 (11-02-2014).doc

Progress Report C4C Ethiopia Jan-Jun 2012 (27-08-12) (2).doc

Summary of C4C project Ethiopia 2011-2015.docx

Fieldwork data:

B_5C endline_support to capacity development sheet_EDUKANS_perspective_Ethiopia_TTCA_with interview.docx

Notes to assessment sheets EDUKANS (TTCA).docx

Summary of C4C project Ethiopia 2011-2015-TTCA.docx

A_5c endline_assessment sheet_C4C)_Ethiopia_TTCA_Edukans (HM11Apr2014)_with_interview.docx

D_5c endline interview guide_partners_selected indicators_TTCA_Seid Mohammed.docx

F_5c endline self-assessment sheet_management_Ethiopia_name SPO_TTCA_completed.doc

G_5c endline self-assessment sheet_programme staff_Ethiopia_name SPO_TTCA_completed.doc

H_5c endline self-assessment sheet_MandE staff_Ethiopia_name SPO_TTCA completed.doc

I_5c endline self-assessment sheet_HRM staff_Ethiopia_name SPO_ TTCA_completed.doc

J_5c endline self-assessment sheet_field staff_Ethiopia_name SPO_TTCA_completed.doc

L. 5c endline interview guide û subgroup û management û selected indicators TTCA.docx

M_5c endline interview guide_subgroup_program staff_selected indicators_TTCA.docx

P_5c endline interview guide_subgroup_field staff_selected indicators_TTCA.docx

Q_5c endline observation sheet_Ethiopia_TTCA.docx

R_5c endline_observable indicators at SPO_Ethiopia_TTCA.docx

C_5c endline interview guide_partners_selected indicators_TTCA_completed.docx

D_5c endline interview guide_partners_selected indicators_TTCA_Abdullalim Ebrahim_Vice dean.docx

D_5c endline interview guide_partners_selected indicators_TTCA_Anwar Mohammed.docx

List of Respondents

Alliance / CFA officers:

No.	Name	Function
1	Hendrien Maat	Senior Education Specialist Edukans and C4C coordinator Ethiopia
2	Selamawit Fikremaryam	IICD contact Ethiopia
3	Gezahegn Lamessa	C4C Programme Coordinator DEC Ethiopia
4	Olaf Erz	Regional Manager IICD East Africa; M&E officer

TTCA staff:

No.	Name	Function in the organisation
1	Ambachew Fekadu	Department head
2	Zertihun Hussen	Finance & purchasing head
3	Derara Tefera	N/science instructor
4	Sahile Zewudu	Professional study instructor
5	Arefeaynie Molla	social science Department head
6	Mohammed Yasin	Human Resource Manager
7	Ousman Kefyalew	Core Process
8	Abdulalim Ebrahim	Academic Vice Dean
9	Adulmejid Mohammed	Language Department head
10	Alemayehu Abebe	Mathematic Department head
11	Desalegn Kassu	Instructor

Others:

Anwar Mohammed, Simble General Elementary School, Partner of TTCA.

Seid Mohammed, Arado Elementary school, Principal of the schoolPartner, Partner TTCA.

Appendix 1 Methodological approach & reflection

1. Introduction

This appendix describes the methodological design and challenges for the assessment of capacity development of Southern Partner Organisations (SPOs), also called the '5C study'. This 5C study is organised around four key evaluation questions:

1. What are the changes in partner organisations' capacity during the 2012-2014 period?
2. To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?
3. Were the efforts of the MFS II consortia efficient?
4. What factors explain the findings drawn from the questions above?

It has been agreed that the question (3) around efficiency cannot be addressed for this 5C study. The methodological approach for the other three questions is described below. At the end, a methodological reflection is provided.

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. This approach was presented and agreed-upon during the synthesis workshop on 17-18 June 2013 by the 5C teams for the eight countries of the MFS II evaluation. A more detailed description of the approach was presented during the synthesis workshop in February 2014. The synthesis team, NWO-WOTRO, the country project leaders and the MFS II organisations present at the workshop have accepted this approach. It was agreed that this approach can only be used for a selected number of SPOs since it is a very intensive and costly methodology. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process.

Please find below an explanation of how the above-mentioned evaluation questions have been addressed in the 5C evaluation.

Note: the methodological approach is applied to 4 countries that the Centre for Development Innovation, Wageningen University and Research centre is involved in in terms of the 5C study (Ethiopia, India, Indonesia, Liberia). The overall approach has been agreed with all the 8 countries selected for this MFS II evaluation. The 5C country teams have been trained and coached on this methodological approach during the evaluation process. Details specific to the SPO are described in chapter 5.1 of the SPO report. At the end of this appendix a brief methodological reflection is provided.

2. Changes in partner organisation's capacity – evaluation question 1

This section describes the data collection and analysis methodology for answering the first evaluation question: **What are the changes in partner organisations' capacity during the 2012-2014 period?**

This question was mainly addressed by reviewing changes in 5c indicators, but additionally a 'general causal map' based on the SPO perspective on key organisational capacity changes since the baseline has been developed. Each of these is further explained below. The development of the general causal map is integrated in the steps for the endline workshop, as mentioned below.

During the baseline in 2012 information has been collected on each of the 33 agreed upon indicators for organisational capacity. For each of the five capabilities of the 5C framework indicators have been developed as can be seen in Appendix 2. During this 5C baseline, a summary description has been provided for each of these indicators, based on document review and the information provided by staff, the Co-financing Agency (CFA) and other external stakeholders. Also a summary description has been provided for each capability. The results of these can be read in the baseline reports.

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[2] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1. **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;
2. **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;
3. **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;
4. **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;

[2] The same categories were used as during the baseline (except beneficiaries, other funders): staff categories including management, programme staff, project staff, monitoring and evaluation staff, field staff, administration staff; stakeholder categories including co-financing agency (CFA), consultants, partners.

1) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

Below the key steps to assess changes in indicators are described.

Key steps to assess changes in indicators are described

1. Provide the description of indicators in the relevant formats – CDI team
2. Review the descriptions per indicator – in-country team & CDI team
3. Send the formats adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)
4. Collect, upload & code the documents from CFA and SPO in NVivo – CDI team
5. Organise the field visit to the SPO – in-country team
6. Interview the CFA – CDI team
7. Run the endline workshop with the SPO – in-country team
8. Interview SPO staff – in-country team
9. Fill-in observation sheets – in-country team
10. Interview externals – in-country team
11. Upload and auto-code all the formats collected by in-country team and CDI team in NVivo – CDI team
12. Provide to the overview of information per 5c indicator to in-country team – CDI team
13. Analyse data and develop a draft description of the findings per indicator and for the general questions – in-country team
14. Analyse data and develop a final description of the findings per indicator and per capability and for the general questions – CDI team
15. Analyse the information in the general causal map –in-country team and CDI-team

Note: the CDI team include the Dutch 5c country coordinator as well as the overall 5c coordinator for the four countries (Ethiopia, India, Indonesia, Liberia). The 5c country report is based on the separate SPO reports.

Below each of these steps is further explained.

*Step 1. Provide the **description of indicators** in the relevant formats – CDI team*

- These formats were to be used when collecting data from SPO staff, CFA, partners, and consultants. For each of these respondents different formats have been developed, based on the list of 5C indicators, similar to the procedure that was used during the baseline assessment. The CDI team needed to add the 2012 baseline description of each indicator. The idea was that each respondent would be requested to review each description per indicator, and indicate whether the current situation is different from the baseline situation, how this situation has changed, and what the reasons for the changes in indicators are. At the end of each format, a more general question is added that addresses how the organisation has changed its capacity since the baseline, and what possible reasons for change exist. Please see below the questions asked for each indicator as well as the more general questions at the end of the list of indicators.

General questions about key changes in the capacity of the SPO

What do you consider to be the key changes in terms of how the organisation/ SPO has developed its capacity since the baseline (2012)?

What do you consider to be the main explanatory reasons (interventions, actors or factors) for these changes?

List of questions to be asked for each of the 5C indicators (The entry point is the the description of each indicator as in the 2012 baseline report):

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o -2 = Considerable deterioration
   - o -1 = A slight deterioration
   - o 0 = No change occurred, the situation is the same as in 2012
   - o +1 = Slight improvement
   - o +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o Intervention, actor or factor at the level of or by **SPO**: ..... .
   - o Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: .... .
   - o Intervention, actor or factor at the level of or by the **other funders**: ..... .
   - o **Other** interventions, actors or factors: ..... .
   - o Don't know.

Step 2. **Review** the descriptions per indicator – in-country team & CDI team

Before the in-country team and the CDI team started collecting data in the field, it was important that they reviewed the description for each indicator as described in the baseline reports, and also added to the endline formats for review by respondents. These descriptions are based on document review, observation, interviews with SPO staff, CFA staff and external respondents during the baseline. It was important to explain this to respondents before they filled in the formats.

Step 3. **Send the formats** adapted to the SPO to CFA and SPO – in-country team (formats for SPO) and CDI team (formats for CFA)

The CDI team was responsible for collecting data from the CFA:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet – CFA perspective.

The in-country team was responsible for collecting data from the SPO and from external respondents (except CFA). The following formats were sent before the fieldwork started:

- 5C Endline support to capacity sheet – SPO perspective.
- 5C Endline interview guides for externals: partners; OD consultants.

*Step 4. **Collect, upload & code the documents** from CFA and SPO in NVivo – CDI team*

The CDI team, in collaboration with the in-country team, collected the following documents from SPOs and CFAs:

- Project documents: project proposal, budget, contract (Note that for some SPOs there is a contract for the full MFS II period 2011-2015; for others there is a yearly or 2-yearly contract. All new contracts since the baseline in 2012 will need to be collected);
- Technical and financial progress reports since the baseline in 2012;.
- Mid-term evaluation reports;
- End of project-evaluation reports (by the SPO itself or by external evaluators);
- Contract intake forms (assessments of the SPO by the CFA) or organisational assessment scans made by the CFA that cover the 2011-2014 period;

- Consultant reports on specific inputs provided to the SPO in terms of organisational capacity development;
- Training reports (for the SPO; for alliance partners, including the SPO);
- Organisational scans/ assessments, carried out by the CFA or by the Alliance Assessments;
- Monitoring protocol reports, especially for the 5C study carried out by the MFS II Alliances;
- Annual progress reports of the CFA and of the Alliance in relation to capacity development of the SPOs in the particular country;
- Specific reports that are related to capacity development of SPOs in a particular country.

The following documents (since the baseline in 2012) were requested from SPO:

- Annual progress reports;
- Annual financial reports and audit reports;
- Organisational structure vision and mission since the baseline in 2012;
- Strategic plans;
- Business plans;
- Project/ programme planning documents;
- Annual work plan and budgets;
- Operational manuals;
- Organisational and policy documents: finance, human resource development, etc.;
- Monitoring and evaluation strategy and implementation plans;
- Evaluation reports;
- Staff training reports;
- Organisational capacity reports from development consultants.

The CDI team will coded these documents in NVivo (qualitative data analysis software program) against the 5C indicators.

Step 5. ***Prepare and organise the field visit*** *to the SPO – in-country team*

Meanwhile the in-country team prepared and organised the logistics for the field visit to the SPO:

- **General endline workshop** consisted about one day for the self-assessments (about ½ to ¾ of the day) and brainstorm (about 1 to 2 hours) on key organisational capacity changes since the baseline and underlying interventions, factors and actors ('general causal map'), see also explanation below. This was done with the five categories of key staff: managers; project/ programme staff; monitoring and evaluation staff; admin & HRM staff; field staff. Note: for SPOs involved in process tracing an additional 1 to 1½ day workshop (managers; program/project staff; monitoring and evaluation staff) was necessary. See also step 7;
- **Interviews with SPO staff** (roughly one day);
- **Interviews with external respondents** such as partners and organisational development consultants depending on their proximity to the SPO. These interviews coulc be scheduled after the endline workshop and interviews with SPO staff.

General causal map

During the 5C endline process, a 'general causal map' has been developed, based on key organisational capacity changes and underlying causes for these changes, as perceived by the SPO. The general causal map describes cause-effect relationships, and is described both as a visual as well as a narrative.

As much as possible the same people that were involved in the baseline were also involved in the endline workshop and interviews.

Step 6. ***Interview the CFA*** *– CDI team*

The CDI team was responsible for sending the sheets/ formats to the CFA and for doing a follow-up interview on the basis of the information provided so as to clarify or deepen the information provided.

This relates to:

- 5C Endline assessment Dutch co-financing organisation;
- 5C Endline support to capacity sheet - CFA perspective.

Step 7. ***Run the endline workshop*** *with the SPO – in-country team*

This included running the endline workshop, including facilitation of the development of the general causal map, self-assessments, interviews and observations. Particularly for those SPOs that were selected for process tracing all the relevant information needed to be analysed prior to the field visit, so as to develop an initial causal map. Please see Step 6 and also the next section on process tracing (evaluation question two).

An endline workshop with the SPO was intended to:

- Explain the purpose of the fieldwork;
- Carry out in the self-assessments by SPO staff subgroups (unless these have already been filled prior to the field visits) - this may take some 3 hours.
- Facilitate a brainstorm on key organisational capacity changes since the baseline in 2012 and underlying interventions, factors and actors.

Purpose of the fieldwork**:** to collect data that help to provide information on what changes took place in terms of organisational capacity development of the SPO as well as reasons for these changes. The baseline that was carried out in 2012 was to be used as a point of reference.

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

Self-assessments**:** respondents worked in the respective staff function groups: management; programme/ project staff; monitoring and evaluation staff; admin and HRM staff; field staff. Staff were assisted where necessary so that they could really understand what it was they were being asked to do as well as what the descriptions under each indicator meant.

Note: for those SPOs selected for process tracing an additional endline workshop was held to facilitate the development of detailed causal maps for each of the identified organisational change/ outcome areas that fall under the capability to act and commit, and under the capability to adapt and self-renew, and that are likely related to capacity development interventions by the CFA. See also the next section on process tracing (evaluation question two). It was up to the in-country team whether this workshop was held straight after the initial endline workshop or after the workshop and the follow-up interviews. It could also be held as a separate workshop at another time.

Step 8. ***Interview SPO staff*** *– in-country team*

After the endline workshop (developing the general causal map and carrying out self-assessments in subgroups), interviews were held with SPO staff (subgroups) to follow up on the information that was provided in the self-assessment sheets, and to interview staff that had not yet provided any information.

Step 9. ***Fill-in observation sheets*** *– in-country team*

During the visit at the SPO, the in-country team had to fill in two sheets based on their observation:

- 5C Endline observation sheet;
- 5C Endline observable indicators.

Step 10. ***Interview externals*** *– in-country team & CDI team*

The in-country team also needed to interview the partners of the SPO as well as organisational capacity development consultants that have provided support to the SPO. The CDI team interviewed the CFA.

Step 11. ***Upload and auto-code all the formats*** *collected by in-country team and CDI team – CDI team*

The CDI team was responsible for uploading and auto-coding (in Nvivo) of the documents that were collected by the in-country team and by the CDI team.

Step 12. Provide the ***overview of information*** *per 5C indicator to in-country team – CDI team*

After the analysis in NVivo, the CDI team provided a copy of all the information generated per indicator to the in-country team for initial analysis.

Step 13. ***Analyse the data and develop a draft description*** *of the findings per indicator and for the general questions – in-country team*

The in-country team provided a draft description of the findings per indicator, based on the information generated per indicator. The information generated under the general questions were linked to the general causal map or detailed process tracing related causal map.

Step 14. ***Analyse the data and finalize the description*** *of the findings per indicator, per capability and general – CDI team*

The CDI team was responsible for checking the analysis by the in-country team with the Nvivo generated data and to make suggestions for improvement and ask questions for clarification to which the in-country team responded. The CDI team then finalised the analysis and provided final descriptions and scores per indicator and also summarize these per capability and calculated the summary capability scores based on the average of all indicators by capability.

Step 15. ***Analyse the information*** *in the general causal map –in-country team & CDI team*

The general causal map based on key organisational capacity changes as perceived by the SPO staff present at the workshop, was further detailed by in-country team and CDI team, and based on the notes made during the workshop and where necessary additional follow up with the SPO. The visual and narrative was finalized after feedback by the SPO. During analysis of the general causal map relationships with MFS II support for capacity development and other factors and actors were identified. All the information has been reviewed by the SPO and CFA.

3. Attributing changes in partner organisation's capacity – evaluation question 2

This section describes the data collection and analysis methodology for answering the second evaluation question: **To what degree are the changes identified in partner capacity attributable to (capacity) development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?**

In terms of the attribution question (2), 'process tracing' is used. This is a theory-based approach that has been applied to a selected number of SPOs since it is a very intensive and costly methodology, although it provides rich information and can generate a lot of learning within the organisations. Key organisational capacity changes/ outcomes of the SPO were identified, based on their relationship to the two selected capabilities, the capability to act and commit the capability to adapt and self-renew, and an expected relationship with CFA supported capacity development interventions (MFS II funding). It was agreed to focus on these two capabilities, since these are the most targeted capabilities by the CFAs, as established during the baseline process. The box below provides some background information on process tracing.

Background information on process tracing

The essence of process tracing research is that scholars want to go beyond merely identifying correlations between independent variables (Xs) and outcomes (Ys). Process tracing in social science is commonly defined by its addition to trace causal mechanisms (Bennett, 2008a, 2008b; Checkle, 2008; George & Bennett, 2005). A causal mechanism can be defined as "a complex system which produces an outcome by the interaction of a number of parts" (Glennan, 1996, p. 52). Process tracing involves "attempts to identify the intervening causal process – the causal chain and causal mechanism – between an independent variable (or variables) and the outcome of the dependent variable" (George & Bennett, 2005, pp. 206-207).

Process tracing can be differentiated into three variants within social science: theory testing, theory building, and explaining outcome process tracing (Beach & Pedersen, 2013).

Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.

Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.

Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

Explaining outcome process tracing is the most suitable type of process tracing for analysing the causal mechanisms for selected key organisational capacity changes of the SPOs. This type of process tracing can be thought of as a single outcome study defined as seeking the causes of the specific outcome in a single case (Gerring, 2006; in: Beach & Pedersen, 2013). Here the ambition is to craft a minimally sufficient explanation of a particular outcome, with sufficiency defined as an explanation that accounts for all of the important aspects of an outcome with no redundant parts being present (Mackie, 1965).

Explaining outcome process tracing is an iterative research strategy that aims to trace the complex conglomerate of systematic and case specific causal mechanisms that produced the outcome in question. The explanation cannot be detached from the particular case. Explaining outcome process tracing refers to case studies whose primary ambition is to explain particular historical outcomes, although the findings of the case can also speak to other potential cases of the phenomenon. Explaining outcome process tracing is an iterative research process in which 'theories' are tested to see whether they can provide a minimally sufficient explanation of the outcome. Minimal sufficiency is defined as an explanation that accounts for an outcome, with no redundant parts. In most explaining outcome studies, existing theorisation cannot provide a sufficient explanation, resulting in a second stage in which existing theories are re-conceptualised in light of the evidence gathered in the preceding empirical analysis. The conceptualisation phase in explaining outcome process tracing is therefore an iterative research process, with initial mechanisms re-conceptualised and tested until the result is a theorised mechanism that provides a minimally sufficient explanation of the particular outcome.

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

Process tracing is a very intensive methodology that is very time and resource consuming (for development and analysis of one final detailed causal map, it takes about 1-2 weeks in total, for different members of the evaluation team). It has been agreed upon during the synthesis workshop on 17-18 June 2013 that only a selected number of SPOs will take part in this process tracing for the purpose of understanding the attribution question. The selection of SPOs is based on the following criteria:

- MFS II support to the SPO has not ended before 2014 (since this would leave us with too small a time difference between intervention and outcome);
- Focus is on the 1-2 capabilities that are targeted most by CFAs in a particular country;
- Both the SPO and the CFA are targeting the same capability, and preferably aim for similar outcomes;
- Maximum one SPO per CFA per country will be included in the process tracing.

The intention was to focus on about 30-50% of the SPOs involved. Please see the tables below for a selection of SPOs per country. Per country, a first table shows the extent to which a CFA targets the five capabilities, which is used to select the capabilities to focus on. A second table presents which SPO is selected, and takes into consideration the selection criteria as mentioned above.

ETHIOPIA

For Ethiopia the capabilities that are mostly targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 1

The extent to which the Dutch NGO explicitly targets the following capabilities – Ethiopia

Capability to:	AMREF	CARE	ECFA	FSCE	HOA-REC	HUNDEE	NVEA	OSRA	TTCA
Act and commit	5	4	5	5	5	3	4	4	3
Deliver on development objectives	2	1	1	1	2	1	1	2	1
Adapt and self-renew	4	2	3	4	2	5	3	3	3
Relate	3	1	2	2	3	2	1	3	1
Achieve coherence	2	2	1	1	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: AMREF, ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

Ethiopia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
AMREF	Dec 2015	Yes	Yes	Yes	Yes	AMREF NL	Yes
CARE	Dec 31, 2015	Partly	Yes	Yes	Yes – slightly	CARE Netherlands	No - not fully matching
ECFA	Jan 2015	Yes	Yes	Yes	Yes	Child Helpline International	Yes
FSCE	Dec 2015	Yes	Yes	Yes	Yes	Stichting Kinderpostzegels Netherlands (SKN); Note: no info from Defence for Children – ECPAT Netherlands	Yes
HOA-REC	Sustainable Energy project (ICCO Alliance): 2014 Innovative WASH (WASH Alliance): Dec 2015	Yes	Yes	Yes	Yes - slightly	ICCO	No - not fully matching
HUNDEE	Dec 2014	Yes	Yes	Yes	Yes	ICCO & IICD	Yes
NVEA	Dec 2015 (both)	Yes	Yes	Yes	Yes	Edukans Foundation (under two consortia); Stichting Kinderpostzegels Netherlands (SKN)	Suitable but SKN already involved for process tracing FSCE
OSRA	C4C Alliance project (farmers marketing): December 2014 ICCO Alliance project (zero grazing: 2014 (2nd phase)	Yes	Yes	Yes	Yes	ICCO & IICD	Suitable but ICCO & IICD already involved for process tracing - HUNDEE
TTCA	June 2015	Partly	Yes	No	Yes	Edukans Foundation	No - not fully matching

INDIA

For India the capability that is mostly targeted by CFAs is the capability to act and commit. The next one in line is the capability to adapt and self-renew. See also the table below in which a higher score means that the specific capability is more intensively targeted.

Table 3

The extent to which the Dutch NGO explicitly targets the following capabilities – India[3]

Capability to:	BVHA	COUNT	DRISTI	FFID	Jana Vikas	Samarthak Samiti	SMILE	SDS	VTRC
Act and commit	5	3	4	4	4	4	4	3	5
Deliver on development objectives	1	5	1	1	1	1	1	2	1
Adapt and self-renew	2	2	1	3	1	1	4	1	4
Relate	3	1	1	1	1	1	2	1	2
Achieve coherence	1	1	1	4	1	1	1	1	2

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, India.

Below you can see a table describing when the contract with the SPO is to be ended and whether SPO and the CFA both expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BVHA, COUNT, FFID, SMILE and VTRC. Except for SMILE (capability to act and commit only), for the other SPOs the focus for process tracing can be on the capability to act and commit and on the capability to adapt and self-renew.

Table 4

SPOs selected for process tracing – India

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BVHA	2014	Yes	Yes	Yes	Yes	Simavi	Yes; both capabilities
COUNT	2015	Yes	Yes	Yes	Yes	Woord en Daad	Yes; both capabilities
DRISTI	31-03-2012	Yes	Yes	No	no	Hivos	No - closed in 2012
FFID	30-09-2014	Yes	Yes	Yes	Yes	ICCO	Yes

[3] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

India – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Jana Vikas	2013	Yes	Yes	Yes	No	Cordaid	No - contract is and the by now; not fully matching focus
NEDSF							No – delayed baseline
RGVN							No - delayed baseline
Samarthak Samiti (SDS)	2013 possibly longer	Yes	Yes	Yes	No	Hivos	No - not certain of end date and not fully matching focus
Shivi Development Society (SDS)	Dec 2013 intention 2014	Yes	Yes	Yes	No	Cordaid	No - not fully matching focus
Smile	2015	Yes	Yes	Yes	Yes	Wilde Ganzen	Yes; first capability only
VTRC	2015	Yes	Yes	Yes	Yes	Stichting Red een Kind	Yes; both capabilities

INDONESIA

For Indonesia the capabilities that are most frequently targeted by CFAs are the capability to act and commit and the capability to adapt and self-renew. See also the table below.

Table 5

The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

Capability to:	ASB	Daya kologi	ECPAT	GSS	Lem baga Kita	Pt. PPMA	Rifka Annisa	WIIP	Yad upa	Yayasan Kelola	YPI	YRBI
Act and commit	4	4	4	5	4	4	5	3	3	2	5	4
Deliver on development objectives	1	1	1	2	2	1	2	1	1	1	1	1
Adapt and self-renew	3	1	2	4	2	3	4	4	1	1	4	3
Relate	1	1	2	3	3	2	1	2	2	2	3	2
Achieve coherence	1	1	1	2	1	1	2	2	1	1	2	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Indonesia.

The table below describes when the contract with the SPO is to be ended and whether both SPO and the CFA expect to focus on these two selected capabilities (MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: ASB, ECPAT, Pt.PPMA, YPI, YRBI.

Table 6

SPOs selected for process tracing – Indonesia

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
ASB	February 2012; extension Feb,1, 2013 – June,30, 2016	Yes	Yes	Yes	Yes	Hivos	Yes
Dayakologi	2013; no extension	Yes	Yes	Yes	No	Cordaid	No: contract ended early and not matching enough
ECPAT	August 2013; Extension Dec 2014	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	Yes
GSS	31 December 2012; no extension	Yes	Yes	Yes, a bit	Yes	Free Press Unlimited - Mensen met een Missie	No: contract ended early
Lembaga Kita	31 December 2012; no extension	Yes	Yes	No	Yes	Free Press Unlimited - Mensen met een Missie	No - contract ended early
Pt.PPMA	May 2015	Yes	Yes	No	Yes	IUCN	Yes, capability to act and commit only
Rifka Annisa	Dec, 31 2015	No	Yes	No	Yes	Rutgers WPF	No - no match between expectations CFA and SPO
WIIP	Dec 2015	Yes	Not MFS II	Yes	Not MFS II	Red Cross	No - Capacity development interventions are not MFS II financed. Only some overhead is MFS II

Indonesia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew – by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
Yayasan Kelola	Dec 30, 2013; extension of contract being processed for two years (2014-2015)	Yes	Not really	Yes	Not really	Hivos	No - no specific capacity development interventions planned by Hivos
YPI	Dec 31, 2015	Yes	Yes	Yes	Yes	Rutgers WPF	Yes
YRBI	Oct, 30, 2013; YRBI end of contract from 31st Oct 2013 to 31st Dec 2013. Contract extension proposal is being proposed to MFS II, no decision yet.	Yes	Yes	Yes	Yes	ICCO	Yes
Yadupa	Under negotiation during baseline; new contract 2013 until now	Yes	Nothing committed	Yes	Nothing committed	IUCN	No, since nothing was committed by CFA

LIBERIA

For Liberia the situation is arbitrary which capabilities are targeted most CFA's. Whilst the capability to act and commit is targeted more often than the other capabilities, this is only so for two of the SPOs. The capability to adapt and self-renew and the capability to relate are almost equally targeted for the five SPOs, be it not intensively. Since the capability to act and commit and the capability to adapt and self-renew are the most targeted capabilities in Ethiopia, India and Indonesia, we choose to focus on these two capabilities for Liberia as well. This would help the synthesis team in the further analysis of these capabilities related to process tracing. See also the table below.

Table 7

The extent to which the Dutch NGO explicitly targets the following capabilities – Liberia

Capability to:	BSC	DEN-L	NAWOCOL	REFOUND	RHRAP
Act and commit	5	1	1	1	3
Deliver on development objectives	3	1	1	1	1
Adapt and self-renew	2	2	2	2	2
Relate	1	2	2	2	2
Achieve coherence	1	1	1	1	1

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the CFA compared to other capabilities.

Source: country baseline report, Liberia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Also, for two of the five SPOs capability to act and commit is targeted more intensively compared to the other capabilities. Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: BSC and RHRAP.

Table 8

SPOs selected for process tracing – Liberia

Liberia – SPOs	End of contract	Focus on capability to act and commit– by SPO	Focus on capability to act and commit – by CFA	Focus on capability to adapt and self-renew –by SPO	Focus on capability to adapt and self-renew – by CFA	CFA	Selected for process tracing
BSC	Dec 31, 2015	Yes	Yes	Yes	Yes	SPARK	Yes
DEN-L	2014	No	No	Unknown	A little	ICCO	No – not matching enough
NAWOCOL	2014	Yes	No	No	A little	ICCO	No – not matching enough
REFOUND	At least until 2013 (2015?)	Yes	No	Yes	A little	ICCO	No – not matching enough
RHRAP	At least until 2013 (2014?)	Yes	Yes	Yes	Yes	ICCO	Yes

Key steps in process tracing for the 5C study

In the box below you will find the key steps developed for the 5C process tracing methodology. These steps will be further explained here. Only key staff of the SPO is involved in this process: management; programme/ project staff; and monitoring and evaluation staff, and other staff that could provide information relevant to the identified outcome area/key organisational capacity change. Those SPOs selected for process tracing had a separate endline workshop, in addition to the ' general endline workshop. This workshop was carried out after the initial endline workshop and the interviews during the field visit to the SPO. Where possible, the general and process tracing endline workshop have been held consecutively, but where possible these workshops were held at different points in time, due to the complex design of the process. Below the detailed steps for the purpose of process tracing are further explained.

Key steps in process tracing for the 5C study

1. Identify the planned MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
2. Identify the implemented MFS II supported capacity development interventions within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team
3. Identify initial changes/ outcome areas in these two capabilities – CDI team & in-country team
4. Construct the detailed, initial causal map (theoretical model of change) – CDI team & in-country team
5. Identify types of evidence needed to verify or discard different causal relationships in the model of change – in-country teams, with support from CDI team
6. Collect data to verify or discard causal mechanisms and construct workshop based, detailed causal map (model of change) – in-country team
7. Assess the quality of data and analyse data and develop final detailed causal map (model of change) – in-country team with CDI team
8. Analyse and conclude on findings– CDI team, in collaboration with in-country team

Some definitions of the terminology used for this MFS II 5c evaluation

Based upon the different interpretations and connotations the use of the term causal mechanism we use the following terminology for the remainder of this paper:

A **detailed causal map** (or **model of change)** = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A **causal mechanism** = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or **cause** = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

*Step 1. Identify the **planned MFS II supported capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

Chapter 4.1 and 4.2 in the baseline report were reviewed. Capacity development interventions as planned by the CFA for the capability to act and commit and for the capability to adapt and self-renew were described and details inserted in the summary format. This provided an overview of the capacity development activities that were originally planned by the CFA for these two capabilities and assisted in focusing on relevant outcomes that are possibly related to the planned interventions.

*Step 2. Identify the **implemented capacity development interventions** within the selected capabilities (capability to act and commit and capability to adapt and self-renew) – CDI team*

The input from the CFA was reviewed in terms of what capacity development interventions have taken place in the MFS II period. This information was be found in the 'Support to capacity development sheet - endline - CFA perspective' for the SPO, based on details provided by the CFA and further discussed during an interview by the CDI team.

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and

then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

*Step 3. Identify **initial changes/ outcome areas** in these two capabilities – by CDI team & in-country team*

The CDI team was responsible for coding documents received from SPO and CFA in NVivo on the following:

- 5C Indicators: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the capacity development interventions implemented by the CFA (with MFS II funding) (see also Step 2) to strengthen the capacity of the SPO. For example, the training on financial management of the SPO staff could be related to any information on financial management of the SPO. This information was coded in Nvivo.

In addition, the response by the CFA to the changes in 5C indicators format, was auto-coded.

The in-country team was responsible for timely collection of information from the SPO (before the fieldwork starts). This set of information dealt with:

- MFS II supported capacity development interventions during the MFS II period (2011 until now).
- Overview of all trainings provided in relation to a particular outcome areas/organisational capacity change since the baseline.
- For each of the identified MFS II supported trainings, training questionnaires have been developed to assess these trainings in terms of the participants, interests, knowledge and skills gained, behaviour change and changes in the organisation (based on Kirkpatrick's model), one format for training participants and one for their managers. These training questionnaires were sent prior to the field visit.
- Changes expected by SPO on a long-term basis ('Support to capacity development sheet - endline - SPO perspective').

For the selection of change/ outcome areas the following criteria were important:

- The change/ outcome area is in one of the two capabilities selected for process tracing: capability to act and commit or the capability to adapt and self-renew. This was the first criteria to select upon.
- There was a likely link between the key organisational capacity change/ outcome area and the MFS II supported capacity development interventions. This also was an important criteria. This would need to be demonstrated through one or more of the following situations:
  - In the 2012 theory of change on organisational capacity development of the SPO a link was indicated between the outcome area and MFS II support;
  - During the baseline the CFA indicated a link between the planned MFS II support to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the CFA indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities;
  - During the endline the SPO indicated a link between the implemented MFS II capacity development interventions and observed short-term changes and expected long-term changes in the organisational capacity of the SPO in one of the selected capabilities.

Reviewing the information obtained as described in Step 1, 2, and 3 provided the basis for selecting key organisational capacity change/ outcome areas to focus on for process tracing. These areas were to be formulated as broader outcome areas, such as 'improved financial management', 'improved monitoring and evaluation' or 'improved staff competencies'.

Note: the outcome areas were to be formulated as intermediates changes. For example: an improved monitoring and evaluation system, or enhanced knowledge and skills to educate the target group on climate change. Key outcome areas were also verified - based on document review as well as discussions with the SPO during the endline.

*Step 4. Construct the **detailed, initial causal map** (theoretical model of change) – CDI & in-country team*

A detailed initial causal map was developed by the CDI team, in collaboration with the in-country team. This was based on document review, including information provided by the CFA and SPO on MFS II supported capacity development interventions and their immediate and long-term objectives as well as observed changes. Also, the training questionnaires were reviewed before developing the initial causal map. This detailed initial causal map was to be provided by the CDI team with a visual and related narrative with related references. This initial causal map served as a reference point for further reflection with the SPO during the process tracing endline workshop, where relationships needed to be verified or new relationships established so that the second (workshop-based), detailed causal map could be developed, after which further verification was needed to come up with the final, concluding detailed causal map.

It's important to note that organisational change area/ outcome areas could be both positive and negative.

For each of the selected outcomes the team needed to make explicit the theoretical model of change. This meant finding out about the range of different actors, factors, actions, and events etc. that have contributed to a particular outcome in terms of organisational capacity of the SPO.

A model of change of good quality includes:

- The causal pathways that relate the intervention to the realised change/ outcome;
- Rival explanations for the same change/ outcome;
- Assumptions that clarify relations between different components or parts;
- Case specific and/or context specific factors or risks that might influence the causal pathway, such as for instance the socio-cultural-economic context, or a natural disaster;
- Specific attributes of the actors e.g. CFA and other funders.

A model of change (within the 5C study called a 'detailed causal map') is a complex system which produces intermediate and long-term outcomes by the interaction of other parts. It consists of parts or causes that often consist of one actor with its attributes that is implementing activities leading to change in other parts (Beach & Pedersen, 2013). A helpful way of constructing the model of change is to think in terms of actors carrying out activities that lead to other actors changing their behaviour. The model of change can be explained as a range of activities carried out by different *actors* (including the CFA and SPO under evaluation) that will ultimately lead to an outcome. Besides this, there are also '*structural*' elements, which are to be interpreted as external factors (such as economic conjuncture); and *attributes* of the actor (does the actor have the legitimacy to ask for change or not, what is its position in the sector) that should be looked at (Beach & Pedersen, 2013). In fact Beach and Pedersen, make a fine point about the subjectivity of the actor in a dynamic context. This means, in qualitative methodologies, capturing the changes in the actor, acted upon area or person/organisation, in a non sequential and non temporal format. Things which were done recently could have corrected behavioural outcomes of an organisation and at the same ime there could be processes which incrementally pushed for the same change over a period of time. Beach and Pedersen espouse this methodology because it captures change in a dynamic fashion as against the methodology of logical framework. For the MFS II evaluation it was important to make a distinction between those paths in the model of change that are the result of MFS II and rival pathways.

The construction of the model of change started with the identified key organisational capacity change/ outcome, followed by an inventory of all possible subcomponents that possibly have caused the change/ outcome in the MFS II period (2011-up to now, or since the baseline). The figure below presents an imaginary example of a model of change. The different colours indicate the different types of support to capacity development of the SPO by different actors, thereby indicating different pathways of change, leading to the key changes/ outcomes in terms of capacity development (which in this case indicates the ability to adapt and self-renew).

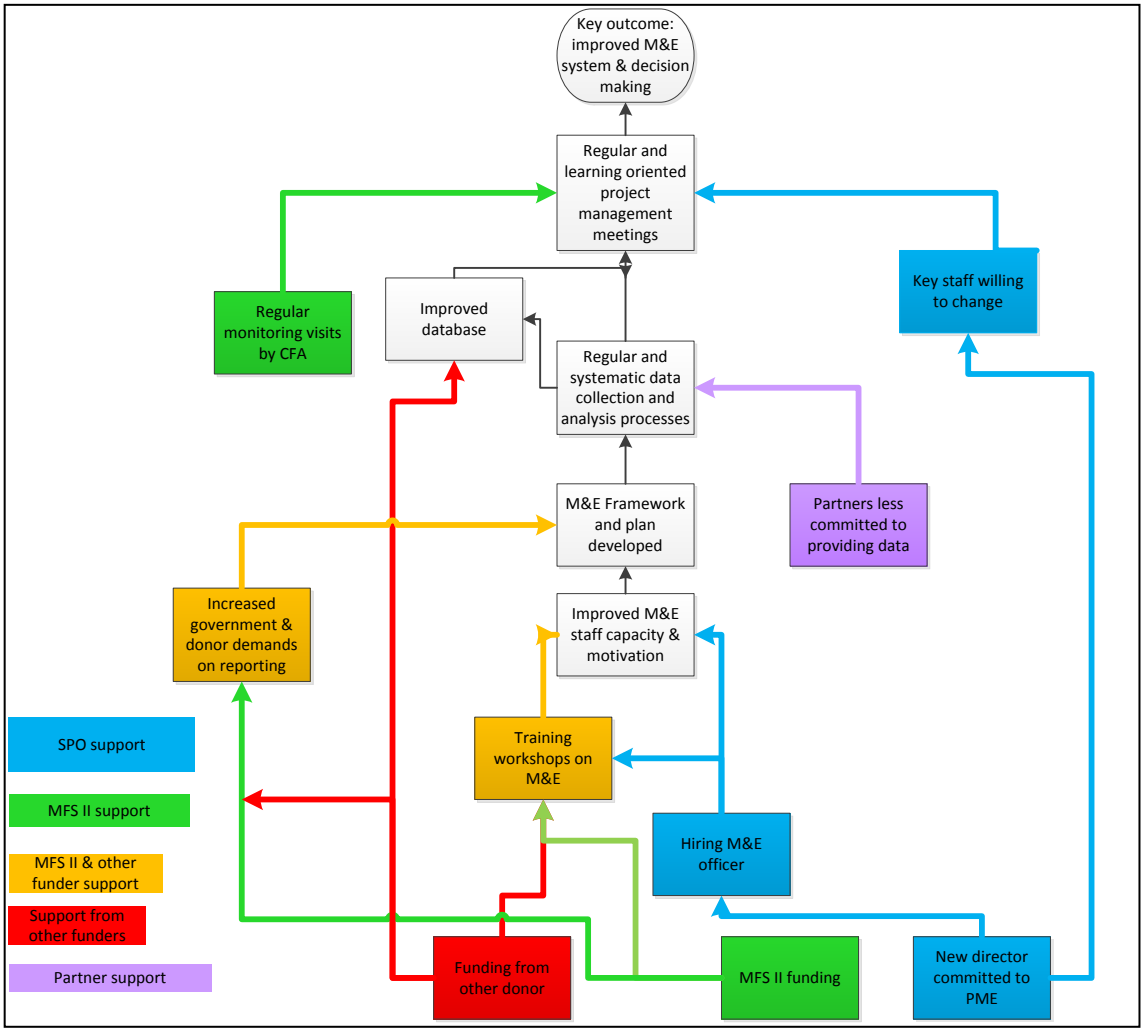


Figure 1 *An imaginary example of a model of change*

Step 5. Identify ***types of evidence*** *needed to verify or discard different causal relationships in the model of change – in-country teams with support from CDI team*

Once the causal mechanism at theoretical level were defined, empirical evidence was collected so as to verify or discard the different parts of this theoretical model of change, confirm or reject whether subcomponents have taken place, and to find evidence that confirm or reject the causal relations between the subcomponents.

A key question that we needed to ask ourselves was, *"What information do we need in order to confirm or reject that one subcomponent leads to another, that X causes Y?"*. The evaluation team needed to agree on what information was needed that provides empirical manifestations for each part of the model of change.

There are four distinguishable types of evidence that are relevant in process tracing analysis: *pattern, sequence, trace, and account*. Please see the box below for descriptions of these types of evidence.

The evaluation team needed to agree on the types of evidence that was needed to verify or discard the manifestation of a particular part of the causal mechanism. Each one or a combination of these different types of evidence could be used to confirm or reject the different parts of the model of change. This is what is meant by robustness of evidence gathering. Since causality as a concept can bend in many ways, our methodology, provides a near scientific model for accepting and rejecting a particular type of evidence, ignoring its face value.

Types of evidence to be used in process tracing

Pattern evidence relates to predictions of statistical patterns in the evidence. For example, in testing a mechanism of racial discrimination in a case dealing with employment, statistical patterns of employment would be relevant for testing this part of the mechanism.

Sequence evidence deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A took place. However, if we found that event B took place before event A took place, the test would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

Trace evidence is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of the minutes of a meeting, if authentic ones, provide strong proof that the meeting took place.

Account evidence deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

Source: Beach and Pedersen, 2013

Below you can find a table that provides guidelines on what to look for when identifying types of evidence that can confirm or reject causal relationships between different parts/ subcomponents of the model of change. It also provides one example of a part of a causal pathway and what type of information to look for.

Table 9

Format for identifying types of evidence for different causal relationships in the model of change (example included)

Part of the model of change	Key questions	Type of evidence needed	Source of information
Describe relationship between the subcomponents of the model of change	Describe questions you would like to answer a so as to find out whether the components in the relationship took place, when they took place, who was involved, and whether they are related	Describe the information that we need in order to answer these questions. Which type of evidence can we use in order to reject or confirm that subcomponent X causes subcomponent Y? Can we find this information by means of : Pattern evidence; Sequence evidence; Trace evidence; Account evidence?	Describe where you can find this information
Example: Training workshops on M&E provided by MFS II funding and other sources of funding	Example: What type of training workshops on M&E took place? Who was trained? When did the training take place? Who funded the training? Was the funding of training provided before the training took place? How much money was available for the training?	Example: Trace evidence: on types of training delivered, who was trained, when the training took place, budget for the training Sequence evidence on timing of funding and timing of training Content evidence: what the training was about	Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be

addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

Step 6. ***Collect data*** *to verify or discard causal mechanisms and develop workshop-based, detailed causal map – in-country team*

Once it was decided by the in-country and CDI evaluation teams what information was to be collected during the interaction with the SPO, data collection took place. The initial causal maps served as a basis for discussions during the endline workshop with a particular focus on process tracing for the identified organisational capacity changes. But it was considered to be very important to understand from the perspective of the SPO how they understood the identified key organisational capacity change/outcome area has come about. A new detailed, workshop-based causal map was developed that included the information provided by SPO staff as well as based on initial document review as described in the initial detailed causal map. This information was further analysed and verified with other relevant information so as to develop a final causal map, which is described in the next step.

Step 7. ***Assess the quality*** *of data and* ***analyse data****, and develop the* ***final detailed causal map*** *(model of change) – in-country team and CDI team*

Quality assurance of the data collected and the evidence it provides for rejecting or confirming parts of causal explanations are a major concern for many authors specialised in contribution analysis and process-tracing. Stern et al. (2012), Beach and Pedersen (2013), Lemire, Nielsen and Dybdal (2012), Mayne (2012) and Delahais and Toulemonde (2012) all emphasise the need to make attribution/ contribution claims that are based on pieces of evidence that are rigorous, traceable, and credible. These pieces of evidence should be as explicit as possible in proving that *subcomponent X causes subcomponent Y* and ruling out other explanations. Several tools are proposed to check the nature and the quality of data needed. One option is, Delahais and Toulemonde's Evidence Analysis Database, which we have adapted for our purpose.

Delahais and Toulemonde (2012) propose an Evidence Analysis Database that takes into consideration three criteria:

Confirming/ rejecting a causal relation (yes/no);
Type of causal mechanism: intended contribution/ other contribution/ condition leading to intended contribution/ intended condition to other contribution/ feedback loop;
Strength of evidence: strong/ rather strong/ rather weak/ weak.

We have adapted their criteria to our purpose. The in-country team, in collaboration with the CDI team, used the criteria in assessing whether causal relationships in the causal map, were strong enough. This has been more of an iterative process trying to find additional evidence for the established relationships through additional document review or contacting the CFA and SPO as well as getting their feedback on the final detailed causal map that was established. Whilst the form below has not been used exactly in the manner depicted, it has been used indirectly when trying to validate the information in the detailed causal map. After that, the final detailed causal map is established both as a visual as well as a narrative, with related references for the established causal relations.

Example format for the adapted evidence analysis database (example included) Description of causal relation	Confirming / rejecting a causal relation (yes / no)	Type of information providing the background to the confirmation or rejection of the causal relation	Strength of evidence: strong / rather strong / rather weak / weak	Explanation for why the evidence is (rather) strong or (rather) weak, and therefore the causal relation is confirmed / rejected
e.g. Training staff in M&E leads to enhanced M&E knowledge, skills and practice	e.g. Confirmed	e.g. Training reports confirmed that staff are trained in M&E and that knowledge and skills increased as a result of the training		

Step 8. ***Analyse and conclude*** *on findings– in-country team and CDI team*

The final detailed causal map was described as a visual and narrative and this was then analysed in terms of the evaluation question two and evaluation question four: *"To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?"* and *"What factors explain the findings drawn from the questions above?"* It was analysed to what extent the identified key organisational capacity change can be attributed to MFS II supported capacity development interventions as well as to other related factors, interventions and actors.

4. Explaining factors – evaluation question 4

This paragraph describes the data collection and analysis methodology for answering the fourth evaluation question: **"What factors explain the findings drawn from the questions above?"**

In order to explain the changes in organisational capacity development between baseline and endline (evaluation question 1) the CDI and in-country evaluation teams needed to review the indicators and how they have changed between baseline and endline and what reasons have been provided for this. This has been explained in the first section of this appendix. It has been difficult to find detailed explanations for changes in each of the separate 5c indicators, but the 'general causal map' has provided some ideas about some of the key underlying factors actors and interventions that influence the key organisational capacity changes, as perceived by the SPO staff.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information was procured for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the process of process tracing as described in the section above.

5. Methodological reflection

Below a few methodological reflections are made by the 5C evaluation team.

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has

provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

Using standard indicators and scores: using standard indicators is useful for comparison purposes. However, the information provided per indicator is very specific to the SPO and therefore makes comparison difficult. Whilst the description of indicators has been useful for the SPO and CFA, it is questionable to what extent indicators can be compared across SPOs since they need to be seen in context, for them to make meaning. In relation to this, one can say that scores that are provided for the indicators, are only relative and cannot show the richness of information as provided in the indicator description. Furthermore, it must be noted that organisations are continuously changing and scores are just a snapshot in time. There cannot be perfect score for this. In hindsight, having rubrics would have been more useful than scores.

General causal map: whilst this general causal map, which is based on key organisational capacity changes and related causes, as perceived by the SPO staff present at the endline workshop, has not been validated with other sources of information except SPO feedback, the 5C evaluation team considers this information important, since it provides the SPO story about how and which changes in the organisation since the baseline, are perceived as being important, and how these changes have come about. This will provide information additional to the information that has been validated when analysing and describing the indicators as well as the information provided through process tracing (selected SPOs). This has proven to be a learning experience for many SPOs.

Using process tracing for dealing with the attribution question: this theory-based and mainly qualitative approach has been chosen to deal with the attribution question, on how the organisational capacity changes in the organisations have come about and what the relationship is with MFS II supported capacity development interventions and other factors. This has proven to be a very useful process, that provided a lot of very rich information. Many SPOs and CFAs have already indicated that they appreciated the richness of information which provided a story about how identified organisational capacity changes have come about. Whilst this process was intensive for SPOs during the process tracing workshops, many appreciated this to be a learning process that provided useful information on how the organisation can further develop itself. For the evaluation team, this has also been an intensive and time-consuming process, but since it provided rich information in a learning process, the effort was worth it, if SPOs and CFAs find this process and findings useful.

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these

individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

The 5C evaluation team considers it important to also discuss issues around utility of this evaluation. We want to mention just a few.

Design – mainly externally driven and with a focus on accountability and standard indicators and approaches within a limited time frame, and limited budget: this MFS II evaluation is originally based on a design that has been decided by IOB (the independent evaluation office of the Dutch Ministry of Foreign Affairs) and to some extent MFS II organisations. The evaluators have had no influence on the overall design and sampling for the 5C study. In terms of learning, one may question whether the most useful cases have been selected in this sampling process. The focus was very much on a rigorous evaluation carried out by an independent evaluation team. Indicators had to be streamlined across countries. The 5C team was requested to collaborate with the other 5C country teams (Bangladesh, Congo, Pakistan, Uganda) to streamline the methodological approach across the eight sampled countries. Whilst this may have its purpose in terms of synthesising results, the 5C evaluation team has also experienced the difficulty of tailoring the approach to the specific SPOs. The overall evaluation has been mainly accountability driven and was less focused on enhancing learning for improvement. Furthermore, the timeframe has been very small to compare baseline information (2012) with endline information (2014). Changes in organisational capacity may take a long, particularly if they are related to behaviour change. Furthermore, there has been limited budget to carry out the 5C evaluation. For all the four countries (Ethiopia, India, Indonesia, Liberia) that the Centre for Development Innovation, Wageningen University and Research centre has been involved in, the budget has been overspent.

However, the 5C evaluation team has designed an endline process whereby engagement of staff, e.g. in a workshop process was considered important, not only due to the need to collect data, but also to generate learning in the organisation. Furthermore, having general causal maps and detailed causal maps generated by process tracing have provided rich information that many SPOs and CFAs have already appreciated as useful in terms of the findings as well as a learning process.

Another issue that must be mentioned is that additional requests have been added to the country teams during the process of implementation: developing a country based synthesis; questions on design, implementation, and reaching objectives of MFS II funded capacity development interventions, whilst these questions were not in line with the core evaluation questions for the 5C evaluation.

Complexity and inadequate coordination and communication: many actors, both in the Netherlands, as well as in the eight selected countries, have been involved in this evaluation and their roles and responsibilities, were often unclear. For example, 19 MFS II consortia, the internal reference group, the Ministry of Foreign Affairs, Partos, the Joint Evaluation Trust, NWO-Wotro, the evaluators (Netherlands and in-country), 2 external advisory committees, and the steering committee. Not to mention the SPO's and their related partners and consultants. CDI was involved in 4 countries with a total number of 38 SPOs and related CFAs. This complexity influenced communication and coordination, as well as the extent to which learning could take place. Furthermore, there was a distance between the evaluators and the CFAs, since the approach had to be synchronised across countries, and had to adhere to strict guidelines, which were mainly externally formulated and could not be negotiated or discussed for the purpose of tailoring and learning. Feedback on the final results and report had to be provided mainly in written form. In order to enhance utilisation, a final workshop at the SPO to discuss the findings and think through the use with more people than probably the one who reads the report, would have more impact on organisational learning and development. Furthermore, feedback with the CFAs has also not been institutionalised in the evaluation process in the form of learning events. And as mentioned above, the complexity of the evaluation with many actors involved did not enhance learning and thus utilization.

5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process: The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having

a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

The 5 capabilities (5C) framework was to be used as a framework for the evaluation of capacity development of Southern Partner Organisations (SPOs) of the MFS II consortia. The 5C framework is based on a five-year research program on 'Capacity, change and performance' that was carried out by the European Centre for Development Policy Management (ECDPM). The research included an extensive review of the literature and sixteen case studies. The 5C framework has also been applied in an IOB evaluation using 26 case studies in 14 countries, and in the baseline carried out per organisation by the MFS II organisations for the purpose of the monitoring protocol.

The 5C framework is structured to understand and analyse (changes in) the capacity of an organization to deliver (social) value to its constituents. This introduction briefly describes the 5C framework, mainly based on the most recent document on the 5C framework (Keijzer et al., 2011).

The 5C framework sees capacity as an **outcome** of an **open system**. An organisation or collaborative association (for instance a network) is seen as a system interacting with wider society. The most critical practical issue is to ensure that relevant stakeholders share a common way of thinking about capacity and its core constituents or capabilities. Decisive for an organisation's capacity is the context in which the organisation operates. This means that **understanding context issues** is crucial. The use of the 5C framework requires a multi-stakeholder approach because shared values and results orientation are important to facilitate the capacity development process. The 5C framework therefore needs to **accommodate the different visions** of stakeholders and conceive different strategies for raising capacity and improving performance in a given situation.

The 5C framework defines capacity as '**producing social value'** and identifies five core capabilities that together result in that overall capacity. Capacity, capabilities and competences are seen as follows:

- **Capacity** is referred to as the overall ability of an organisation or system to create value for others;
- **Capabilities** are the collective ability of a group or a system to do something either inside or outside the system. The collective ability involved may be technical, logistical, managerial or generative (i.e. the ability to earn legitimacy, to adapt, to create meaning, etc.);
- **Competencies** are the energies, skills and abilities of individuals.

Fundamental to developing capacity are inputs such as human, material and financial resources, technology, and information. To the degree that they are developed and successfully integrated, capabilities contribute to the overall capacity or ability of an organisation or system to create value for others. A single capability is not sufficient to create capacity. All are needed and are strongly interrelated and overlapping. Thus, to achieve its development goals, the 5C framework says that every organisation or system must have **five basic capabilities:**

1. The capability to act and commit;
2. The capability to deliver on development objectives;
3. The capability to adapt and self-renew;
4. The capability to relate (to external stakeholders);
5. The capability to achieve coherence.

In order to have a common framework for evaluation, the five capabilities have been reformulated in outcome domains and for each outcome domain performance indicators have been developed.

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

Appendix 3 Results - changes in organisational capacity of the SPO - 5C indicators

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organisation (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organisation.

Some staffs stated that in terms of leadership not much has changed since 2012 and that it even deteriorated through loss of inspiration, sensitivity and responsiveness on the overall activities of the college. In contrary the above argument, others believe that there is a slight improvement in the leadership of the college. They stated that the leaders have increased their commitment for change together with their enhanced decision making capacity, which comes partly through upgrading their academic status from first degree to second degree. Since the baseline, openness and transparency have improved, discussions with staffs. It is also mentioned that the members of management are becoming responsive and proactive. Compared to the baseline situation the academic dean is more easily approached and easily accessible to all staffs in his office. Similarly, the idle management has been given full authorities to exercise their responsibilities. Trainings have been given to the staffs during the last two years which was according to their demand during the baseline assessment. As a result, the teacher's commitment has improved and they started to work during their spare time on the week days and weekends.

Score: from 2.5 to 3 (slight improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

Although some staff members believe that there is no change compared to the baseline in providing strategic guidance from the management, other staff members are mentioning the slight improvement that they observed. They stated that the improvement in the capacity, commitment and willingness of the management results in a better provision of strategic guidance. Accordingly, the strategic plan is already handed over to the departments. And hence, staffs are able to discuss on the strategic plan with management. In line with the strategic plan the active learning approach has improved.

Score: from 3 to 3.5 (slight improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

In terms of numbers there is no staff turnover since the baseline but teachers are dissatisfied by the existing situation in the college and they are looking for opportunities to leave the college. On the other hand, some staffs and the management believe that the staff turnover is low due to that fact that the college sets incentives for the teachers such as an opportunity to upgrade their academic status and academic rank.

Score: from 3 to 3 (no change)

1.4. Organizational structure: 'Existence of clear organizational structure reflecting the objectives of the organization'

Observable indicator: Staff have copy of org structure and understand this

The organizational structure of TTCA has not been changed and revised since the baseline. The structure is clearly communicated with staffs and accessible to all staff even it was posted on the Dean and Academic Dean Office. Most of the staffs also have a copy of the organizational structure.

Score: from 3.5 to 3.5 (no change)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

In this regard TTCA has started participatory supervision of progresses within the college and monitored primary schools supported by DEC on a regular basis. As a result the college has used monitoring and evaluation feedback to articulate operational plans with the consideration of current situation. However, the college has worked in line with the strategic plan set by the Ministry of Education according to the education and training policy of the country and the region. The college aims to practically follow the strategic plan on their day to day activities. However, the strategic document is not shared with all staff and they are not all well aware of the strategic plan.

Score: from 2.5 to 3 (slight improvement)

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

The day to day operational guide of the college is extracted from the strategic plan. To have a better implementation the management discussed with staffs as well as the academic commission to ensure the implementation is in line with the strategic plan. Despite such slight improvements, late submission of deliverables and late registration of students has continued to be a challenge after the baseline. In terms of financial and material orders and procurement of goods, specific formats are prepared to handle the issues.

Score: from 3 to 3 (no change)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

Since 2012 four key tutors and the vice dean have been trained (twice a year), through the C4C alliance (MFS II) in Active Teaching and Learning strategies and their implementation. As a result teacher and tutor motivation has increased. Compared to the baseline situation, an improvement in teaching methodology from teacher-centered to student-centered resulted in an improvement in students learning outcomes. It is also believed that the improvements in staff skills are due to the fact that college teachers who had a first degree during the baseline now have a second degree which contributed to the increased learning outcomes of the students. Staff is now using ICT technologies in a better way than during the baseline situation. Teachers are using ICT to prepare modules, lesson plans and other course materials. It is also mentioned that experience sharing between different regions has its own share in improving staffs skill. Different staff have been trained on a variety of issues: recruitment of new students (i.e. in the proper utilization of the selection criteria), material or module preparation, practicum implementation and preparation of volunteer's guideline, gender, quality education and property management.

Score: from 3 to 4 (improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO is offered appropriate training opportunities

Compared to the baseline situation a slight improvement in creating training opportunities are observed in the last two years. Training opportunities in the area of Active Teaching and Learning are offered by C4C though it is only for a limited number of staff. In addition to the above training, staff members have participated in different trainings such as recruitment of new students (i.e. in the proper utilization of the selection criteria), material or module preparation, practicum implementation and preparation of volunteer's guideline. DEC, USAID, MoE, Save the Children UK and others have been the stakeholders in providing such training opportunities. After the baseline training and awareness creation for support staff on different issues such as gender, quality education and property management have been given. Besides training opportunities experience sharing between different regions has been taking place.

Score: from 4 to 4.5 (slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

In terms of providing incentives two contracting views are observed. The first group stated that, the availability of a good internet connection, extension and module preparation payment and participatory decision making is an improvement in the college. But the other group argued that there is a slight deterioration in providing appropriate incentives. Currently, there is no payment for module preparation and extension work. In addition, there is no budget for educational research and educational opportunities. In the cases that the payments are there for extension and module preparation it is not paid on time. Whilst some respondents indicated there was no salary increment, the evaluation team observed that the salary of the government civil servants has been adjusted since July 2014. Hence, the teachers are also benefited from the adjustment. There has been no adjustment in house allowance by considering the inflation. DEC mentioned that they are not engaged in providing financial incentives. Training opportunities have contributed to staff motivation.

Score: from 2.5 to 2.5 (no change)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

Similar to the baseline situation, government is the main source of the college funds. There is a slight budget increment compared to the baseline situation. The C4C alliance (MFS II funds) has been supporting the college by providing material support, particularly in expanding and developing the ICT infrastructure, such as an ICT room for instructors with 10 desktops; two laptops, two printers and one laminating machine. Recently, UNICEF and UNESCO has started to support primary schools to promote mother tongue education.

Score from 3 to 3.25 (very slight improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

No new funding opportunities are created after the baseline. But some efforts are made to approach donors by writing proposals for setting up the ICT infrastructure, to get funds for reference books, for building the library and a latrine for girls, and solar panels to support the surrounding primary schools. The one successful story in this regard is in 2013 Assayta CTE, which– together with DEC in Addis Ababa – developed a project proposal, requesting for additional C4C funds for the college – in order to establish an ICT resource room for the tutors. The proposal was approved by Edukans and DEC (Addis Ababa) provided the CTE with computers, printers and internet connection for the total amount of 10.000 Euro (fully funded by MFS II).

Score from 2 to 2.25 (very slight improvement)

Summary of the capability to act and commit

An overall slight improvement has been observed in the colleges' capability to act and commit. The leadership of the college has shown an improvement in their willingness, commitment and capacity of managing the college. They have become more responsive and proactive. It resulted in a better provision of strategic guidance, and more openness and transparency in decision making. The middle management has freedom to exercise their responsibilities. The management has become close to the staff and they have discussed on the college's strategic plan and the day to day operational guide of the college is extracted from this. The college has worked in line with the strategic plan set by the Ministry of Education according to the education and training policy of the country and the region and the practical implementation of this is based on this strategic plan as well as based on monitoring results. The strategic plan is not shared with all staff and they are thus not all aware of this. The organizational structure of TTCA has not been changed and revised since the baseline and it is clearly communicated with staff and extensible to all. In line with the strategic plan the teaching methodology has improved from teacher centered to student-centered active learning. With support from the C4C alliance (MFS II funding) an ICT room has been established and the ICT technology supports teachers in preparing modules, lesson plans and other course materials. This stimulates staff in addition to having extension payment and training and experience sharing opportunities. Furthermore, incentives like upgrading staffs academic status from second to first degree has helped to retain staffs. Training has been provided to staff in terms of recruitment of new students (i.e. in the proper utilization of the selection criteria), material or module preparation, practicum implementation and preparation of volunteer's guideline, gender, quality education and property management. Different organisations supported these trainings: DEC, USAID, MoE, Save the Children UK. The C4C alliance (MFS II funding) has supported training on active learning, moving from teacher-centered to student centered learning. The government has remained the major funder of the college whereas DEC also increased its contribution (from MFS II) and additional funds were received from C4C for establishing ICT infrastructure. UNICEF and UNESCO have started to collaborate with the college to support primary school mother tongue education.

Score: from 2.9 to 3.2 (very slight improvement)

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organisational).

It is stated that after the baseline monitoring and evaluation of all 15 implementing partners and 75 schools by DEC has taken place. In addition, 45 C4C pilot primary schools were supervised by DEC in collaboration with the partners. Shortage of administrative budget to monitor project activities at school level is a major challenge for the implementing partners. Similar to the baseline situation, teaching practices are evaluated or supervised regularly, but now it is handled in a more integrated way: through joint M&E practice involving teachers, department head and academic dean. Compared to the baseline situation an improvement in the number of staff evaluations, in the utilization of evaluation reports to make corrections, in preparations of students' results in a timely fashion, and in delivery of scheduled progress reports by Department heads are observed. However, some staff members argue that there is no monitoring and evaluation done by department heads. Only the academic dean is working at his full potential. Others stated that the M&E situation of the college is as similar as the baseline situation. The C4C alliance provided an observation Matrix which has 16 indicators, of which 8 focus on behavior of the teacher and 8 on the behavior of the students. This is now used twice a year. Classes of key tutors as well as non-key tutors are observed. Insight in the progress made has been given by the CTE and communicated to the University of Amsterdam. The observation tool has become a monitoring tool for CTE tutors for assessing the quality of teaching and learning at classroom level.

Score: from 2.5 to 3 (slight improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

It is almost similar with the baseline situation. There is no competent M&E trained person in the college. But, regarding to the staff members' performance evaluation, they are well informed on what is to be evaluated and how since the result of staff performance evaluation is sometimes given to them in the form of written feedback by their supervisors or head of Department. After the baseline there was a training given by C4C on Active Teaching and Learning to the key tutors about the Observation Matrix which has 16 indicators, of which 8 focus on behavior of the teacher and 8 on the behavior of the students.

Score: from 2.5 to 2.5 (no change)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

The observation matrix that is provided by the C4C alliance (MFS II funding) has become a monitoring tool for CTE tutors for assessing the quality of teaching and learning at classroom level. This provides an input for strategic planning and also to make actions and corrections. However, some of the key informants did not observe such improvement.

Score from 2 to 2.5 (slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

Staff members pointed out that there is no improvement regarding critical reflection meetings - some staff members even mentioned there has not been such a thing at all. On the other hand other staff members stated that regular meetings are established (quarterly and annually) and review meetings are organized to review their progress and design improvement actions. They also mentioned that there was a meeting of all staff members at the beginning of the year to discuss strengths and weaknesses and build and improve on these. In addition, communication and meetings with department heads take place once in two weeks and during these meetings discussion, dialogue and critical reflection was done.

Score: from 2.5 to 3 (slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

As it was in the baseline it is difficult to discuss sensitive issues with management. It is mentioned that, staffs can express their ideas to the academic dean freely, and he is optimistic in encouraging good ideas. It is mentioned that in their annual meetings staff try to talk about strengths, weaknesses, and progress on designed actions particularly with the academic dean. It was also mentioned that the Vice dean of the college is supporting the 4 key tutors to apply Active Teaching and Learning at classroom level and allows the team to try out new ideas, like working in small groups, preparing worksheets, concept building etc. The college management argued that they create a conducive environment for freedom of ideas and they are positive about accepting and implementing good ideas as long as they are in line with the college's strategic objectives.

Score: from 2.5 to 2.5 (no change)

2.6. System for tracking environment: 'The organisation has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

No adequate information was provided in systems to track the environment. But , staff members, as well as management pointed out that to learn from similar colleges in other regions experience sharing has been organized by the C4C alliance for 12 instructors to Jimma CTE. Jimma CTE tutors have visited Assayta for knowledge sharing, motivation and exchange of ideas. An improvement has been observed in the last two years whereby linkages with primary schools are created through supervision, training and material support. Similarly, efforts are also made to closely work with communities through training such as gender and voluntarism. This can contribute to understanding what is happening in the environment although there is no system in place to track this.

Score: from 2 to 2.25 (very slight improvement)

2.7. Stakeholder responsiveness: 'The organisation is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

In the last two years, the tutors of Assayta CTE are all linked to one or two primary schools in the catchment area of the CTE. They are visiting the schools for monitoring purposes (supporting and training the teachers) and supervising the practice of the student teachers in the respective schools. TTCA has provided trainings to 13 primary schools teachers and get feedback from them as well. Though it is not sufficient some staff members argued that the college is trying to communicate with stakeholders and received their reflection. On the other hand, some other staffs mentioned the college is not working in collaboration with stakeholders on student selection and recruitment, entrance exam preparation for new entry students, M&E during practicum, etc. and also it does not have a formal forum with the primary schools as it is used to be in the baseline.

Score: from 2.5 to 2.5 (no change)

Summary of the capability to adapt and self-renew

DEC had accomplished the evaluation of its 15 implementing partners. The C4C pilot primary schools are also supervised by DEC in collaboration with the implementing partners. Shortage of administrative budget to monitor project activities at school level is found to be a major challenge for the implementing partners. TTCA has set up a joint M&E practice by teachers, department head and academic dean, where the evaluation report is utilized to make corrective actions, to give timely feedback to students and to report the progress. Staffs are well aware of the staff performance evaluation on what is to be evaluated and how. The C4C alliance provided and trained staff on an observation Matrix which has 16 indicators, of which 8 focus on behavior of the teacher and 8 on the behavior of the students. This is now used twice a year. Classes of key tutors as well as non-key tutors are observed. Insight in the progress made has been given by the CTE and communicated to the University of Amsterdam. The observation tool has become a monitoring tool for CTE tutors for assessing the quality of teaching and learning at classroom level. This also provides insights for strategic planning, along with inputs from few stakeholders. TTCA closely works with primary schools where they support and supervise them. There has been a slight improvement in terms of frequency of meetings and the dean has become more open and supportive to staff to share their ideas.

Score: from 2.4 to 2.6 (very slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organisation has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

Similar to the baseline situation, all the projects that are on-going at the institution have operational work plans and assigned budgets. These are used in day-to-day activities through discussions with the academic commission or management. Before coming to discussions with the committee, all department heads and process owners discussed these plans and budgets with their respective staff. However, some staff members mentioned that, contrary to the above statement, even though the departments have a planned budget it is not announced to staff. A slight improvement has been observed in timely preparation of physical and financial plans by Department heads. It is also reported that, operational plans are made at the end of each C4C project visit – for the coming 6 months. But it remains unclear whether these plans are shared with the non key staff.

Score: from 3 to 3 (no change)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

TTCA has limited funding and tries to buy resources for all units, both for academia and administrative units, by prioritizing the needs. The existing resources are used cost-effectively in the college with discussions and prioritizations with admin department. Support staffs are aware about the resources (funding and materials) so as to use these cost-effectively. Unlike in the baseline situation the annual budget of the college is known by the respective department heads and this helps to plan and use resources cost-effectively. However, regarding the ICT infrastructure situation all the problems that have mentioned in the baseline are not solved, although the CTE received 10 new computers from the C4C project and DEC provided internet for the college.

Score: from 2.5 to 2.5 (no change)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

Even though some staffs do not feel any changes compared to the baseline in terms of delivering planned outputs, Active Teaching and Learning strategies are better applied at the college since 2013 by the key tutors. Tutors no longer start a lesson with a definition on the blackboard, but introduce a new topic by using a mind-map, education materials or worksheets. They are more aware of the need to involve students actively in the learning process.

Score: from 4 to 4.5 (slight improvement)

3.4. Mechanisms for beneficiary needs: 'The organisation has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

Compared to the baseline situation, there are discussions with students' representatives from each department and students council once in 20 days about the teaching-learning process and other issues in the college with the academic dean and the respective heads of departments. Hence, there is a slight improvement in identifying the gaps and addressing student problems, now students have started to talk about what is right or wrong. Contrary to the above statement, it is also mentioned that tutors do supervise trainees at school but there is no feedback mechanisms in place to find out what the needs of the students are related to the content of the curriculum and the methodology delivered by the CTE.

Score: from 2 to 2.25 (very slight improvement)

3.5. Monitoring efficiency: 'The organisation monitors its efficiency by linking outputs and related inputs (input-output ratios)'

This is about how the SPO knows they are efficient or not in their work.

A slight improvement is made by the vice dean of the college. Unlike the baseline situation, the vice dean has started to visit classrooms of the tutors and to provide feedback on their performance, but there is no standardized monitoring system at the college yet. Though it is not confirmed by others one respondent stated that they set up a check list to evaluate daily activity and performance evaluation twice a year where by an immediate feedback is given to the respective entity or individual. The identified gaps are trying to be addressed through discussion and training. However, this slight improvement is not observed by some of the key informants. Also there is no clear indication that efficiency is measure by comparing inputs to outputs.

Score: from 2.5 to 2.5 (no change)

3.6. Balancing quality-efficiency: 'The organisation aims at balancing efficiency requirements with the quality of its work'

This is about how the SPO ensures quality work with the resources available

Compared to the baseline situation, despite the limited resources, the college is trying to bring efficiency and quality in the college by improving the quality of education. But this effort is not recognized by other staffs and they said that the management did not support the staff with required resources. However, teachers are striving for the quality. Other key informants have also pointed out that quality of training at the college (key tutors) has improved but transfer of skills and knowledge from key tutors to non-key tutors remains a challenge.

Score: from 2.5 to 2.75 (very slight improvement)

Summary of the capability to deliver on development objectives

All the activities of the college have their own operational plan with their respective budget. The operational plans are developed through a bottom up discussion, where all department heads and process owners discuss issues with their respected staffs. It's after this the academic commission and the management committee starts to follow up on the implementation of the operational plan. Operational plans are made at the end of each C4C project visit – for the coming 6 months. It is observed that fiscal and financial plans have started to be prepared timely by the Department heads . TTCA is trying to manage resources in a cost effective way, where budgets are allocated by prioritizing activities. Colleges and department heads are informed about their allotted budget so as to use these cost-effectively. Though there is no standardized monitoring system in the college, the vice dean has started to frequently supervise tutors and provide immediate feedback. Students' class representatives are also consulted frequently about the teaching learning process and other related issues and the identified gaps and problems are addressed accordingly. Active Teaching and Learning strategies are better applied at the college since 2013 by the key tutors which has enhanced quality of the work. Despite the limited resources, the college is trying to bring efficiency and quality in the college by improving the quality of education, partly through applying the Active Teaching and Learning strategies at the college since 2013 by the key tutors. This has also helped to improve on achieving objectives.

Score: from 2.75 to 2.9 (very slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organisation maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organisation'

This is about whether the SPO engages external groups in developing their policies and strategies, and how.

The change in this indicator has not been noticed by the majority of staff members as it used to be in the baseline situation. Heads of education at district level, primary and secondary school and the community are engaged in preparation of strategies and the college has good relationship with these actors. There is still no engagement of external groups in developing policies and strategies of TTCA, which is a government institution that uses strategies in line with government policies. However, the management now stated that the college has started good relations with its external groups especially

during engagement in preparation of strategies. Hence, partners' feedback and reflections are considered in the strategy and future activity towards improving the quality of education.

Score: from 1 to 1.5 (slight improvement)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

Some say there is no network at all. But some others say the college started collaborating with Dessie and Jimma CTEs as a result of the experience-sharing trip after the baseline. Sharing documents, modules, and curriculums has already started. Ideas and lessons are also shared among the CTEs.

Score: from 1 to 1.5 (slight improvement)

4.3. Engagement with target groups: 'The organisation performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

TTCA continues to frequently supervise primary schools under the C4C program similar to the baseline situation. But the contact is limited with specific number of staffs associated with the project. Compared to the baseline situation a formal system has been established to support DEC intervention schools following the evaluation of the schools by DEC. After the baseline period efforts have been made to increase parents' involvement in education, for example, in the preparation of strategies.

Score: from 2.5 to 3 (slight improvement)

4.4. Relationships within organisation: 'Organisational structure and culture facilitates open internal contacts, communication, and decision-making'

How do staff at the SPO communicate internally? Are people free to talk to whomever they need to talk to? When and at what forum? What are the internal mechanisms for sharing information and building relationships?

Compared to the baseline situation the vice dean of the college regularly organizes meetings with the tutors and is coaching tutors on-the-job. There is an improvement in open discussion and dialogue with top management, particularly with the academic dean and hence, an improvement in information sharing and collaboration among staff is taking place. The management further pointed out that there are written and oral communications and everyone is free to talk to the management. There are meetings with instructors, department heads, , student representatives and the management committee on a regular basis. However, some staff members believe that the situation is still the same as with the baseline situation.

Score: from 3 to 3.5 (slight improvement)

Summary of the capability to relate

There is a slight improvement in the ability of management to engage with external stakeholders. The feedbacks of the stakeholders have been considered during the preparation the college's strategic plan. Efforts are also made with parents to increase parents' involvement in education. TTCA has also collaborated with similar colleges such as Dessie and Jimma college of teacher education, where experiences and materials such as modules, curriculums are shared among their staffs. TTCA has also closely engaged with C4C intervention primary schools. In addition, the top level management, particularly the academic vice dean, has improved engagement with the staffs.

Score: from 1.9 to 2.4 (slight improvement)

Capability to achieve coherence

5.1 . Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

The college's vision and mission had been printed and posted in each staffs office so that they can be familiar with it. The value and vision of the college is reviewed and changed as required but the mission is still constant.

Score: from 2.5 to 2.5 (no change)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

There is no change occurred, the situation is the same as in 2012 in terms of setting up operational guidelines: TTCA has operational guidelines in place on HRM, finance, goods and service procurement, trainee's selection and others. Most of these guidelines are used for practical activities. However, these guidelines still require updating and still staff do not seem to have adequate understanding of the guidelines. It is only the Education Management Information System (EMIS) that has developed and installed on computers of the 75 schools in the end line period.

Score: from 3.5 to 3.5 (no change)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organization'

This is about whether the operations and strategies are line with the vision/mission of the SPO.

Similar to the baseline situation, all project intervention strategies continue to be in line with the mission and vision of the college.

Score: from 3.5 to 3.5 (no change)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

This is about whether the efforts in one project complement/support efforts in other projects.

Compared to the baseline situation C4C (DEC) support has supplemented the college with material support and the college also started to work with other NGOs like USAID, UNESCO, UNICEF to complete projects. There are good efforts by the college and other stakeholders to help cluster schools through the provision of computers, science kits for teachers, training on active learning etc.

Score: from 3.5 to 3.75 (very slight improvement)

Summary of the capability to achieve coherence

Vision, mission and strategies are discussed when the need arises. The strategies and activities of TTCA are still in line with these vision and mission. Other funding organisations like UNICEF and UNESCO have come on board to support implementation of mutually supportive efforts. TTCA still has operational guidelines in place on HRM, finance, goods and service procurement, trainee's selection and others and most of these guidelines are used for practical activities. However, these guidelines still require updating and still staff do not seem to have adequate understanding of the guidelines. It is only the Education Management Information System (EMIS) that has developed and installed on computers of the 75 schools in the end line period.

Score: from 3.3 to 3.3 (no change)

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-053

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

C4

MDG

FOLLOW-UP REPORT

Country	Ethiopia
Consortium	Connect4change
Responsible Dutch NGO	IICD and Edukans and Development Expertise Centre (DEC)
Project (if applicable)	Improving the Teaching-Learning Processes and Educational Management through ICT
Southern partner organisation	Teacher Training College Ayssaita

The project/partner is part of the sample for the following evaluation component(s):

	X
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	X
Efforts to strengthen civil society	

Evaluation team:

University of Groningen: Nina Hansen, Elisabetta de Cao, and Steffen Eriksen

IFPRI/ESARO Ethiopia: Elias Zerfu, Tekalign Gutu, and Dereje Getu

Abstract

Primary school enrollment rates have increased over the last years to 82.5 % in low income countries. However, the quality of education in these countries is often quite low because many teachers received only little training. The current program aimed to improve the quality of education by offering an ICT supported school management system and teacher training in teaching-learning processes. This paper set out to evaluate the "Improving the Teaching-Learning Processes and Educational Management through ICT" project that was implemented by the Teacher Training College Ayssaita, Ethiopia. This evaluation focused on the primary beneficiaries of the project, namely primary school children. We compared children who were enrolled in pilot schools and who were taught by a trained teacher with children in the same schools who were taught by not yet trained teachers and with children in governmental schools (taught by not yet trained teachers). Students were interviewed in September 2012 in their first weeks of school in grade 1 and again in May 2014 at the end of grade 2. Balance tests and double difference analyses are reported for the project outcomes, which are indicators of quality of education and therefore important aspects of the Millennium Development Goal 2. The program faced several challenges that strongly influenced the implementation and especially the rigorness of the evaluation, such as high teacher-turn overrate, high migration of students, security issues, and a relevant change in teaching which were outside the control of the teacher training college. Keeping methodological and reality challenges in mind, the current evaluation found only evidence for increased motivation to attend school but no further impacts among students.

1. Introduction

Primary school enrollment rates have increased over the last years to 82.5 % in low income countries (World Bank, 2012). However, the quality of education in these countries is often quite low. For example, data from low-income countries in 2012 showed that 19.5 % of the primary school teachers had not received a minimum of organized teacher training normally required to be qualified to teach at the primary level in the given country (World Bank, 2014). One approach to increase the quality of education is capacity building with respect to teacher training. This paper set out to evaluate the "Improving the Teaching-Learning Processes and Educational Management through ICT" project in Ayssaita, Ethiopia. This project was funded by Directorate-General for International Cooperation (DGIS) through IICD and Edukans and implemented by Development Expertise Centre (DEC) at the Teacher Training College in Ayssaita. The main objectives of this project were to train teachers (at the teacher training college and working in schools) in teaching-learning processes and educational management with ICT to improve the quality of education for primary school students. This evaluation focused on the primary beneficiaries of the project, namely primary school children. We compared children who were enrolled in pilot schools and who were taught by a trained teacher with children in the same schools who were taught by not yet trained teachers and with children in governmental schools (taught by not yet trained teachers). Students were interviewed in September 2012 in their first weeks of school in grade 1 and again in May 2014 at the end of grade 2. Balance tests and double difference analyses are reported for the project outcomes, indicators of quality of education which are important aspects of the Millennium Development Goal 2. The report begins by presenting the local context in which the project has been implemented. This is followed by a description of the project, budget, result chain, and theory of change. Next, the methodology and data collection are described. The analyses and results are presented. The paper ends with a discussion of the results, efficiency calculations, and conclusions.

2. Context

Education is one of the priorities of the government in Ethiopia. In 1991, the average enrollment rate in Ethiopia was only 19 %. Since then access at all levels of the education system increased at a rapid rate in line with a sharp increase (more than hundredfold) in the number of teachers, schools and institutions (ESDP III, 2010). To date, the enrolment rate has increased to over 97 %. However, this rapid development has precipitated a decline of the quality of education in the whole country on all levels of education.

Thus, there is an acute need to pay more attention to quality assurance in general and to activities and processes which can improve student learning. These activities and processes should help to change schools

into learning environments that offer, for example, quality-focused school supervision, internal school leadership, increased student participation, or school-community partnerships. During the last years campaigns and education policies were developed to improve the quality of education. Effort has been invested at all educational levels including Early Childhood Care and Education (ECCE), primary education (grades 1-8), secondary education (grades 9-12) and Functional Adult Literacy. The quality improvement program integrates core priorities such as teacher and leader development and Information and Communication Technologies (ICT).

The evaluated project is part of an Ethiopian wide program called Connect4Change (C4) which was designed by EF/DEC and the International Institute for Communication and Development (IICD). This program is set up for five years between 2011-2015 mainly funded by DGIS. This program focuses on improving (1) the teaching- learning processes and (2) educational management in a few teachers training colleges (TTCs) and primary schools in Ethiopia. The ultimate goal is to thereby improve the quality of education. Out of fifteen different program sites Ayssiata was randomly selected. Ayssiata is situated in Afar, Zone 1, in the eastern part of the country, 700 km from Addis Ababa. The Ayssiata College of Teachers Education (Ayssiata TTC) undertakes the project activities in two major areas: on its own campus as well as in five neighbouring schools. The intake capacity of the college was about 600 trainees per year at the time of the baseline assessment in September 2012. The college mainly focuses on training primary teachers to work in schools for pastoralist communities. During the implementation period of the project, five primary schools were provided with a computer lab for teaching staff.

The literacy level as well as standard of living in this area in Affar is still very low. Only 48.57% of the total population in Afar had access to safe drinking water (Central Statistical Agency of Ethiopia, 2004). A more recent evaluation of two other MFS II evaluations in the same region indicated that 60 % of the population had access to safe drinking water (see project WASH C13 and project reproductive health C11 of Amref). A recent study compared educational indicators of all 75 pilot schools of the program with 30 control schools across Ethiopia. Results showed that the five schools in Ayssiata scored far below the other 70 pilot schools (Connect4chance, 2014). From 2011 to 2014 results show some slight improvement across the five schools. The learning results slightly increased by 1.21 grade points from 64.00 in 2011 to 65.20 in 2014 (grades range between 0 for very bad to 100 very good). The school dropout rate slightly decreased by 3.06% from 9.37% in 2011 to 6.31% in 2014. The completion or success rate (leaving school with a certificate) greatly increased by 64.07% from 17.91% in 2011 to 85.06% in 2014 (see Appendix, Table 1). To improve quality of education the government and stakeholders working on education face three main challenges[1]:

[1] In general, the low literacy level of the pastoral community could be due to: lack of access to schools at vicinity of the pastoral communities; lack of awareness of the importance of education particularly of girls; the need for child labor for herding and domestic chore; lack of alternative basic education or non-formal schools; lack of appropriate schools such as mobile schools to educate the children; shortage of food is a critical problem reducing enrollment and increase

1. The majority of people live in pastoralist communities and frequently move to search for water and pasture for their cattle. Children follow their parents and can often not regularly attend school. In this area it is a challenge to teach students in constructed permanent schools.
2. The hot temperature in this area does not allow students to wlak long distances to school every day.
3. It is difficult to recruit Afar speaking teachers. Most teachers are recruited from other areas of Ethiopia. Many of them do not want to stay for a long time in area that has limited facilities. Thus, the turnover rate of teachers is quite high. This in turn also affects the quality of education.

3. Project description

3.1. Project duration and budget

The project started in June 2011 and it is supposed to finish in June 2015. In 2008, Development Expertise Centre (DEC), a local frontline office for Edukans Foundation, and Graduate School of Teaching and Learning (GSTL) of University of Amsterdam (The Netherlands) in collaboration with ministry of education and regional bureaus started implementing a pilot program for three years. This program 'Basic Education Quality Improvement program (BEQIP)' was implemented in some selected primary schools in Amhara and Oromiya Regional States in Ethiopia. The program started with introducing digital video as ICT tool for reviewing the teaching and learning process. In March 2010, a roundtable was organized in Addis Ababa to share the results of the BEQIP to partners and stakeholders. Based on the output of the roundtable, EF/DEC and International Institute for Communication and Development (IICD) have designed an outline for a country-wide program called C4C for the years 2011-2015.

The evaluated project is one program site of this Ethiopian-wide program. The Southern Partner of DEC in Ayssiata is the Ayssaita College of Teachers Education (CTE). This teacher training college was established in 2008, located 700 Km East from Addis Ababa. In 2012, the college trained 600 teachers per year for primary schools in pastoralist communities.

The project was initiated by Dutch NGOs. They selected DEC as a Southern partner to develop and implement the project in close cooperation. The Dutch NGOs and representatives from the University of Amsterdam (UvA) regularly visit the project sites and aim to build capacity by training teachers and school management staff.

The C4C Ethiopia contract is between Edukans and (1) the University of Amsterdam and (2) DEC in Ethiopia and not with the 15 implementing partners of the program separately. Thus, the budget indicated

school dropouts; early and mandatory (Absuma) marriage of girls; and lack of access to water and health services around the schools.

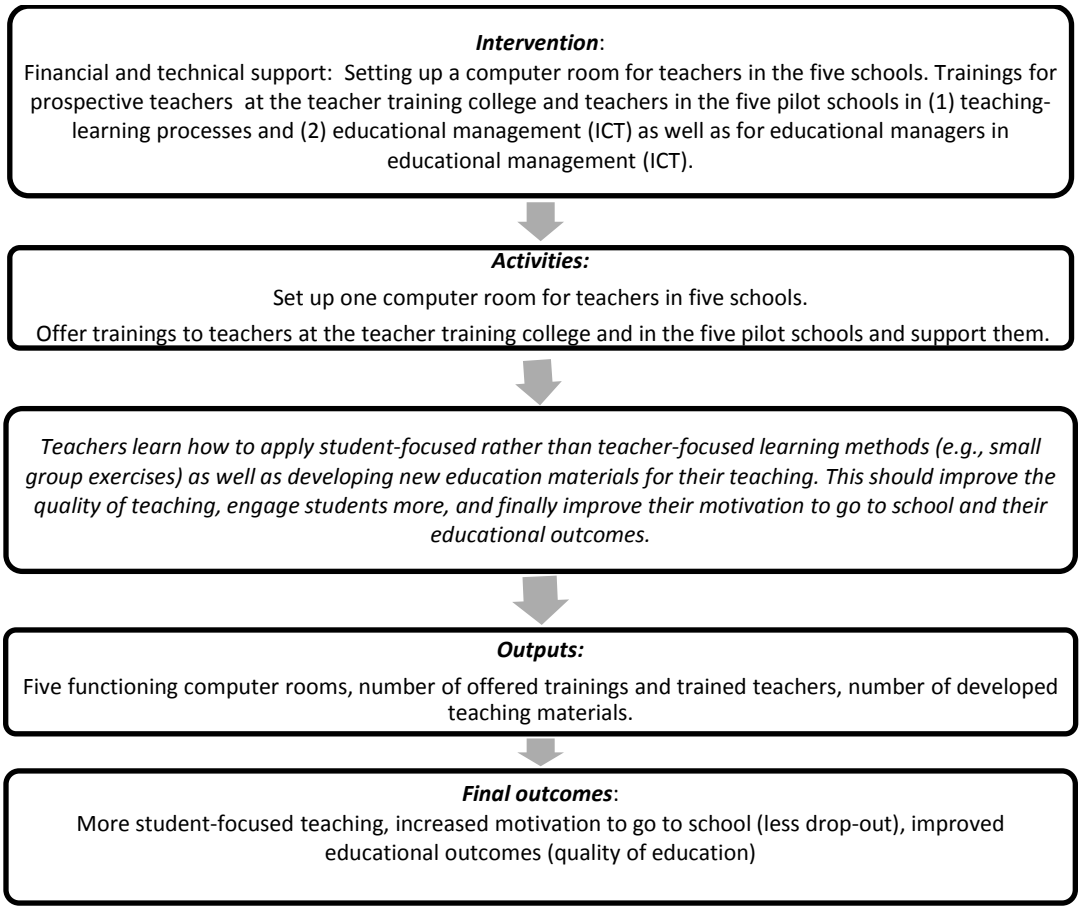
below is a 15th of the whole budget and not the specific budget for Ayssaita CTE. The total budget (2011-2015) €995.364 divided by 15 partners/project sites is around €66.358 Euro per partner/project site. For the five year duration the MFSII funding for Ayssaita CTE is €61.518 which is 83% of the total project budget. ICT-related capacity building is provided by IICDs technical partner DOT Ethiopia and Leverage Plc (for further details see Table 4).

3.2. Project objective, activities, and theory of change

The aim of the project is to improve the teaching-learning processes and educational management in primary schools in Ethiopia. Young teachers in the teacher college in Ayssaita and teachers in five schools were trained to improve the quality of education. More precisely, computer rooms were set up for teachers in the five schools. Furthermore, teachers were trained in teaching-learning processes (e.g., applying different teaching styles such as small group discussions in class) and in using ICT for their educational management (i.e. digitalize and update learning media and lesson plans). The latter training is expected to result in more efficient school management which should free up some time of the teachers to be able to set up extracurricular activities for students. In addition, managers in schools were trained in education management to improve the decision-making in primary schools. Finally, this all should lead to the development of a supportive friendly supervision system in the schools. To conclude, the ultimate objective of this project is to improve the quality of teaching and improve students' performance in school.

The graphical theory of change illustrates the envisioned impact of the project (see Figure 1). Below specific aspects will be described in detail.

Figure 1: Graphical theory of change for the impact of the project



The intervention included three main ***activities***. First, each school allocated one computer room for teachers only equipped with computers and a printer for their educational management. Second, the intervention offered two types of training for prospective teachers at the teacher training college and teachers in the five pilot schools in (1) teaching-learning processes given by representatives of the UvA and (2) educational management (ICT) for teachers as well as for educational managers in educational management (ICT) to improve quality of education for students. ICT-related capacity building is provided by IICDs technical partner DOT Ethiopia and Leverage Plc.

The project ***activities*** focused on the teachers and included the following:

- Provide computers for teaching staff in school
- Teacher training on teaching-learning processes in class
- Teacher and school management trainings on applying educational management
- School visits to support teachers

The ***outputs*** can be divided into the three different activities. Concrete outputs are:

- Set up one computer room in each of the five pilot school
- 4 district level education experts trained in data management and communication skills to ease school-district networking
- 560 prospective teachers trained in ICT related issues which would help them in practicing
- 30 primary education staff members working in 5 schools trained in school management
- 30 college level instructors trained in teaching-learning processes
- 65 primary teachers, 5 supervisors and 5 principals trained in C4C to implement in classroom levels

Specific output indicators were specified but not quantified:

- Integration of ICT in their future carrier
- Number of action researches carried out
- Number of digital learning media produced
- Number of videos produced and analyzed
- Round experience sharing carried out

The ***theory of change*** states how specific activities should result in the envisioned outcomes. In this case, teachers have access to a computer room to prepare their teaching lessons and school management. In addition, the teachers are trained in (1) teaching-learning processes and (2) educational management. They learn how to apply student-focused rather than teacher-focused learning methods (e.g., small group exercises) as well as how to develop new education materials for their teaching. The training will help them to refine their teaching methods and prepare new education materials to use in class. Applying these new insights (i.e., engaging students in student-focused learning activities, using newly developed education materials), students will be more interested and motivated. This should help students to more easily and successfully learn the subject. This increased motivation in learning should decrease school drop-out and finally increase students' performance. Important to note is that the project designers expected that trained teachers would train their colleagues who did not have the chance to participate in a training. This snowball effect should increase the number of teachers who were trained in teaching methods.

3.3 Changes in the project activities

The project faced seven main threats with respect to the planned implementation which resulted in changes in the project activities. First, at the time of the baseline study one computer room for teachers was built in each of the five pilot schools. However, at that time the computers could not yet be used due to technical problems. At the time of endline study this problem had not entirely been fixed. The information we could get is that the

ICT equipment is only functioning in some schools that have stable electricity. Teachers of other schools without any electricity can go to a center in the town after work and on weekends. This center was set up by DEC.

Second, as expected the teacher turn-over rate was very high. We requested more detailed information about this issue from the SPO to be able to illustrate this threat with numbers (list with teachers we sampled in the baseline to check whether and when they left). We did not receive any information yet. Based on the data from the teacher survey, only four out of twenty-two teachers were interviewed twice. However, only one teacher was trained in teaching methods (not in school management) and was still teaching the same class.

Third, the government has changed the teaching system last year. So far each class up to grade 4 was taught by one teacher (i.e., self-contained). Since last year each class is taught by several teachers, one teaching environmental science, one math and so forth. This is likely to influence the impact of the project. It could have positive spill-over effects if one teacher who has been trained uses his new skills in several classes. However, it could also happen that the trained teachers do not use these new methods anymore (e.g., too much work teaching several classes, influence by older teachers).

Fourth, as far as we are informed so far only one school management training was conducted.

Fifth, based on our data we did not find any evidence that teachers who received training would train their colleagues afterwards.

Sixth, during the last two years the government has built a large sugar plant in the area of the schools that were selected for this evaluation. Many pastoralist families were forced to move away which has caused a lot of unrest among the inhabitants. As a result the enumerators could not travel to one of the treatments schools (see section 4.3 for more details).

Seventh, the communities in Afar are pastoralists. Migration within these communities is very high. Furthermore, students' school absence is very high which in turn affects students' performance and the result of the evaluation as well. The potential impact of these seven threats for the project activities will be discussed later.

4. Data collection

4.1 Data sources

This evaluation is based on two main sources of data, namely (1) gathered sources of data and information and (2) a survey that was conducted among children. First, prior to visiting the project site, information was gathered from IICD, Edukans and DEC. This information included project reports, project monitoring data, and financial data. The evaluation team met once with a representative from Edukans in the Netherlands and three

times with representatives from Edukans, IICD, and DEC in Ethiopia (June 2012, May 2013, and April 2014) to understand the project and its progress as well as to obtain relevant project documents. It was agreed on focusing on evaluating primarily the impact among students as the involved stakeholders monitored the trained teaching staff themselves. Second, we interviewed children to investigate the outcomes of the program among these beneficiaries. The survey and the results will be described below. Representatives of the evaluation team visited the field sites during the data collection in September 2012 and May 2014.

4.2 Description of the surveys

Children were individually interviewed by native speakers. The endline questionnaires were translated to the local languages to make sure that students understand the questions (e.g., Benet-Martínez & Hong, 2014). The baseline interview lasted on average 30 minutes and the endline on average 60 minutes. The full questionnaire can be obtained on request. The questionnaire was divided into seven sections. The majority of questions in each section were asked at baseline and endline, a few questions were revised at the endline, and one section was added (section 1.5, school performance test). The first part assessed demographic information about students' age, gender, religion, ethnicity, and mother tongue. Section 1.5 included a school performance test which was only asked at endline. As there is no standardized school performance test available for grade 2 across Ethiopia, we extensively developed one school test in collaboration with educational experts and field workers across Ethiopia. In this school test, students were asked seven questions about the subject environmental science, fourteen questions about the language of instruction, eleven mathematical questions, and six English questions. For each subject the questions increased in difficulty. One master thesis which is still in progress explains in detail how this measure was developed and carefully pre-tested (Geiger & Hansen, in preparation). The third section included questions about cognitive skills and health indicators. Section four included questions about students' identity. Students' school engagement and future aspirations were assessed in section five. Next, questions about the classroom interaction and learning were assessed, before students were asked questions about their socioeconomic background. The items of the presented results are provided in Table 15 in the Appendix.

In addition, we requested information about students' grades, absence (e.g., due to illness), and whether students had to repeat a grade. Unfortunately, the field officers were not able to obtain this information from the schools. Thus, we did not receive any information about students' absence or who had to repeat a class. The enumerators tried to get more detailed information about attrition; of each student who was not present in school during the interview period in May 2014. Unfortunately, the enumerators were only able to receive some general information of the reasons why some students were not present during this data collection time. Thus, we could not include school attendance and grade repetition as outcome variables. Thus,

we included self-report measures for students' motivation and intention to drop out of school. Table 1 provides an overview of the assessed outcomes that were included in this evaluation.

Table 1. Overview of assessed outcomes

Main outcomes	Source	Specific outcomes	Assessed at
Access to education	School records	Number of enrolled students	Baseline & endline
Quality of education	Student survey	Cognitive ability (recall)	Baseline & endline
	Student survey	Cognitive ability (remember order)	Baseline & endline
	Student survey	Motivation to attend school	Baseline & endline
	Student survey	Intention to drop out	Baseline & endline
	Student survey	Control beliefs about students' performance	Baseline & endline
	Student survey	School performance test (overall, environmental science, language of instruction, math, English)	Endline
	Student survey	Control belief about students' performance (additional item)	Endline
	Student survey	Teaching approach in class used by the teacher	Endline
	Student survey	Teaching equipment used in class by the teacher	Endline

4.3 Sampling design and sample sizes

The evaluation included three groups, one treatment and two comparison groups. The sampling of the *treatment group* is described first. The beneficiaries are students (and teachers) from the five pilot schools that were part of the program and who directly (teachers) and indirectly (students) profit from the teacher trainings. In particular, we sampled three schools out of five and in each school one 1st grade class (note that there is only one 1st grade class in each school, except one where there are 2 sections and we randomly picked one). All students and teachers of the selected classes were part of the survey. As the ultimate goal of the program is to improve the performance of students in primary education, we decided to mainly focus on students as beneficiaries. Next, we sampled two different comparison groups. In particular, the *first comparison group* includes three schools that are part of the program. The sample consists of students and teachers of two 1st grade classes where the teachers have not been trained, but will be trained in future. The reason why we picked these two schools out of the total five is that in the remaining three schools there are only 1st grade classes in which teachers have already been trained. Important to note, ideally we wanted to compare classes with trained and untrained teachers in one school to compare the impact of the intervention in the same learning environment. Given the small schools this was not possible. Thus, we tried to sample comparable schools. We were aware that the learning environment is crucial and that these differ between urban and rural schools. However, given the reality constraints we chose the most suitable comparison schools. In addition, we controlled for several controlling variables to capture important differences (e.g., demographics, educational background of parents,

village). The *second comparison group* consists of two governmental schools which are not part of the program and teachers were not yet trained at the TTC. The sample includes students and teachers of 1st grade classes. These schools were selected from the same area and were comparable to the pilot schools in terms of infra-structure, size, and socioeconomic background of students and teachers. Importantly, these schools were not equipped with a computer room. These schools were not selected randomly as there are not many schools in this area.

At baseline 180 students were interviewed in the treatment schools who were taught by trained teachers, 261 students who were taught by untrained teachers (comparison group 1), and 59 students from governmental school (comparison group 2; see Table 2 for an overview per school). At the endline 79 students were interviewed in the treatment schools, 257 in comparison group 1, and 29 in the governmental schools (comparison group 2). For security reasons the enumerators could not visit one of the treatment schools, Handeg (*n* = 52). As attrition was very high we additionally interviewed students in the schools who were not interviewed in the baseline.

Table 2. Overview of sample design and sample sizes

	1. Students taught by *trained teachers in pilot schools* (*treatment group*)	2. Students taught by *not trained teachers in same pilot school* (*comparison group 1*)	3. Students taught in *governmental schools* in which teachers are not trained (*comparison group 2*)
Baseline	School 1: Arado (urban) #students: 84	School 1: Cindile (urban) #students: 162	School 1: Gabule (urban) #students: 33
	School 2: Handeg (remote) #students: 44	School 2: Yewuket Chora (urban) #students: 99	School 2: Galifage (urban) #students: 26
	School 3: Hamitole (remote) #students: 52		
Baseline total	180 students	261 students	59 students
Endline	School 1: Arado #students: 59	School 1: Cindile #students: 158	School 1: Gabule #students: 22
	School 2: Handeg #students: 0 *Dropped out of the sample due to security reasons!*	School 2: Yewuket Chora #students: 99	School 2: Galifage #students: 7
	School 3: Hamitole #students: 20		
Endline total	79	257	29
Attrition rate	56.11 %	1.53%	50.85%

4.4 Attrition to follow-up

At the baseline assessment in September 2012, 500 students were interviewed. At the endline assessment only 365 students were interviewed of which only 183 were interviewed twice (baseline and endline). During the field work we decided to also interview 182 new students from the same classes. Therefore, the overall attri-

tion was very high, about 64% (1-183/500). Additional analyses to check for attrition showed no systematic effects, except one significant difference (whether students received help with their school work at home, see Table 14).

We identified three main reasons for the high attrition (see also discussion in section 3.3). First, due to security reasons the enumerators could not travel to Handeg school. Second, many pastoralist families moved away because a new factory that was built by the government. Third, migration among pastoralist communities is very high in general. Fourth, at the time of the data collection it was very hot (around 42 degrees). Many children did not attend school, many of them have to travel long distances. Fifth, many students had to repeat a grade, transferred to a nearer school, or even dropped out of school. Unfortunately, we could not get any detailed information or documents to check which students dropped out of school, transferred schools, or were just not present during the data collection time. This is somehow surprising as the newly deployed school management system should have supported this. The enumerators tried to get as much information as possible. However, as the teacher turn-over rate is also very high, many teachers did not know all the students that were enrolled in their classes. We decided to additionally interview all students who were now also in the sampled classes.

4.5 Implication of power calculations

A potential concern of our evaluation is that we lack sample size to detect a real impact of one of the interventions in this project, resulting in a Type II error. Theoretically, a power analysis can assess whether this is a serious risk. However, it is not obvious how to perform power analyses for our analyses. Many simplifying assumptions need to be made in order to make the problem tractable. Moreover, we consider a broad range of outcome variables, and use different types of regression techniques. Our approach, therefore, will only be indicative and will provide some extremely rough estimates covering a range of contingencies. One of the main problems we are faced with is that we need to make an assumption of the effect size for the underlying population. Since there are virtually no quantitative studies available that can guide us in terms of expected effect sizes, we decided to follow Cohen's definitions of small, medium and large effect sizes (Cohen, 1988, chap. 9), and calculate minimum required sample sizes for the effect size of 0.8. Based on this assumption we calculated the minimal detectable effect size for the main outcomes variables separately using the STATA program powerreg, which is specifically designed to do power calculations for multiple regression models. Results are given in Table 3 below.

Table 3. Minimal detected effect size

Outcome variable	Minimal detected effect size	
	Whole sample	***Trained teacher in Arado 'case study analysis'***
Cognitive ability (recall)	.04	.04
Cognitive ability (remember order)	.60	.06
Motivation to attend school		
Intention to drop out of school		.22
Control beliefs	.14	.14
Good grade	.18	.18
Test overall school performance		.08
Test environmental science	.06	.06
Test language of instruction		.11
Test math	.10	.10
Test English		.12
Teacher explain everything to students	.06	.06
Teacher ask question to students	.10	.10
Students have to do exercises alone	.10	.10
Students discuss and work in small groups	.10	.10
Students discuss and work with neighbor	.10	.10
Students can ask questions during class		.10
Teacher used print copies	.02	.02

4.6 Other data problems

The reasons of the high attrition have been discussed above (see section 4.4). Furthermore, we were not able to receive the school records from the schools (absence, grade repeated, grades) for all students (see discussion in section 4.2).

4.7 Availability of financial data

The total budget for this project was around €61.518 of which 83% were funded by MFS II. Table 4 below provides a breakdown of the project budget in different types of activities. The largest amount of the total budget over the five years 68% was invested in capacity building activities. 32% were invested in setting up and managing the computer facilities. We did not receive more detailed information on how much of the budget was spent on each type of the training (teaching-learning processes versus school management). During our first meetings we were informed that these two types of training would be organized in separate sessions. However, the project reports suggest that both aspects have also been addressed in one training.

Table 4. Breakdown of the project budget in capacity building and ICT for Ayssaita CTE

Year	Budget in Euro	% of budget funded by MFS II	Budget spent on capacity building	Budget spent on ICT	Extra support for CTE
2011	10.823	85	5.323	5.500	
2012	11.847	76	9.847	2.000	
2013	21.026	87	10.350	676	10.000
2014	11.026	85	10.350	676	
2015	6.796	82	6.130	666	
Total	61.518	83	42.000	9.518	10.000

4.8 Descriptive analysis

We first tried to check the intended outputs (see Table 5) split up for the three main activities of this project; ICT infrastructure in schools and the two different types of training. The school visits to support teachers were not quantified in the documents we have received. The ICT infrastructure was set up but due to power cuts and a lack of expertise sometimes not functioning. In addition to the computer rooms in schools DEC set up a center in town. The outputs with respect to the teacher training seem to suggest that fewer participants may have attended the training than intended. Based on the participant lists we concluded that only 41 teachers attended the teaching method workshops organized by colleagues from the UvA (see Appendix Table 16). This was less than it was stated in the intended outputs of the project. As far as we know only one teacher training for school management was organized in 2012.

Table 5: Output and outcome goals and achievements

Output	Goal	Achieved
Set up one computer room in each of the five pilot school	5	Partially achieved, 5 computer rooms are build and equipped, not always functioning, in addition 1 center is set up by DEC in the town
Teacher training on teaching-learning processes in class (number of participating teachers)	• 30 college level instructors trained in teaching-learning processes • 65 primary teachers, 5 supervisors and 5 principals trained in C4C to implement in classroom levels	Mentioned in the documents: 28 teachers 6 principals 3 supervisors 500 prospective teachers However, less based on participant lists (see Appendix Table 12): 41 primary teachers
Teacher and school management trainings on applying educational management	• 560 prospective teachers trained in ICT related issues • 30 primary education staff members working in 5 schools trained in school management	Not clear
School visits to support teachers	Not quantified	
Notes. For Outputs and goals we referred to the following word document 'Project 18. Connect4Change Information about Ayssaita 2011.docx'. For achievements we referred to the following documents 'Annual report of Connect for Change Program Ethiopia, ET1115H04, January 2014' and 'Country Progress Report Connect4Change Ethiopia, January 2014, DEC'.		

Next, we checked the results of the teacher survey (see Table 6). We interviewed 12 teachers at baseline and 22 teachers at the endline. The teachers were selected because they were teaching the classes that were selected for the student survey. We interviewed more teachers at the endline because the teaching system had changed in 2013. At baseline only one teacher would teach one class in all subjects (i.e., self-contained teaching). At the time of the endline this system had changed, several teachers were now teaching each class (i.e., one teacher would teach specific subjects in all classes of the school). The sample below includes teachers from the pilot and governmental schools. At baseline four teachers had received training; two in school management and two in teaching learning processes. At the endline only two teachers indicated to have received one training in teaching-learning methods and none indicated to have received training on educational management in the last 12 months.[2] Based on the documents we received we checked whether the teachers whom we interviewed at baseline were still teaching at the same schools at endline. Important to note, only *one* teacher at Arado school was still teaching the same students in one class.

As expected the teacher turn-over rate was very high (only one teacher stayed). However, based on our yearly discussions with DEC we expected that new teachers would be trained and take over the positions of the leaving teachers. Our small sample and its results do not provide any evidence for this assumption. The current results seem to suggest that none of the interviewed teachers was trained after the baseline assessment by an already trained teacher or participated in a training.

Table 6: Descriptive results of teacher survey of the baseline and endline assessment

Baseline

Variable	*N*	*M*	*n*	*n*	*SD*	min	max
Gender	12	0.75	3 men	9 women	0.45	0	1
Age	12	26.58			9.04	20	53
Religion	12	0.75	9 Muslim	3 Christian	0.45	0	1
Years of teaching experience	12	8.33			8.96	0	33
Working hours per week as a teacher	12	19.08			2.42	12	21
Monthly salary (ETB)	11	1,314			398.67	861	2.15
Participated in teacher training (last 12 months)*	12	0.33	4 yes	12 no	0.492	0	1
Educational management*	12	0.16	2 yes	10 no	0.38	0	1
Teaching learning processes*	12	0.16	2 yes	10 no	0.38	0	1

Endline

Variable	*N*	*M*	*n*	*n*	*SD*	min	max
Gender	22	0.63	14 men	8 women	0.49	0	1
Age	19	27.05			6.18	20	45
Religion	22	0.77	17 Muslim	5 Christian	0.42	0	1
Years of teaching experience	22	8.13			6.44	0	24
Working hours per week as a teacher	22	14.59			5.82	4	24
Monthly salary (ETB)	22	1,868			2862.37	2	14461
Participated in teacher training (last 12 months)*	22	0.09	2 yes	20 no	0.29	0	1
Educational management*	22	0.00	0 yes	22 no	0.00	0	0
Teaching learning processes*	22	0.09	2 yes	20 no	0.29	0	1

Note. Answers are coded with *yes=1, no=0.

[2] We were informed that the precondition to offer this training at a school is that the school management system needs to be in place. As this was not the case a learning by doing approach was used which is a kind of capacity building yet not valued like an organized training workshop with a daily allowance.

The student survey included a range of information designed to control for differences in socio-economic characteristics and demographic structure across children and the households they lived in. We chose questions that children of this age can easily answer. Descriptive statistics and balancing tests based on the baseline assessment for the two comparison groups and treatment group are provided in Table 7. Table 8 provides an overview of the descriptive statistics and balancing tests for the baseline and follow-up data focusing on the main outcomes.

The statistics from Table 7 suggest that the three groups of this evaluation differ in some aspects. With respect to the educational background, parents of children in the treatment group seem to be more likely to be able to read and write, have books at home, and help students with their school work compared to students in the governmental schools (comparison group 2) but less so compared to students in the pilot schools in which teachers were not trained at the baseline (comparison group 1). Furthermore, we assessed some indicator of poverty. More precisely, the number of animals was larger in the treatment compared to the comparison group 1. Finally, children in the treatment group ate more meals per day compared to the comparison group 2 and fewer meals per day compared to the comparison group 1. We included these variables as control variables next to more general demographics (age, gender, ethnicity, religion etc.) in the final analyses.

Table 8 presents the summary statistics of the main outcome variables. Two differences were found comparing students in the treatment schools with students in pilot schools without trained teachers. More precisely, students indicated less often that teachers would use printed copies (in both groups printed copies were hardly never used) and chairs were more frequently missing in class. Furthermore, four significant differences were found between students in the treatment schools and governmental schools. Students in the treatment schools showed better cognitive abilities (recall and order) and more frequently indicated that teachers used teacher-focused teaching methods (teacher explained everything to students and asked ask question to student) compared to students in governmental schools at baseline. We will discuss these more in depth in the following section.

Table 7: Summary statistics and balancing tests for controls

	Summary Statistics						Balancing tests	
	Comparison 1		Comparison 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Household characteristics								
Parents can read and write	257	0.68	60	0.33	179	0.53	-0.156**	0.192***
							(0.075)	(0.061)
Books at home	258	0.35	61	0.10	179	0.23	-0.118***	0.151***
							(0.040)	(0.049)
Study help at home	256	0.60	61	0.21	176	0.39	-0.215***	0.170**
							(0.079)	(0.079)
Number of brothers	259	0.97	61	0.75	180	0.88	-0.091	0.111
							(0.095)	(0.215)
Number of sisters	259	0.87	61	0.72	180	0.84	-0.030	0.106
							(0.124)	(0.189)
Number of animals	257	8.04	61	15.16	180	13.71	5.663***	-1.544
							(1.834)	(2.402)
Child Characteristics								
Sex (male=1)	258	0.54	61	0.66	180	0.59	0.050	-0.061
							(0.046)	(0.049)
Age	257	7.47	61	6.93	177	7.63	0.166	0.733***
							(0.198)	(0.187)
Ethnicity								
Amhara	258	0.43	61	0.00	179	0.25	-0.183**	0.251***
							(0.086)	(0.076)
Oromo	258	0.02	61	0.00	179	0.06	-0.010	0.006
							(0.010)	(0.005)
Tigraway	258	0.08	61	0.00	179	0.00	-0.008	-
							(0.005)	
Somali	258	0.54	61	1.00	179	0.74	0.200**	-0.257***
							(0.084)	(0.072)
Religion								
Orthodox	258	0.81	61	0.00	180	0.02	-0.059**	0.022**
							(0.023)	(0.009)
Muslim	258	0.92	61	1.00	180	0.98	0.059**	-0.022**
							(0.023)	(0.009)
Meals per day	258	2.95	61	2.61	180	0.41	-0.089**	0.261***
							(0.039)	(0.046)

Notes: Column 2, 4 and 6 presents the mean of the comparison and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. Standard errors are clustered at the village level. Robust standard errors in parentheses. Comparison group 1 was not included in the endline assessment. *** $p < .001$, ** $p < .05$, * $p < .1$.

Table 8: Summary statistics and balancing tests for main outcome variables

	Summary Statistics						Balancing tests	
	Comparison 1		Comparison 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Panel A: Baseline								
Cognitive ability (recall)	254	0.55	61	0.47	174	0.54	-0.022	0.063*
							(0.025)	(0.034)
Cognitive ability (remember order)	257	0.77	61	0.65	180	0.51	-0.062	0.074*
							(0.769)	(0.037)
Motivation to attend school[1]	259	3.36	61	3.05	176	3.26	-0.091	0.148
							(0.114)	(0.147)
Intention to drop out of school[1]	257	2.25	61	2.66	175	2.35	0.137	-0.285
							0.100	(0.209)
Control beliefs[2]	259	1.12	61	1.11	180	1.09	-0.046	0.024
							(0.067)	(0.056)
Teacher explain everything to students	259	0.95	58	0.72	179	0.93	-0.016	0.194**
							(0.030)	(0.074)
Teacher ask question to students	258	0.64	58	0.50	177	0.59	-0.045	0.126**
							(0.059)	(0.055)
Students have to do exercises alone	258	0.55	58	0.50	178	0.47	-0.041	0.018
							(0.056)	(0.055)
Students discuss and work in small groups	258	0.26	58	0.33	178	0.33	0.093	0.038
							(0.082)	(0.087)
Students discuss and work with neighbor	258	0.21	58	0.22	179	0.23	0.044	0.043
							(0.037)	(0.051)
Students can ask questions during class	258	0.30	58	0.22	178	0.34	0.057	0.932
							(0.046)	(0.060)
Teacher used print copies	256	0.04	61	0.00	179	0.01	-0.028**	0.011
							(0.014)	(0.008)
Teacher used books	257	0.65	61	0.64	179	0.67	0.021	0.037
							(0.068)	(0.049)
Teacher used computer	254	0.02	61	0.02	178	0.00	-0.016	-0.017
							(0.010)	(0.014)
Teacher used Blackboard	258	0.86	61	0.75	177	0.81	-0.056	0.058
							(0.055)	(0.120)
Chair in class	258	0.86	61	0.54	179	0.70	-0.160***	0.171
							(0.048)	(0.173)
Desk in class	258	0.80	61	0.47	179	0.70	-0.095	0.221
							(0.061)	(0.195)

	Summary Statistics						Balancing tests	
	Comparison 1		Comparison 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Panel B: Endline								
Overall school performance	257	0.72	29	0.57	79	0.62	-	-
Test environmental science	257	0.88	29	0.84	79	0.87	-	-
Test language of instruction	257	0.69	29	0.53	79	0.56	-	-
Test math	257	0.77	29	0.52	79	0.66	-	-
Test English	257	0.54	29	0.47	79	0.44	-	-

Notes. Column 2, 4 and 6 presents the mean of the two comparison and treatment group respectively. Column 7 and 8 displays the coefficient from a separate OLS regression. In panel B no balancing tests are conducted as there are only endline data available. Standard errors are clustered at the village level. [1] The scores were computed by an average of two items assessing the retrospective construction of a scale ranging from 1 for *very low* to 4 for *very high*. [2]Students were asked to choose one out of two statements describing their personal control belief on how they can achieve specific goals such as a good grade in life. One statement represented a strong internal control belief that it depends on their own efforts and the other represented a strong external belief that it depends on other pure luck. All answer representing internal control belief were summed up. In total, students received 2 of these questions. The reported score could vary from 0 for *no personal control belief* to 2 for a *strong personal control belief.* [3] Grades were not available for all students who were interviewed at the endline. Robust standard errors in parentheses *** $p < .001$, ** $p < .05$, * $p < .1$.

5. Analyses and results

This section explains the analyses and presents the results of the impact evaluation. Section 5.1 describes the approach we have used, and points out some of the caveats we were faced with. The main results are presented in Section 5.2.

5. 1 Methodology

The objective of this report is to describe changes in school engagement and learning outcomes that could be attributed to teacher training. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants of well-being (e.g., Armendariz & Murdoch, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not necessarily provide the solution. Beneficiaries could for instance have been wealthier than non-beneficiaries when the program started or *vice versa*. This and other factors can make some students more likely to choose a specific school, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized controlled trial (RTC). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RTCs, is not always possible because of the program implementation or ethical reasons.

As we had no influence on the design of the "Improving the Teaching-Learning Processes and Educational Management through ICT" project, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model, one needs to have information about relevant indicators of the treatment group and the control group before (baseline) and after (end line) the intervention. While the RCT methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RTC method is that it does not automatically distinguish between the impact of time-varying characteristics between members of the two groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

To test whether the treatment and one control group are comparable at baseline, a balancing test can be conducted. Although debated in the literature, a balancing test is generally used to determine if the observable controls are distributed similarly between the groups in question.[3] If any significant difference exists between the three groups in question, a balancing test should pick up this difference and indicate that the current composition of the data could lead to a biased estimate of the treatment effect. The balancing test is conducted as a set of OLS regressions in which each control variable is individually regressed on a constant and the treatment dummy. The standard errors in the regressions are clustered at the village level to account for intra-class correlation. The coefficient of the treatment dummy now gives us an unbiased estimator of the difference between the control and treatment group at the time of the baseline survey.

Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \qquad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if

[3] For a summary of the literature and further discussion of balancing tests see Kleyman (2009).

the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[4], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y. It is an unbiased estimate of the average impact of being assigned to the treatment group on the dependent variable Y.

Some of the outcome variables considered in the analysis are binary. In these cases, a linear probability model (LPM) is estimated and the marginal effect of D_i^C for the impact of the project on outcome Y is reported.[5] In all models the standard errors are clustered at the village level.[6] Clustering at the village level provides a relatively high amount of clusters (79), these clusters are big enough. It is important to cluster the standard errors, as the data might be subject to intraclass correlation, that is, students from the same villages are likely to be more similar on a wide variety of measures than students who do not live in the same village. The higher intraclass correlation, the less unique information each student provides. This has to be taken into account when running the regressions by inflating the standard errors.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The double difference model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As the number of new entries and drop-outs are very high (see section 4) all estimations will be done on the restricted panel.

Although a double difference analyses can solve some potential biases in the data, some bias may remain. A double difference analyses helps picking up the time-invariant heterogeneity, but bias can still remain due to time-variant unobservables. Yet, a positive significant effect in the double difference model is a strong indication of an influential intervention. An insignificant effect or even a significant negative effect, however, does not necessarily imply that the intervention does not work or does harm, as in our analysis we only measure short-term effects.

[4] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

[5] In recent literature, Puhani (2012) shows that in a nonlinear difference-in-difference, such as the one used in this study, the cross difference is not equal to the treatment effect. Instead the treatment effect comes from the cross derivative (or cross difference) of the conditional expectation of the observed outcome minus the cross derivative of the conditional expectation of the potential outcome without treatment. Although this calculation of the treatment effect is appealing, this study will follow common practice in the field and report the estimate of β_3 in the case of a LPM.

[6] In educational science, common practice would have been to cluster at the class level instead of the village level. However, due to the low number of classes, clustering was done at the village level for this project.

5.2 Results

The impact analysis is based on a DD procedure. The main reason to do that is the high attrition rate (64%, see section 4.7). Furthermore, since in the endline a set of new questions are added to derive a school performance score, we report some basic cross-sectional analysis on the difference of the test scores between the treated and untreated students. Results of the teacher survey showed that only one trained teacher was still around and teaching the same class as two years ago in Arado school (urban). First, we compared results of this unique class with the comparison group 1 (pilot schools without trained teachers, urban area). In addition, results are based on the data treated as two repeated cross sections. We also report a DD panel analysis based on the children that were interviewed twice (179 students).

Table 9-10 present the results for the restricted sample (students who were interviewed twice, based on the baseline distribution) comparing the only class that is still taught by a trained teachers at the Arado school with students in pilot schools who were not taught by a trained teacher (comparison group 1) including controlling variables (parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnicity, religion, and number of meals per day). Tables 11-12 provide an overview of the same analyses without controlling for any variables. The discussion of our results will focus on the results provided in Table 9-10. In the Appendix the results for the bigger restricted sample (including Hamitole) and full sample are presented (see Appendix Tables 2-5).

Overall, the analyses did not show any benefits in *school performance* (see test scores, Table 9) or a change to *student-centered teaching* (see classroom interaction indicators, Table 10) for students taught by one trained teacher compared to the students taught by untrained teachers. However, interestingly, students taught by a trained teacher indicated to be more motivated to attend school compared to the comparison group. To learn more about the *learning environment in the class room* we inspected the mean differences of teaching materials and methods at endline (see Table 13). These answers were given by the children! With respect to teaching materials, results showed that teachers never brought printed copies to class or used a computer. Books and blackboards were always used. With respect to teaching approach, we did not find significant differences (see Table 10) but interesting results on a more descriptive level. All most all students indicated that teaching was mainly dominated by the teacher who explained everything to the students, followed by the teacher asking students questions. Next, students indicated to do exercises alone as well as to discuss and work in small groups. The latter is an aspect of a more learner-centered teaching approach.

To conclude, in the selected sample we only found one anticipated impact with respect to increased motivation to attend school. No further positive impacts were found. However, it is important to keep in mind that the teacher turn-over rate was dramatically high (only one teacher was still around two years later) and

the teaching approach from self-contained classes changed to a system in which several teachers taught one class. These changes have greatly influenced the results and do not allow drawing strong conclusions.

Table 9**: Estimation results (restricted sample with controls; only one class in Arado school with trained teacher)**

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (remember order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test overall	(7) Test environmental science	(8) Test language of Instruction	(9) Test math	(10) Test English
Treat	-0.073*	-0.100**	-0.088	0.057	-0.063	-0.018	0.039	-0.037	0.009	-0.077
	(0.037)	(0.044)	(0.162)	(0.208)	(0.127)	(0.035)	(0.030)	(0.052)	(0.033)	(0.060)
year*treat	0.005	0.077	0.438**	0.119	0.139					
	(0.045)	(0.072)	(0.195)	(0.373)	(0.149)					
Constant	0.401***	0.401**	2.113***	2.596***	0.289	0.353**	0.551***	0.413**	0.220	0.195
	(0.092)	(0.152)	(0.320)	(0.371)	(0.303)	(0.150)	(0.109)	(0.195)	(0.175)	(0.234)
Observations	354	361	360	358	361	181	181	181	181	181
R-squared	0.101	0.128	0.151	0.225	0.079	0.129	0.132	0.119	0.165	0.104

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-10 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses *** $p < .01$, ** $p < .05$, * p 0.1.

Table 10: Estimation results (restricted sample with controls; only one class in Arado school with trained teacher; continued)

VARIABLES	(1) Used print copies	(2) Teacher explain everything to students	(3) Teacher ask question to students	(4) Students have to do exercises alone	(5) Students discuss and work in small groups	(6) Students discuss and work with neighbor	(7) Students can ask questions during class
Treat	0.009	-0.010	-0.018	-0.279***	-0.033	0.003	0.028
	(0.030)	(0.049)	(0.088)	(0.076)	(0.119)	(0.061)	(0.076)
year*treat	-0.005	0.008	-0.064	0.135	0.006	0.071	-0.124
	(0.028)	(0.075)	(0.104)	(0.107)	(0.168)	(0.123)	(0.106)
Constant	0.342	0.257	0.366*	0.402	0.398**	0.112	0.585***
	(0.280)	(0.189)	(0.211)	(0.258)	(0.191)	(0.231)	(0.181)
Observations	359	361	361	360	360	361	361
R-squared	0.074	0.116	0.058	0.165	0.334	0.078	0.155

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 11: Estimation results (restricted sample without controls; only one class in Arado school with trained teacher)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (remember order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test overall	(7) Test environmental science	(8) Test language of instruction	(9) Test math	(10) Test English
Treat	-0.052	-0.054	-0.008	-0.036	0.054	-0.016	0.045	-0.040	0.012	-0.069
	(0.034)	(0.049)	(0.191)	(0.195)	(0.148)	(0.032)	(0.028)	(0.048)	(0.029)	(0.057)
year*treat	-0.010	0.046	0.428*	0.150	0.004					
	(0.040)	(0.076)	(0.217)	(0.311)	(0.174)					
Constant	0.552***	0.751***	3.347***	2.314***	1.084***	0.703***	0.879***	0.668***	0.746***	0.519***
	(0.026)	(0.029)	(0.075)	(0.074)	(0.050)	(0.022)	(0.014)	(0.028)	(0.027)	(0.031)
Observations	359	366	365	363	366	183	183	183	183	183
R-squared	0.031	0.069	0.031	0.190	0.011	0.001	0.012	0.003	0.000	0.006

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-10 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 12: Estimation results (restricted sample without controls; only one class in Arado school with trained teacher; continued)

VARIABLES	(1) Used print copies	(2) Teacher explain everything to students	(3) Teacher ask question to students	(4) Students have to do exercises alone	(5) Students discuss and work in small groups	(6) Students discuss and work with neighbor	(7) Students can ask questions during class
Treat	-0.005	0.015	-0.003	-0.239***	0.013	-0.005	0.033
	(0.032)	(0.053)	(0.101)	(0.074)	(0.121)	(0.064)	(0.069)
year*treat	0.005	-0.010	-0.082	0.122	-0.090	0.068	-0.113
	(0.032)	(0.091)	(0.112)	(0.115)	(0.181)	(0.122)	(0.112)
Constant	0.039***	0.916***	0.623***	0.549***	0.273***	0.247***	0.312***
	(0.013)	(0.031)	(0.067)	(0.032)	(0.048)	(0.026)	(0.035)
Observations	364	366	366	365	365	366	366
R-squared	0.020	0.001	0.017	0.112	0.277	0.061	0.124

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 13: Descriptives of endline survey (restricted sample; treatment only one class in Arado school with trained teacher)

	Summary Statistics					
	Comparison 1		Comparison 2		Treatment	
Dependent variable	N	Mean	N	Mean	N	Mean
	(1)	(2)	(3)	(4)	(5)	(6)
School materials						
Used printed copies	257	0.00	30	0.00	58	0.00
Used books	257	1.00	30	1.00	58	1.00
Used computer	257	0.00	30	0.00	58	0.00
Used Blackboard	257	1.00	30	1.00	58	1.00
Used Chair	257	1.00	30	1.00	58	1.00
Used desk	257	1.00	30	0.93	58	1.00
Teaching approach						
Teacher explains everything to students	257	0.94	30	0.87	58	0.95
Teacher asks question to students	257	0.74	30	0.73	58	0.66
Students have to do exercises alone	257	0.79	30	0.73	58	0.69
Students discuss and work in small groups	257	0.81	30	0.73	58	0.69
Students discuss and work with neighbor	257	0.47	30	0.47	58	0.52
Students can ask questions during class	257	0.67	30	0.57	58	0.67

6. Discussion

The discussion is structured in three main parts. We will first shortly address some methodological caveats before discussing whether the project reached its objective. We will next discuss the relevance of these results and finally discuss the efficiency of the project.

6.1. Methodological caveats

This project was very challenging to evaluate due to the changes in the project activities and especially because of the context in which the program was implemented. Three main aspects influenced the analyses, the high teacher turn-over in the selected schools, the changed teaching approach (from self-contained classes to several teacher teaching one class), and the high attrition rate of 64% driven by security reasons and a high number of students who moved away with their families. These reality constraints greatly influenced the interpretation of the current results.

Furthermore, all schools in this region were rather small so that we could often only sample one class in each school. We selected classes from the five pilot schools as we were expecting that between 2012 and 2014 more teachers within these schools should be trained or if teachers would leave they should be substitute by trained teachers. However, at the endline only one class was taught by a trained teacher (still the same

teacher as two years ago) in an urban area which we could compare with two comparison schools (with un-trained teachers) in an urban area as well.

As this project was categorized as a Millennium Development Goal 2 project, our evaluation focused on children as the main beneficiaries. We selected first grade students and followed them for two years. As students just started their education, we could not assess learning performance at the baseline. Given these reality constraints our key outcome variable of school performance could only be measured at the endline. Other factors due to the selection of the sample may have also influenced the reported results at the endline. To indirectly rule out a selection bias, we assessed cognitive abilities with two abstract reasoning tests at base-line (and endline). We did not find any impacts at the endline. This is not that surprising because these abilities were not explicitly trained in the schools.

6.2 Did the project reach its objective?

The main aim of this project is to *improve quality of education* through teacher training in teaching-learning processes and educational management with ICT. The ultimate objective was to change the teaching approach from teacher-led to more student-centered teaching as well as to improve students' school performance.

The selected project site was one out of 15 sites that were selected for a nation-wide program. In Ayssaita the program was implemented by the College of Teachers Education. As described above (see for example section 2 and 3.3) the context in which this program was implemented was very challenging. High teacher turn-over rate impeded sustainable impacts of the program. In addition, the majority of the families are pastoralists who frequently move to other places. Students often have to walk long distances to school, move away, transfer to other schools, or even drop out of school. In addition to these important challenges, the present evaluation showed that not all intended outputs were achieved. For example, power cuts do not allow teachers and trainees at the teacher training college to use the computers on a regular basis. As the program is set up as a nation-wide program we did not receive clear documentation to check the precise numbers of teachers, managers, and trainees who received training in this project site. We requested this during our field visits. Thus, we cannot draw clear conclusions whether the outputs were achieved. Based on our analyses, with all methodological limitations in mind, we found only one positive impact, namely increased motivation to attend school. This effect might be driven by a motivated teacher who encourages students to attend school. Offering additional training in such a challenging context might be motivating for teachers to fight their daily struggles. Keeping the methodological caveats in mind, we cannot draw strong conclusions about the impacts.

One important aspect to keep in mind: this evaluation could not cover possible spill-over effects of the teacher training. It could be the case that trained teachers that moved to other areas may apply their new teaching knowledge in their new environment. By this other students might profit from the capacity building that these teachers have received.

6.3. How relevant are these results?

Education is one of the most important drivers for economic development (Hanushek, & Woessmann, 2007). This project aimed to improve the quality of education through teacher training. This project set up the infrastructure to have access to computers for teachers in five primary schools and in a center in town which was available for all teachers in the region. In addition, this project provided two types of training for teachers (teaching methods and school management). Especially the capacity building focus of teachers is important to further improve the quality of education. For example, data from low-income countries in 2012 showed that 19.5 % of the primary school teachers had not received a minimum of organized teacher training normally required to be qualified to teach at the primary level in the given country (World Bank, 2014). Other research showed that across six African countries general teacher education and teachers' mathematical and reading skills was very low (Pryor, Akyeampong, Westbrook, & Lussier, 2012). The results from a study in Kenia are even more drastic: grade 6 teachers achieved only 61 % correct answers of a mathematics tests from grade 6 (Ngware, Oketch, Mutisya, & Abuya, 2010). These results illustrate the sometimes low education level of teachers. Offering training to teachers can help to improve the educational level but also can help to improve their pedagogical skills. Teachers' factual and pedagogical knowledge clearly influences students' performance. For example, across 45 countries higher teaching quality in mathematics was related with lower rates of low achievement (Mullis, Martin, Foy, & Arora, 2012) and teacher's subject knowledge was related to students' achievement gains (Glewwe, Hanushek, Humpage, & Ravina, 2011). In addition, research illustrates the learning benefits of offering learner-centered over teacher-centered education (e.g., Smart, Witt, Scott, 2012; Weimer, 2002). For example, with regard to writing skills (Kahl & Venette, 2010) as well as problem-solving skills and making informed decisions (Brough, 2012), students perform better when a more learner-centered approach is used. Thus, improving the quality of education by offering teacher training and the opportunity to search for and develop new school materials with computers are two important steps to improve the future prospects of students in general.

6.4 How efficient was the project?

In order to determine the efficiency of a project one needs a benchmark project that is fully efficient and uses about the same inputs as the project under evaluation. One can compare the outputs of both projects in order to determine how efficient the assessed project is. Since such a benchmark is lacking the determination of efficiency is problematic. Therefore, we have decided to focus on the price per main activity calculated from the amount of specific activity funded by the project's budget and these are compared with prices per activity of similar projects found in the literature on primary education. To conclude, we can only offer a very rough discussion of the efficiency of the project. Furthermore, clear information from the project is missing as well.

A literature review provided only two relevant benchmarks for this project. With respect to the costs of the teacher training, we found two different benchmarks. First, training teachers in IcT costs approximately Int$ 2,845.00 per teacher per year. On average 2 trainings were budgeted each year. These costs ranged between €3,500 -5,367.75 per training for 25-33 participants. These costs seem to be much lower but do not include continuous teaching and further support which might be crucial to achieve success. Second, a cross-country study from 2002 including Trinidad and Tobago, Ghana, Lesotho, and Malawi showed the costs of training teachers in each of these countries (Lewin, 2002; World Bank, 2005). The costs from a similar context such in Ethiopia ranged from Int$ 1.500 to Int$ 6.440. Please keep in mind that this data was collected in 2002. Unfortunately, we did not receive any information about the costs of the training in teaching learning processes.

Table 17: Benchmarks for costs

	Number (school or training)	**Total people who should profited from**	**Project**	**Benchmark**
ICT infrastructure	5 computer rooms +1 computer center in town	28 teachers, 6 principals, and 3 supervisors, 500 trainees at the TTC should have access to the computers[1]	€19,518	not available
Teacher training	25-33 participants per technical training on utilizing IT system for educational management (up to 6 days)	across Ethiopia: 289 participants[2]	€3,500 -5,367.75 per training for 25-33 participants	Int$ 2,845.00 per teacher/year
	Teaching learning processes	in Ayssaita 41 teachers participated[3]	no information available	Int$ 1.500-6.440

Notes. Benchmark for ICT systems for educational management are based on Unwin (2004) and Osín (1998) and for teaching learning training on Lewin (2002) and World Bank (2005). [1] This information as based on the program report from 2014. [2] This number and the average workshop costs are calculated based on the program's budget across all 15 sites. [3] We did not receive further information about how many teachers and trainees at the TTC have been trained. This number stems from the participant lists we received from Mark Hoekstra.

The project has a five year budget of around €61.518 (83% were funded by MFS II) which is split up in two activities, namely ICT infrastructure and the two types of training. 32% of the budget was spent on the ICT infrastructure and 68% of the budget on capacity building through training. Important to note is that the schools are run and financed by the government. Thus, this project offers access to computers and capacity building through training teachers. We were not able to calculate further efficiency calculations because we

lack information and the context has greatly influence the results of this evaluation with respect to the student outcomes (learning outcomes and teaching approach).

7. Conclusion

The project's main objective with respect to the Millennium Development Goal 2 was to (1) offer access to computers and (2) provide training in teaching learning methods and school management to primary school teachers. By improving teachers teaching skills the ultimate goal of this project was to improve quality of education by changing the teaching style to a learner-centered style and improving students' school performance. Important to note is that this evaluation focused on the teachers at the pilot schools and mainly their students. Another part of this MFS II evaluation focused on the teacher training college and evaluated the indicators of capacity building. This report provides more insights on the processes and impacts among teachers.

Overall, the project was greatly influence by the context in which it was implemented. High teacher turn-over rate, security issues, and an even higher migration of students' families made this evaluation even more difficult. Computers were set up and offered access for teachers and trainees at the teacher training college. However, the computers did not seem to work on a regular basis. Setting up the IT infrastructure is very challenging in such a dry environment in which power cannot be guaranteed. In addition, some teachers were trained but most of them move away after some time due to the harsh environment. Our very limited analyses found evidence for one positive impact, namely increased motivation to attend school of those students who were taught by a teacher who received teacher training. This evaluation did not show clear evidence for a change towards a learner-centered teaching style and improved school performance of students.

While we realize the impact evaluation caveats we faced with and the difficulties in rigorously evaluating this project, we cannot end this report by clearly evaluating the project in terms of all main evaluation questions (see Table 14). The project was implemented mainly among teachers (in the teacher training college and working in pilot schools) and the evaluation design mainly focused on the students as beneficiaries. The capacity building of the teacher training college was evaluated in a separate report! The project was well designed. However, it could not be implemented as designed. Computers did not function on a regular basis due to the remote and harsh environment. The teacher training college trained trainees and some teachers of the pilot schools received training. However, they usually do not stay longer then 1-2 years because of the remote and harsh environment. The project in the project site in Ayssaita (one partner out of 15 partners and 5 schools out of 75 schools) did not reach all its objectives with respect to the impacts for students. We only learned in January 2015 that the activities were greatly affected by a budget cut of 40% by DGIS. Based on the methodological caveats (i.e., the rigorousness of the evaluation), we gave a 3 for the extent to which the observed results can be attributed to the project intervention. This result is based on the evaluation design and the fact

that *we* could not do DID analyses for the main outcome of school performance, only had a rather small sample, and high attrition. The increased motivation of the students to attend school could is a positive impact that we have observed. However, it could also solely be driven by a highly dedicated teacher or a teacher who profited from the teacher training. To conclude, to improve the quality of education capacity building among teachers is crucial to improve teaching-learning processes and by this students' school performance (see also section 6.3).

Table 14: Overview evaluation of the project

On a scale of 1 to 10, with 1 being "not at all" and 10 being "completely", for this project, how much do you agree with the following statements:	
The project was well designed.	8
The project was implemented as designed.	5
The project reached all its objectives.	3[1]
The observed results are attributable to the project interventions.	3
The observed results are relevant to the project beneficiaries.	4[2]
The project was implemented efficient.	5[3]

Notes. [1] The project was implemented and teachers were trained. However, the high teacher-turnover rate, security issues, and the fact that classes are not any more self-contained (several teachers are teaching one class) strongly influenced the results and, thus, the evaluation of the objectives. [2]The main objective was to train teachers to improve the quality of education and in turn to improve students' school performance. Teachers were trained. However, the teacher-turn-over rate was dramatically high in this challenging context. Important to note, the evaluation mainly focused on the students. The majority of students were, thus, taught by quickly changing teachers and teachers who were not trained. A threat to the robustness of this evaluation! Thus, based on the result no conclusions for the effectiveness of the project for students can be drawn. The results did not show improved school performance but improved motivation to attend school.[3] Important to note, due to missing information and a lack of benchmarks we could not do a proper efficiency calculation.

References:

Armendáriz, B., & Morduch, J. (2010). *The Economics of Microfinance* (2nd edition). The MIT Press.

Bennett, M., & Sani, F. (Eds.). (2004). *The development of the social self*. Philadelphia, PA: Psychology Press.

Brough, C. J. (2012). Implementing the democratic principles and practices of student-centered curriculum integration in primary schools. *Curriculum Journal, 23(3)*, 345-369.

Central Statistical Agency of Ethiopia (2004). Retrieved from http://www.csa.gov.et/

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.). New Jersey: Lawrence Erlbaum Associates.

Connect4change (2014). *Baseline & monitoring information about 105 schools (75 C4C pilot + 30 non-pilot) - 3 Quality Education Indicators.* Excel file (October 2014).

ESDP III (2010). Education Sector Development Program IV of the Ministry for Education, Ethiopia: ESDP IV Final Draft working document.

Geiger, J., & Hansen, N. (in preparation). The development of a standardized school performance test for second grade students in Ethiopian primary schools. *Manuscript in preparation.*

Glewwe, P., Hanushek, E. A., Humpage, S. D., & Ravina, R. (2011). *School resources and educational outcomes in developing countries: a review of the literature from 1990 to 2010.* Cambridge, MA: National Bureau of Economic Research. (NBER Working Paper, 17554.)

Hanushek, E. A., & Woessmann, L. (2007). *The role of education quality for economic growth.* World Bank, Washington, DC. Retrieved from https://openknowledge.worldbank.org/handle/10986/7154

Kleyman, Y. N. (2009). *Testing for covariate balance in comparative studies.* Ph.D. dissertation, University of Michigan. Retrieved from http://deepblue.lib.umich.edu/handle/2027.42/64769

Benet-Martínez, V., & Hong, Y-Y. (2014). *Handbook of multi-cultural identity: Basic and applied psychological perspectives.* Oxford, UK: Oxford University Press.

Kahl Jr., D. H., & Venette, S. (2010). To lecture or let go: A comparative analysis of student speech outlines from teacher-centered and learner-centered classrooms. *Communication Teacher*, *24*(3), 178-186.

Lewin, K. (2002). The costs of supply and demand for teacher education: dilemmas for development. *International Journal of Educational Development, 22(3)*, 221-242.

Mullis, I. V. S., Martin, M. O., Foy, P. and Arora, A. (2012). *TIMSS 2011 International Results in Mathematics*. Chestnut Hill, Mass., TIMSS and PIRLS International Study Center, Boston College.

Ngware, M., Oketch, M., Mutisya, M., & Abuya, B. (2010). *Classroom observation study: A report on the quality and learning in primary schools in Kenya.* Nairobi: African Population and Health Research Center.

Osín, L. (1998). *Computers in Education in Developing Countries: Why and How?.* Education and Technology Team, Human Development Network, World Bank.

Population Census of Ethiopia(2007). *Summary and statistical report of the 2007 population and housing census. Federal Democratic Republic of Ethiopia.* Retrieved from http://ecastats.uneca.org/aicmd/Portals/0/Cen2007_firstdraft.pdf

Pryor, J., Akyeampong, K., Westbrook, J., & Lussier, K. (2012). Rethinking teacher preparation and professional development in Africa: an analysis of the curriculum of teacher education in the teaching of early reading and mathematics. *Curriculum Journal, 23(4)*, 409-502. doi:10.1080/09585176.2012.747725

Puhani, P. A. (2012). The treatment effect, the cross difference, and the interaction term in nonlinear 'difference in differences' models. *Economics Letters, 115(1)*, 85-87.

Smart, K. L., Witt, C., & Scott, J. P. (2012). Toward learner-centered teaching: An inductive approach. *Business Communication Quarterly, 75(4)*, 392-403.

Unicef (2011). *Ethiopia: Country Programme Document 2012-2015*. 11-29707.

Unwin, T. (2004). Towards a framework for the use of ICT in teacher training in Africa. *Open Learning: The Journal of open, distance and e-Learning, 20(2)*, 113-129.

Weimer, M. (2002). *Learner-centered teaching.* San Francisco, CA: Jossey-Bass.

World Bank (2014). *World Development Indicators*. [Custom cross-tabulation of data]. Retrieved from http://databank.worldbank.org/data /views/reports/tableview.aspx

World Bank (2012). *World DataBank. World Development Indicators.* [Custom cross-tabulation of data]. Retrieved from http://databank.worldbank.org/data/views/reports/tableview.aspx (Data only available until 2012)

Appendix

Table 1: Overview of educational indicators of all five intervention schools in Ayssiata

Primary school	**Average learning results**					**Dropout rate in %**					**Pass rate grade 8 in %**					**Number of students in 2014-2015**		
	2010-2011	*2011-2012*	*2012-2013*	*2013-2014*	*In-/ de-crease*[1]	*2010-2011*	*2011-2012*	*2012-2013*	*2013-2014*	*In-/ de-crease*[1]	*2010-2011*	*2011-2012*	*2012-2013*	*2013-2014*	*In-/ de-crease*[1]	*Boys*	*Girls*	*Total*
Simbelle	88.50	89.00	59.66	89.80	1.30	10.40	13.70	11.88	10.9	0.5	22.30	73.30	54.70	93.79	71.49	642	466	1108
Hamiltole	61.49	64.05	56.27	51.65	-9.84	7.87	23.28	16.56	5.15	-2.72		33.33	11.11	43.33	10.00	143	81	224
Ewukat Chora	54.97	51.90	58.15	59.08	4.11	10.69	8.97	5.00	7.45	-3.24	32.76	91.63	69.80	98.05	65.29	1132	958	2090
Handeg	56.82	56.17	55.22	55.59	-1.23	11.09	22.66	23.36	8.06	-3.03	7.69	70.58	0.00	92	84.31	151	82	233
Arado	58.21	59.72	56.05	69.9	11.69	6.81	9.49	9.90	0	-6.81	8.88	66.66	70.00	98.15	89.27	328	223	551
average	64.00	64.17	57.07	65.204	1.206	9.37	15.62	13.34	6.312	-3.06	17.91	67.10	41.12	85.064	64.07			
Wanis (control school)		58.14	56.42	55.88	-2.26		15.35	4.2	17.08	1.73			70.8	5.26		130	88	218

Note. Information from Connect4change (Baseline & monitoring information about 105 schools - 3 Quality Education Indicators. Excel file, October 2014). [1] Difference between scores in 2013/2014 and 2010/2011.

Table 2: Estimation results (restricted sample with controls; baseline distribution of trained teachers)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (remember order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test overall	(7) Test environmental science	(8) Test language of Instruction	(9) Test math	(10) Test English	(11) Used print copies
Treat	-0.017	-0.064	-0.018	0.049	-0.150	-0.055*	0.015	-0.079*	-0.039	-0.100*	-0.003
	(0.047)	(0.047)	(0.144)	(0.168)	(0.111)	(0.031)	(0.029)	(0.042)	(0.039)	(0.052)	(0.025)
year*treat	-0.071	0.013	0.400**	0.650*	0.187						0.007
	(0.053)	(0.065)	(0.171)	(0.381)	(0.117)						(0.024)
Cohen's d	-	-	0.25	0.18	-	0.28	-	0.29	-	0.30	-
Constant	0.416***	0.422***	2.107***	2.556***	0.308	0.362**	0.549***	0.425**	0.226	0.211	0.340
	(0.095)	(0.155)	(0.317)	(0.365)	(0.298)	(0.146)	(0.109)	(0.189)	(0.175)	(0.227)	(0.280)
Observations	354	361	360	358	361	181	181	181	181	181	359
R-squared	0.103	0.126	0.159	0.259	0.082	0.139	0.125	0.129	0.170	0.112	0.074

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students who belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-11 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * p .1.

Table 3: Estimation results (restricted sample with controls; baseline distribution of trained teachers; continued)

VARIABLES	(1) Teacher explain everything to students	(2) Teacher ask question to students	(3) Students have to do exercises alone	(4) Students discuss and work in small groups	(5) Students discuss and work with neighbor	(6) Students can ask questions during class
Treat	-0.024	-0.072	-0.122	-0.005	0.007	0.096
	(0.050)	(0.082)	(0.101)	(0.099)	(0.063)	(0.084)
year*treat	0.022	-0.001	0.011	-0.088	-0.025	-0.217**
	(0.075)	(0.108)	(0.115)	(0.142)	(0.116)	(0.108)
Cohen's d	-	-	-	-	-	0.22
Constant	0.260	0.378*	0.394*	0.406**	0.111	0.579***
	(0.193)	(0.202)	(0.234)	(0.182)	(0.233)	(0.186)
Observations	361	361	360	360	361	361
R-squared	0.117	0.060	0.147	0.336	0.076	0.161

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students who belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 4: Estimation results (restricted sample without controls; baseline distribution of trained teachers)

VARIABLES	(1) Cognitive ability (re-call)	(2) Cognitive ability (re-member order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test overall	(7) Test environmen-tal science	(8) Test language of instruction	(9) Test math	(10) Test English	(11) Used print copies
treat	-0.009	-0.028	0.033	-0.041	-0.055	-0.058*	0.021	-0.087*	-0.043	-0.098*	-0.018
	(0.045)	(0.046)	(0.163)	(0.164)	(0.132)	(0.032)	(0.028)	(0.044)	(0.039)	(0.049)	(0.026)
year*treat	-0.080	-0.005	0.401**	0.656*	0.088						0.018
	(0.050)	(0.065)	(0.188)	(0.352)	(0.143)						(0.026)
Cohen's d	-	-	0.23	0.20	-	0.27	-	0.29	-	0.30	-
Constant	0.546***	0.748***	3.339***	2.317***	1.105***	0.713***	0.881***	0.681***	0.757***	0.529***	0.043***
	(0.027)	(0.031)	(0.081)	(0.078)	(0.050)	(0.023)	(0.014)	(0.029)	(0.027)	(0.032)	(0.014)
Observations	359	366	365	363	366	183	183	183	183	183	364
R-squared	0.039	0.069	0.040	0.218	0.011	0.014	0.003	0.016	0.006	0.015	0.021

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-11 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 5: Estimation results (restricted sample without controls; baseline distribution of trained teachers; continued)

VARIABLES	(1) Teacher explain everything to students	(2) Teacher ask question to stu-dents	(3) Students have to do exercises alone	(4) Students discuss and work in small groups	(5) Students discuss and work with neighbor	(6) Students can ask questions during class
Treat	-0.023	-0.061	-0.096	0.042	0.005	0.106
	(0.052)	(0.094)	(0.099)	(0.101)	(0.061)	(0.078)
year*treat	0.020	-0.009	0.010	-0.159	-0.028	-0.211*
	(0.086)	(0.121)	(0.119)	(0.146)	(0.114)	(0.110)
Cohen's d	-	-	-	-	-	0.20
Constant	0.923***	0.636***	0.531***	0.266***	0.245***	0.294***
	(0.032)	(0.070)	(0.028)	(0.053)	(0.029)	(0.033)
Observations	366	366	365	365	366	366
R-squared	0.001	0.019	0.097	0.280	0.060	0.130

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 comparison group 1), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 6: Estimation results (full sample with controls; baseline distribution of trained teachers)

VARIABLES	(1) Cognitive ability (re-call)	(2) Cognitive ability (remember order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test over-all	(7) Test environ-mental sci-ence	(8) Test language of instruction	(9) Test math	(10) Test English	(11) Used prints copies
Treat	-0.020	-0.052	-0.027	-0.006	-0.024	-0.067**	-0.003	-0.088**	-0.065**	-0.089*	-0.009
	(0.029)	(0.038)	(0.100)	(0.125)	(0.068)	(0.029)	(0.021)	(0.039)	(0.031)	(0.044)	(0.011)
year*treat	-0.060**	0.009	0.226*	0.356	0.010						0.011
	(0.029)	(0.039)	(0.117)	(0.215)	(0.104)						(0.011)
Cohen's d	0.14	-	0.13	-	-	0.25	-	0.24	0.22	0.22	-
Constant	0.319***	0.395***	2.297***	2.635***	0.800***	0.278**	0.554***	0.340**	0.114	0.080	-0.014
	(0.062)	(0.094)	(0.231)	(0.284)	(0.190)	(0.105)	(0.064)	(0.149)	(0.128)	(0.153)	(0.024)
Observations	829	838	837	834	840	360	360	360	360	360	837
R-squared	0.075	0.127	0.076	0.230	0.024	0.189	0.121	0.176	0.191	0.099	0.039

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-14 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 7: Estimation results (full sample with controls; baseline distribution of trained teachers; continued)

VARIABLES	(1) Teacher explain everything to students	(2) Teacher ask question to stu-dents	(3) Students have to do exercises alone	(4) Students discuss and work in small groups	(5) Students discuss and work with neighbor	(6) Students can ask questions during class
Treat	0.043	-0.017	-0.064	0.035	0.029	0.068
	(0.042)	(0.062)	(0.056)	(0.073)	(0.037)	(0.046)
year*treat	-0.048	-0.097	-0.036	-0.162*	-0.039	-0.135*
	(0.047)	(0.077)	(0.084)	(0.097)	(0.073)	(0.068)
Cohen's d	-	-	-	0.12	-	0.14
Constant	0.564***	0.383***	0.329**	0.342**	-0.038	0.430***
	(0.101)	(0.125)	(0.141)	(0.133)	(0.119)	(0.148)
Observations	837	834	835	835	836	835
R-squared	0.053	0.034	0.095	0.258	0.089	0.140

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 8: Estimation results (full sample without controls; baseline distribution of trained teachers)

VARIABLES	(1) Cognitive ability (re-call)	(2) Cognitive ability (remember order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test over-all	(7) Test environ-mental sci-ence	(8) Test language of instruction	(9) Test math	(10) Test English	(11) Used prints copies
Treat	-0.019	-0.047	-0.049	0.018	-0.022	-0.085**	-0.004	-0.119***	-0.081**	-0.094*	-0.020
	(0.029)	(0.043)	(0.110)	(0.117)	(0.068)	(0.034)	(0.019)	(0.044)	(0.035)	(0.047)	(0.013)
year*treat	-0.059**	0.015	0.248**	0.330	0.010						0.020
	(0.029)	(0.047)	(0.118)	(0.206)	(0.108)						(0.013)
Cohen's d	0.14	-	0.14	-	-	0.27	-	0.28	0.24	0.21	-
Constant	0.530***	0.748***	3.307***	2.328***	1.116***	0.707***	0.874***	0.677***	0.744***	0.530***	0.032***
	(0.019)	(0.020)	(0.059)	(0.078)	(0.047)	(0.017)	(0.011)	(0.021)	(0.021)	(0.024)	(0.010)
Observations	853	862	860	857	864	365	365	365	365	365	860
R-squared	0.026	0.075	0.011	0.214	0.001	0.026	0.000	0.027	0.019	0.014	0.014

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-14 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses . *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 9: Estimation results (full sample without controls; baseline distribution of trained teachers; continued)

VARIABLES	(1) Teacher explain everything to students	(2) Teacher ask question to stu-dents	(3) Students have to do exercises alone	(4) Students discuss and work in small groups	(5) Students discuss and work with neighbor	(6) Students can ask questions during class
Treat	0.025	-0.016	-0.077	0.059	0.028	0.057
	(0.040)	(0.063)	(0.057)	(0.079)	(0.036)	(0.043)
year*treat	-0.043	-0.089	-0.023	-0.183*	-0.032	-0.114
	(0.050)	(0.076)	(0.085)	(0.100)	(0.067)	(0.068)
Cohen's d	-	-	-	0.13	-	-
Constant	0.908***	0.610***	0.543***	0.267***	0.206***	0.286***
	(0.034)	(0.049)	(0.031)	(0.032)	(0.018)	(0.022)
Observations	860	857	858	858	859	858
R-squared	0.002	0.017	0.069	0.244	0.073	0.121

Notes: All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 10: Estimation results (full sample with controls; Arado teacher)

VARIABLES	(1) Cognitive ability (re-call)	(2) Cognitive ability (remember order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test over-all	(7) Test environ-mental sci-ence	(8) Test language of instruction	(9) Test math	(10) Test English	(11) Used prints copies
Treat	-0.072***	-0.029	-0.001	0.052	-0.042	-0.024	0.017	-0.035	-0.026	-0.038	0.008
	(0.023)	(0.036)	(0.108)	(0.095)	(0.093)	(0.031)	(0.020)	(0.042)	(0.027)	(0.056)	(0.016)
year*treat	0.005	-0.017	0.192	-0.042	-0.011						-0.005
	(0.024)	(0.043)	(0.138)	(0.228)	(0.111)						(0.016)
Cohen's d	-	-	-	-	-	-	-	-	-	-	-
Constant	0.318***	0.381***	2.282***	2.643***	0.797***	0.269**	0.550***	0.330**	0.107	0.071	-0.017
	(0.063)	(0.092)	(0.241)	(0.278)	(0.192)	(0.107)	(0.066)	(0.152)	(0.129)	(0.153)	(0.022)
Observations	829	838	837	834	840	360	360	360	360	360	837
R-squared	0.079	0.123	0.074	0.222	0.025	0.175	0.122	0.164	0.181	0.089	0.039

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-14 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 11: Estimation results (full sample with controls; Arado teacher; continued)

VARIABLES	(1) Teacher explain everything to students	(2) Teacher ask question to stu-dents	(3) Students have to do exercises alone	(4) Students discuss and work in small groups	(5) Students discuss and work with neighbor	(6) Students can ask questions during class
Treat	0.058*	0.017	-0.135**	0.008	-0.052	0.102*
	(0.029)	(0.065)	(0.058)	(0.120)	(0.036)	(0.058)
year*treat	-0.017	-0.085	0.054	-0.130	0.096	-0.106
	(0.032)	(0.075)	(0.105)	(0.143)	(0.075)	(0.071)
Cohen's d	-	-	-	-	-	-
Constant	0.573***	0.381***	0.316**	0.356**	-0.027	0.445***
	(0.098)	(0.124)	(0.134)	(0.135)	(0.124)	(0.149)
Observations	837	834	835	835	836	835
R-squared	0.055	0.031	0.098	0.256	0.090	0.140

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 12: Estimation results (full sample without controls; Arado teacher)

VARIABLES	(1) Cognitive ability (re-call)	(2) Cognitive ability (remember order)	(3) Motivation to attend school	(4) Intention to drop out of school	(5) Control beliefs	(6) Test over-all	(7) Test environ-mental sci-ence	(8) Test language of instruction	(9) Test math	(10) Test English	(11) Used prints copies
Treat	-0.063***	-0.009	-0.007	0.056	-0.059	-0.038	0.016	-0.060	-0.038	-0.039	-0.001
	(0.024)	(0.041)	(0.116)	(0.092)	(0.089)	(0.033)	(0.017)	(0.044)	(0.030)	(0.056)	(0.017)
year*treat	-0.003	-0.029	0.193	-0.034	0.003						0.001
	(0.024)	(0.051)	(0.132)	(0.223)	(0.114)						(0.017)
Cohen's d	-	-	-	-	-	-	-	-	-	-	-
Constant	0.534***	0.733***	3.291***	2.325***	1.118***	0.695***	0.870***	0.661***	0.733***	0.516***	0.024***
	(0.016)	(0.023)	(0.052)	(0.072)	(0.039)	(0.018)	(0.011)	(0.022)	(0.021)	(0.024)	(0.008)
Observations	853	862	860	857	864	365	365	365	365	365	860
R-squared	0.028	0.071	0.009	0.206	0.002	0.004	0.001	0.006	0.003	0.002	0.010

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. For Column 6-14 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 13: Estimation results (full sample without controls; Arado teachers; continued)

VARIABLES	(1) Teacher explain everything to students	(2) Teacher ask question to stu-dents	(3) Students have to do exercises alone	(4) Students discuss and work in small groups	(5) Students discuss and work with neighbor	(6) Students can ask questions during class
Treat	0.057*	0.019	-0.119*	0.016	-0.046	0.095*
	(0.031)	(0.068)	(0.063)	(0.130)	(0.033)	(0.054)
year*treat	-0.029	-0.083	0.039	-0.139	0.090	-0.085
	(0.039)	(0.077)	(0.103)	(0.151)	(0.067)	(0.068)
Cohen's d	-	-	-	-	-	-
Constant	0.908***	0.600***	0.535***	0.285***	0.224***	0.290***
	(0.028)	(0.040)	(0.030)	(0.030)	(0.017)	(0.020)
Observations	860	857	858	858	859	858
R-squared	0.004	0.015	0.069	0.241	0.074	0.121

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 if students belong to the treatment group and 0 otherwise), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 14: Attrition

VARIABLES	(1) Attrition
Parents can read and write	-0.238
	(0.175)
Books at home	0.146
	(0.160)
Study help at home	0.463***
	(0.176)
Number of brothers	0.046
	(0.053)
Number of sisters	-0.023
	(0.062)
Number of animal	0.003
	(0.004)
Sex (male=1)	-0.069
	(0.145)
Age	0.066
	(0.042)
Amhara	0.349**
	(0.172)
Oromo	1.504*
	(0.870)
Tigraway	1.596
	(1.176)
Orthodox	-0.159
	(0.355)
Meals per day	0.149
	(0.175)
Constant	-1.590***
	(0.591)
Observations	840

Notes. Logistic regression to check for if the attrition observed in the data was random.

Table 15. Overview of items of the presented results

SECTION 1.5: SCHOOL PERFORMANCE

Items SP01-07 assess environmental science, SP08-13 language of instruction, SP14-20 math, SP21-26 English

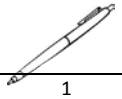
SP01	***Give the student the STUDENT SHEET and a pen.*** ***Say:*** "I will ask you some questions about things you learn in school. This is **NOT a test** and it will **NOT be graded**. I will first ask some questions about environmental science. What happens if you do not wash your hands before eating?" ***Label the answer as correct when the child names at least one of the possible answers.***	***Any of the answers is correct:*** ***- I become sick*** ***- I can get a disease*** ***- Any disease*** 1 Correct 2 Incorrect/ does not know	
SP02	***Say: "***Name a food that comes from an animal."	***Any of the answers is correct:*** ***milk, cheese, yoghurt, meat*** 1 Correct 2 Incorrect/ does not know	
SP03	***Say: "***Why are small children not allowed to play with a knife/blade?"	***Any of the answers is correct:*** ***- Because they can cut themselves*** ***- Because it is dangerous*** ***- Because they can hurt others*** ***-HIV transmission*** 1 Correct 2 Incorrect/ does not know	
SP04	***Say: "***What is the use of the ears?"	***Correct answer: hear, listen*** 1 Correct 2 Incorrect/ does not know	
SP05	***Show to the first question on the student sheet and say:*** ***"***Show me the roots."	1 Correct 2 Incorrect/ does not know	
SP06	***Say: "***What are the roots for?"	***Any of the answers is correct:*** ***- To get water/ nutrition*** ***- Not to fall over*** ***- Storing nutrition*** 1 Correct 2 Incorrect/ does not know	
SP07	***Say: "***What kind of food does a lion like?"	***Correct answer:*** ***meat or any animal*** 1 Correct 2 Incorrect/ does not know	
SP08	***Say*** "I will ask you some questions about **reading and writing**. Please point to the letter I read." ***Show the 2. question on the student sheet.***	Correct	Incorrect/ does not know
	R	1	2
	Q	1	2
	B	1	2
SP09	***Say: "***Please read each letter."	Correct	Incorrect/ does not know
	F	1	2
	S	1	2
	X	1	2
SP10	***Say: "***Please read each word."	Correct	Incorrect/ does not know
	House	1	2
	Ox	1	2
	Goat	1	2
SP11	***Say: "***Please write each word."	Correct	Incorrect/ does not know
	Dog	1	2
	Ball	1	2
	Earth	1	2

SP12	***Say: "***Write the name of the thing you see on the picture." 	1 Correct 2 Incorrect/ does not know	
SP13	***Say:"*** I will say one sentence to you. Write it down! Abebe went to school."	Correct	Incorrect/ does not know
	Abebe	1	2
	went	1	2
	to	1	2
	school.	1	2
SP14	***Say: "***I will now ask some math questions. Please read the numbers here."	Correct	Incorrect/ does not know
	8	1	2
	2	1	2
	5	1	2
SP15	***Say: "***Please read the numbers here."	Correct	Incorrect/ does not know
	23	1	2
	10	1	2
	68	1	2
SP16	***Say:"*** On the paper you can see some math questions. Please fill in the correct answers." ***Read the question.*** 3 + 5	***Correct answer = 8*** 1 Correct 2 Incorrect/ does not know	
SP17	***Read the question.*** 8 - 2	***Correct answer = 6*** 1 Correct 2 Incorrect/ does not know	
SP18	***Read the question.*** 2 x 5 =	***Correct answer = 10*** 1 Correct 2 Incorrect/ does not know	
SP19	***Read the question.*** 6 ÷ 3 =	***Correct answer = 2*** 1 Correct 2 Incorrect/ does not know	
SP20	***Say:"***Abebech has two sons and four daughters. How many children does she have?"	***Correct answer = 6*** 1 Correct 2 Incorrect/ does not know	
SP21	***Say: "*** I will now ask some English questions. Where is the ´pen´!" ***(pen in English)*** ***Do not point to the pen nor show it to the child.***	***Correct answer: Child points to or holds up a pen.*** 1 Correct 2 Incorrect/ does not know	
SP22	***Say: "***Stand up!" ***(stand up in English)***	***Correct answer: Child stands up*** 1 Correct 2 Incorrect/ does not know	
SP23	***Say:"*** Show me your ´ear´." ***(ear in English)***	***Correct answer: Child points to his/ her ear.*** 1 Correct 2 Incorrect/ does not know	
SP24	***Point to your nose.*** ***Say****: "*Say this in English!"	***Correct answer: Child says "nose"*** 1 Correct 2 Incorrect/ does not know	
SP25	**Say: "**Write down what it is." ***Point to the pen. If the child does not know the word in English, say "pen".***	***Correct answer: Child writes "pen"*** 1 Correct 2 Incorrect/ does not know	
SP26	**Say: "**Write down what it is." ***Point to your nose.*** ***If the child does not know the word in English, say "nose".***	***Correct answer: Child writes "nose"*** 1 Correct 2 Incorrect/ does not know	

SECTION 2: COGNITIVE SKILLS & HEALTH

CSH01 **Cognitive ability (recall)**	***Say: "Listen carefully to me! I will read out a list of thing. After I read, please recall the things I mentioned?"*** The list includes the following things: House, Sun, Book, Arm, Fire, Animal, Stone, and Friend (***Tick all correctly recalled and not recorded items***)	***Items***	**Recalled**	**Not re-called**
		House	1	2
		Sun	1	2
		Book	1	2
		Arm	1	2
		Fire	1	2
		Animal	1	2
		Stone	1	2
		Friend	1	2

	Which statements fit best to you? Please choose one of the two alternatives: ***Read each item with both option (CSH03-CSH05_4)*** ***and let the child choose one option (1 or 2).***	
CSH03 CSH04 **Control beliefs**	When you lose a game, is it:	
	1	because the other player is good at the game, or
	2	because you don't play well.
	When you learn something quickly, is it:	
	1	because you listened very good, or
	2	because someone who is older explained it carefully.
CSH04_1 **Getting a good grade**	When you get a good grade in class, is it.	
	1	because the test was very easy, or
	2	because you know a lot.

CSH06 **Cognitive ability (remember order)**	***Make sure that you have five different objects students are familiar with. Arrange all five objects in this order from left to write (small stone – pencil – leave – blade of grass – pen) on a table or the ground in front of the child. And say:*** Look at the order of these things and try to remember it! Close your eyes. ***Put all objects together in front of the child and say*:** Open your eyes and try to put the objects back in the same order! ***Circle one for correct and 2 for incorrect arrangement.***				
					
	1	1	1	1	1
	2	2	2	2	2

SECTION 5: MOTIVATION & FUTURE

	Say: "We want to know what is important for you, some things are not important for children! Please answer what you think."**:** ***All questions should be answered in the following two steps:***				
First ask whether it applies "No" or "Yes"!		No		Yes	
Next ask, "how much"!		*Not at all*	*Not*	*A little bit*	*Very much*
MF05 MF06 **Motivation**	Do you like to go to school?	1	2	3	4
	Are you motivated to go to school?	1	2	3	4
MF07 MF08 **Drop out**	Have you ever thought about quitting school?	1	2	3	4
	Do you sometimes intend to stop going to school?	1	2	3	4

SECTION 6: CLASSROOM

C04 **Classroom interaction and learn-ing**	How do you learn in class? Explain how the teacher is teaching. ***DO NOT read all options aloud and tick boxes that apply.***		**Yes**	**No**
		The teacher explains everything to all students.	1	2
		The teacher asks questions to all students.		
		Students have to do exercises alone.	1	2
		Students discuss and work in small groups.	1	2
		Students discuss and work with their neighbor.	1	2
		Students can ask questions.	1	2

C05 **Learning environment**	What kind of learning materials do you have in class? ***DO NOT read all options aloud and tick boxes that apply.***		**Yes**	**No**
		Books	1	2
		Prints/copies	1	2
		Computer	1	2
		Blackboard	1	2
		Chair	1	2
		Table/desk	1	2

Table 16: Overview number of trained and observed teachers in teaching methods

School name	Number of teachers trained in teaching methods	Baseline end 2011	Observation monitor end year 1	Observation monitor end year 2
Simbile	8	4	4	4
Hamiltole	10	4	4	4
Ewukat Chora	4	4	4	4
Handeg	10	4	4	4
Arado	9	4	4	4
Total	41	20	20	20

Source. Name lists received from colleagues from the UvA.

C8

MDG

FOLLOW-UP REPORT

Country	Ethiopia
Consortium	ICCO Alliance
Responsible Dutch NGO	Wycliffe
Project (if applicable)	Multilangual education
Southern partner organisation	SIL Ethiopia

The project/partner is part of the sample for the following evaluation component(s):

	X
Achievement of MDGs and themes	X
Capacity development of Southern partner organisations	
Efforts to strengthen civil society	

Evaluation team:

University of Groningen: Nina Hansen, Elisabetta de Cao, and Steffen Eriksen

IFPRI/ESARO Ethiopia: Elias Zerfu, Tekalign Gutu, and Dereje Getu

Abstract

Children of the many language minorities often do not attend school, have a higher dropout rate, or face language difficulties. To improve access and quality of education for these language minority students, the organization SIL set up the multilingual education project in the Benishangul Gumuz region in West Ethiopia. The main objective of this project was to study the minority languages of Bertha, Gumuz, and Shinasha, to translate the school books into the minority languages, and to train teachers to be able to teach in these minority languages. This evaluation focused on the primary beneficiaries of the project, namely primary school children from the Bertha and Shinasha community. We compared three different groups of children: 1) language minority children from Bertha and Shinasha communities who are taught in their mother tongue, 2) language minority students who are taught in another dominant language (Amharic) and 3) Amharic children taught in Amharic. Children were interviewed in September 2012 in their first weeks of school in grade 1 and in May 2014 at the end of grade 2. Balance tests and double difference analyses are reported for the project outcomes. In sum, this project increased access to education for students from the Bertha and Shinasha community. With respect to indicators of quality of education which are important aspects of the Millennium Development Goal 2, Bertha but not Shinasha students following mother tongue education overall performed better on a learning test (driven by subtests in the environmental science, language of instruction, math, and English) compared to language minority students following education in Amharic. In addition, Bertha girls following mother tongue education showed higher levels of self-esteem and motivation to attend school and Bertha boys stronger learner empowerment compared to the control group. Keeping methodological challenges in mind, the partial efficiency calculations suggested that the project was cost efficient and effective.

1. Introduction

Ethiopia is a very diverse country; both ethically and linguistically as more than 80 distinct languages are spoken (Paul, Simmons, & Jennings, 2013). Children of the many language minorities often do not attend school, have a higher dropout rate, or face language difficulties (e.g., Chávez, Belkin, Hornback, & Adams, 1991). To improve access and the quality of education for these language minority students, the government supports initiatives working in the field of mother tongue education (SIL, 2011). The paper set out to evaluate the multilingual education program in the Benishangul Gumuz region in West Ethiopia. This project was funded by Wycliffe and implemented by SIL (Summer Institute of Linguistics) Ethiopia. The main objectives of this project was to study the minority languages of Bertha, Gumuz, and Shinasha, to translate the school books into the minority languages, and to train teachers to be able to teach in these minority languages. This evaluation focused on the primary beneficiaries of the project, namely children. We compared three different groups of children: 1) language minority children from Bertha and Shinasha communities who are taught in their mother tongue, 2) language minority students who are taught in another dominant language (Amharic) and 3) Amharic children taught in Amharic in September 2012 in their first weeks of school in grade 1 and in May 2014 at the end of grade 2. Balance tests and Double Difference analyses are reported for the outcomes of this project. In sum, this project increased access to education and some indicators of quality of education, important aspects of the Millennium Development Goal 2. The report begins by presenting the local context in which the project has been implemented. This is followed by a description of the project, budget, result chain, and theory of change. Next the methodology and data collection are described. The analyses and results are further presented. The paper ends with a discussion of the results, efficiency calculations, and conclusions.

2. Context

In Ethiopia more than eighty languages are spoken. The majority of them are oral languages. The Ethiopian government policy supports the study of minority languages and development of mother tongue education. To date, more than twenty Ethiopian languages are taught in mother tongue programs starting from the first grade in public schools.

In the Benishangul Gumuz region several languages are spoken, the Nilo-Saharan languages of Bertha, Gumuz, Mao Tongo, Kwama, Gwama, and the Omotic languages Bambassi Mao, and Borna (Shinasha). These languages are oral minority languages and have seen limited development of school material in their own mother tongue. Five of the seven language communities in this cluster are predominantly Muslim while the other two are Christian or Animistic. Bertha are the biggest group in this regions with 183.259 people, followed by the second biggest group the Gumuz with 159.418 people and the third biggest group the Shinasha with

52.637 people. The Mao group has 43.535 and the Komo and Gwama 7.795 people (Population Census of Ethiopia, 2007). The location of the region with limited economic activities has furthermore prevented the region from strong development.

Several aspects illustrate the current situation of these language minorities. Education in this region is mainly provided in Amharic, one of the national languages of Ethiopia. There are 21.444 seven year-olds and 80% of these children speak little to no Amharic in this region (Population Census of Ethiopia, 2007). Teaching in primary school is most commonly self-contained (i.e., one teacher is teaching all subjects in one class from grade 1 to 4). The language of instruction in school used to be only in Amharic. This self-contained system is difficult for teachers and students who face language barriers and struggle to communicate with each other. In fact, students from minority languages in the Benishangul Gumuz region showed the lowest educational performance levels across Ethiopia (Third National Learning Assessment of Grade Eight Students' in Ethiopia). The vast majority of students do not proceed beyond grade five. The adult illiteracy rate is very high (> 70%) and only a few students enter higher education. This may also limit opportunities for social and economic development. Poverty is also one major cause of the problems in education. The majority of people in this region are living below the poverty line. Due to poor infrastructure and scarcity of schools, students often have to walk long distances to school. In a society where education traditionally is not very valued, long journeys to school may decrease children's time to be able to help their parents with household duties. All these factors such as poverty, long journeys to schools, ethnic conflicts, and social customs contribute to high school drop-out rates. As a result these language minorities seem to face the risk of cultural degradation and low self-esteem.

Almost twenty years ago, the regional government has made language development a priority and has requested the assistance of SIL. In 1996, the regional government officially requested that SIL Ethiopia would begin studying the languages of the region and produce learning materials for non-formal education. In 2004, this agreement was transitioned into a four-year project agreement between SIL and the Regional Educational Bureau (REB) for the development of a program for formal education in the Bertha, Gumuz, and Shinasha languages. This project was designed to further linguistic analysis and develop orthographies, educational primers, and dictionaries in the three languages. That 2004 agreement was renewed in February 2009 and expanded to include all the indigenous people groups of the region. Due to limited capacity and experience the REB decided to first focus on three languages (Bertha, Gumuz and Shinasha). These languages were selected because they are the most widely spoken languages. In 2013 the program has stopped for the development of the Gumuz language. Within the Gumuz community several dialects are spoken. Developing school materials and a teaching curriculum for one overall language/dialect was not possible. As the community could not find consent on this issue the development of this project arm was finished in 2013 (see also section 4.).

The aim of the project is to improve access and quality of education for children who speak Bertha, Shinasha, Mao, and Komo as their mother tongue in the Benishangul-Gumuz Regional State. The project set

out to study these minority languages, to develop school books for the minority languages, and to train teachers to be able to teach in these minority languages. First school materials have been developed for Bertha, Gumuz, and Shinasha. The languages Mao and Komo are currently still being studied. Thus, this evaluation focused on the languages Bertha and Shinasha. As this project aimed at contributing to the Millenium Development Goal 2, we focused on students as primary beneficiaries of this project.

3. Project description

3.1. Project duration and budget

The project started in 1996. At that time the regional government officially invited SIL Ethiopia to study the languages of the region and produce primers for non-formal education. In 2004 this agreement was transitioned into a four-year project agreement between SIL Ethiopia and the Regional Education Bureau to develope a program for formal education in the Bertha, Gumuz, and Shinasha languages. The program for Gumuz was officially terminated in 2013 when the community could not find consent to develop school materials for one overall language/dialect. The cooperation between SIL Ethiopia and Wycliffe Netherlands in this specific language development program started on 1-10-2009. The funding from Wycliffe so far will end in 2015.

The MFS II funding consists of a grant part and a self-share part by Wycliffe Netherlands. For the period 2011-2015 the distribution of MFS II grants and self-share funding is according to Table 1 below. Each year a new plan and project proposal were submitted and funds were granted for one year. The total amount of MFS II funding for the period 2011-2015 is € 206.389. In addition, SIL received € 151.247 from Wycliffe (self-share). Total project budget is € 357.636.

Table 1: Overview of the budget comparing contribution of MFS II and Wycliffe split up per year

Year	MFSII grant	Self-share Wycliffe Netherlands	Total per year
2011	€ 44.458	€ 62.114	€ 106.572
2012	€ 45.000	€ 25.000	€ 70.000
2013	€ 41.911	€ 22.987	€ 64.898
2014	€ 37.510	€ 20.573	€ 58.083
2015	€ 37.510	€ 20.573	€ 58.083
Total	€ 206.389	€ 151.247	€ 357.636

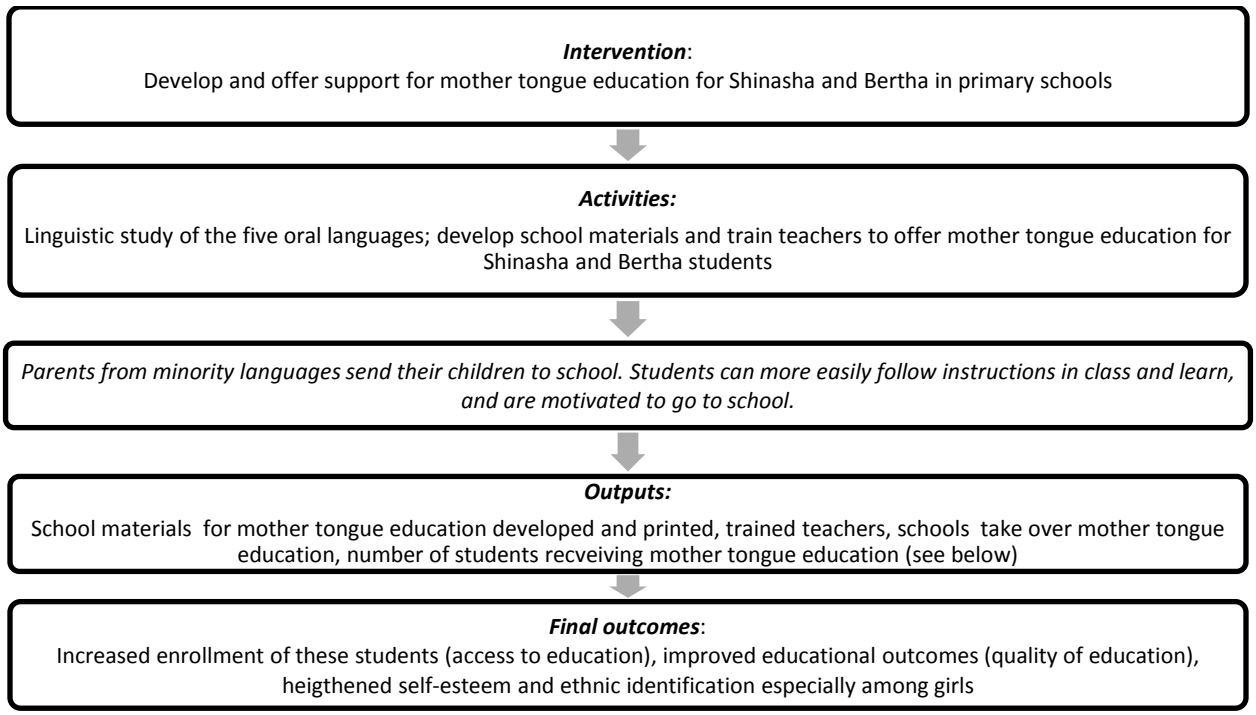
3.2. Project objective, activities, and theory of change

This project aims to improve access to and quality of education for over 15,000 children from minority languages in the region who start school each year. These language minority students do not speak Amharic as their mother tongue and so far often faced language difficulties in school where Amharic is the language of instruction. By offering mother tongue education in primary school the program aims to enable students to more easily follow the instructions in class, learn, and in turn show better school performance. This should prepare them to get access to higher education afterwards. Moreover, the program aims to especially support girls. Many of them are raised monolingual in their mother tongue (minority language) and those who live in rural communities typically have more household obligations than boys. As a result, their interactions with other languages are more limited. Thus, mother tongue education should help these girls to be able to understand instructions in class and to learn.

The minority languages in this region are oral languages. SIL extensively studies these languages, develops dictionaries, and develops school materials for mother tongue education. As two languages (Mao and Komo) were still being studied at the time of this evaluation we decided to only focus on the three minority languages (Bertha, Gumuz, and Shinasha) for which school materials had been developed. Only for the languages Bertha and Shinasha we could employ a treatment/comparison longitudinal design, as mentioned above the language Gumuz was not included in our longitudinal analyses.

The graphical theory of change illustrates the envisioned impact of the project (see Figure 1). Below specific aspects will be described in detail.

Figure 1: Graphical theory of change for the impact of the project



With MFS II funds, SIL developed and provides school materials in three minority languages (Bertha, Shinasha, Gumuz - which was later terminated; see section 4) to teachers and students and offers training and support for teachers. The project assists the Benishangul-Gumuz regional state in its efforts to deliver mother tongue education for three minority languages. The schools are managed by the regional state. This evaluation will focus on mother tongue education in Shinasha and Bertha.

The project ***activities*** include material development, distribution, and training. In addition, to general school books SIL developed cultural relevant materials for teachers and students for these minority languages. Furthermore, teachers are trained and supported to be able to teach in one of the minority languages. SIL coaches teachers and continuously tries to improve the teaching material in close collaboration with the teachers. Specific actions are described in the Multi-annual Work Plan 2011-2015.

The main ***outputs*** can be differentiated in three categories: school material development and number of copies of material, number of teacher training with respect to mother tongue education, and number of schools that have taken on mother tongue education as well as number of students who follow mother tongue education. Not all outputs were quantified because they depend on the development stage of the material; some of the outputs were not clearly specified for each language in the documents we received. The outputs below were quantified (see BGR indicator sets 2011-02-21):

School material development and copies of material:

- 44 subjects revised after 1 year testing
- 6000 prints of material for grade 4
- 2 training events on writing and development of material
- 40 participants trained on writing and development of material
- 2 languages for which bridging materials developed for grade 4
- 20 text stories are available in each language
- General dictionary for 2 languages developed:
    - 3000 copies printed in Bertha
    - 2000 copies printed in Shinasha
- School dictionary for 2 languages developed:
    - 2000 copies printed in Bertha
    - 2000 copies printed in Shinasha
- Entries in common dictionaries as drafts (total):
    - 7000 in Bertha (entries before project start: 1300)
    - 7000 in Shinasha (entries before project start: 1000)

Teacher training with respect to mother tongue education:

- 28 teachers that show improved performance by coaching in Bertha region
- 8 teachers had introduction into material per grade
- 47 teachers trained on development and use of supplementary material

Schools have taken on Mother Tongue education

- 200 schools have taken on Mother Tongue education
- around 15,000 students who follow mother tongue education

The ***theory of change*** states how specific activities should result in the envisioned outcomes. The community expressed a desire to have mother tongue education at schools. By offering mother tongue education and awareness-raising for this program the project aims to involve more minority language students in school (*increase enrolment*). Thus, offering mother tongue education should motivate more parents to send their children to school. By developing translated school materials, including cultural sensitive materials (specific stories) and training teachers to teach in minority languages the project sets out to improve the *quality of education* for the minority students. This improved education should lead to better performance of the students in primary school, and this in turn should offer them access to higher education afterwards and stimulate economic development of the region in the long-run as education is a driver of social and economic development. In general, especially girls should profit from mother tongue education because they are often monolingual. Being able to follow the teaching in their mother tongue should increase self-esteem among girls.

3.3 Changes in the project activities

There is one important change with respect to the project activities. As mentioned above, in 2013 the program has stopped the development of the Gumuz language. Within the Gumuz community several dialects are spoken. Developing school materials and a teaching curriculum for one overall language/dialect was not possible. As the community could not find consent on this issue the development of this project arm was finished in 2013. After consulting with SIL in Ethiopia we decided not to interview Gumuz children again. Thus, we did not include the Gumuz in our analyses.

4. Data collection

4.1 Data sources

This evaluation is based on two main sources of data, namely (1) gathered sources of data and information and (2) a survey that was conducted among children. First, prior to visiting the project site, information was gathered from Wycliffe and SIL Ethiopia. This information included project reports, previously conducted research

reports, project monitoring data, and financial data. The evaluation team talked once with a representative from Wycliffe in the Netherlands and met each year with representatives from SIL in Addis and Assosa (June 2012, May 2013, April 2014) to understand the project and its progress as well as to obtain relevant project documents. Second, we interviewed children to investigate the outcomes of the program among these beneficiaries. The survey and the results will be described below. Representatives of the evaluation team visited the field sites during the data collection in September 2012, May 2013, and May 2014. In addition, two master theses and one research internship report were conducted (partly still in progress) in the context of this evaluation.

4.2 Description of the surveys

Children were individually interviewed by native speakers. The endline questionnaires were translated to the local languages to make sure that students understood the questions (e.g., Benet-Martínez & Hong, 2014). The baseline interview lasted on average 30 minutes and the endline on average 60 minutes. The full questionnaire can be obtained on request. The questionnaire was divided into seven sections. The majority of questions in each section were asked at baseline and endline, a few questions were revised at the endline, and one section was added (section 1.5, school performance test). The first part assessed demographic information about students' age, gender, religion, ethnicity, and mother tongue. The next session, section 1.5, included a school performance test which was only asked at endline. As there is no standardized school performance test available for grade 2 across Ethiopia, we extensively developed one school test in collaboration with educational experts and field workers across Ethiopia. In this school test, students were asked seven questions about the subject environmental science, fourteen questions about the language of instruction, eleven mathematical questions, and six English questions. For each subject the questions increased in difficulty. One master thesis which is still in progress explains in detail how this measure was developed and carefully pre-tested (Geiger & Hansen, in preparation). The third section included questions about cognitive skills and health indicators. Section four included questions about students' identity. Students' school engagement and future aspirations were assessed in section five. Next, questions about the classroom interaction and learning were assessed, before students were asked questions about their socioeconomic background. The items of the presented results are provided in Table 10 in the Appendix.

In addition, we requested information about students' grades, absence (e.g., due to illness), and whether students had to repeat a grade. Unfortunately, the field officers were not able to obtain this information from the schools. Thus, we did not receive any information about students' absence or who had to repeat a class. The enumerators tried to get more detailed information about attrition; of each student who was not present in school during the interview period in May 2014. Unfortunately, the enumerators were only able to receive some general information of the reasons why some students were not present during this data

collection time. Thus, we could not include school attendance and grade repetition as outcome variables. We therefore included self-report measures for students' motivation and intention to drop out of school. Table 2 provides an overview of the assessed outcomes that were included in this evaluation.

Table 2. Overview of assessed outcomes

Main outcomes	Source	Specific outcomes	Assessed at
Access to education	School records	Number of enrolled students	Baseline & endline
Quality of education	Student survey	Cognitive ability (recall)	Baseline & endline
	Student survey	Cognitive ability (remember order)	Baseline & endline
	Student survey	Motivation to attend school	Baseline & endline
	Student survey	Intention to drop out	Baseline & endline
	Student survey	Control beliefs about students' performance	Baseline & endline
	Student survey	Self-esteem	Baseline & endline
	Student survey	Ethnic identification	Baseline & endline
	Student survey	Students help each other in class	Endline
	Student survey	School performance test (overall, environmental science, language of instruction, math, English)	Endline

4.3 Sampling design and sample sizes

The evaluation included three groups, one treatment and two comparison groups (see Table 12 in the Appendix). We sampled three groups of beneficiaries consisting of students from three different language minorities who are taught in their mother tongue namely, Bertha, Gumuz, and Shinasha. These groups were sampled from six out of twenty pilot schools in the region (treatment, mother tongue education). These six pilot schools were chosen because they fulfilled the study design requirements (see comparison groups below). Within these six schools two sections of grade 1 were randomly selected and all students sampled:

- 2 schools Millinnium and Zigi where Shinasha students are taught in Shinasha (note that there are only 2 schools where Shinasha students are taught in Shinasha);
- 2 schools Dibate and Gilgelbeles where Gumuz students are taught in Gumuz (note that there are only 2 schools where Gumuz students are taught in Gumuz);
- 2 schools Sherkole and Garabiche where Bertha students are taught in Bertha (note that there are 4 schools where Bertha students are taught in Bertha).

In each school we sampled the only 1st grade class. Only in one school Millennium there were two 1st grade classes/sections and we randomly picked only one section. An overview of the 20 pilot schools is presented in Table 11 in the Appendix.

The two selected comparison groups include (1) students from schools where minority language students (Bertha, Gumuz, and Shinasha) were taught in Amharic (comparison group 1) and (2) students from schools where Amharic students were taught in Amharic (comparison group 2). In particular, for comparison

group 1 we sampled all the schools (Millinium and Gilgelbles for Shinasha students; Walamba and Mangare for Gumuz students; Berogsh for Bertha students) and in each school we sampled the unique 1st grade class. Note that some of the schools include also a mother tongue track which is good to control for example for school effects on minority language students' performance. For comparison group 2 we sampled 2 schools out of 3 in the area where Amharic students were taught in Amharic (Gilgelbeles and Bambis). Each school had two 1st grade classes, but we randomly picked only one section per school. Table 3 provides an overview how many students were sampled from each school at baseline and endline.

Table 3. Overview of sample design and sample sizes

	Treatment group	**Comparison group 1**	**Comparison group 2**
	***Shinasha* students taught in *Shinasha* (mother tongue; *treatment group*)**	***Shinasha* students taught in *Amharic* (*comparison group*)**	***Amharic* raised students taught in *Amharic* (*comparison group*)**
Baseline	School 1: Millinnium # students: 69	School 1: Millinium # students: 24	School 1: Gilgelbele # students: 71
	School 2: ZIgi #students: 38	School 2: Tsigida #students: 26	
		School 3: Gilgelbles # students: 13	
Baseline total	107 students	63 students	71 students
Endline	School 1: Millinnium # students: 60	School 1: Millinium # students: 37	School 1: Gilgelbele # students: 81
	School 2: ZIgi #students: 38	School 2: Tsigida #students: 15	
		School 3: Gilgelbles # students: 0	
Endline total	98 students	52 students	81 students
Attrition	8.41%	17.46%	0% (new entries)
	***Gumuz* students taught in *Gumuz* (mother tongue; *treatment group*)**	***Gumuz* students taught in *Amharic* (*comparison group*)**	***Amharic* raised students taught in *Amharic* (*comparison group*)**
Baseline	School 1: Dibate # students: 26	School 1: Walamba # students: 61	Gilgelbele above
	School 2: Gilgelbeles #students: 47	School 2: Photo Mangare #students: 31	
Baseline total	73 students	92 students	
Endline	Not included	Not included	
Attrition	100%	100%	
	Bertha students taught in *Bertha* (mother tongue; *treatment group*)	***Bertha* students taught in *Amharic* (*comparison group*)**	***Amharic* raised students taught in *Amharic* (*comparison group*)**
Baseline	School 1: Sherkole #students: 53	School: Shiyo Berogsh # students: 34	School: Bambis no 2 # students: 67
	School 2: Garabiche #students: 58	School: Homosha # students: 39	
Baseline total	111 students	73 students	67 students
Endline	School 1: Sherkole #students: 54	School: Shiyo Berogsh # students: 22	School: Bambis no 2 # students: 62
	School 2: Garabiche #students: 55	School: Homosha # students: 31	
Endline total	109 students	53 students	62 students
Attrition	1.80%	27.40%	7.46%

4.4 Attrition to follow-up

In the baseline 657 children were interviewed. In the follow-up 455 children were interviewed, out of which 320 were also interviewed during the baseline. The overall attrition was very high, about 48.55% (1-320/657). However, Table 3 provides a more detailed and positive overview of the attrition based on the minority language and condition. The main reason for the high overall attrition is the "drop out" of 165 Gumuz students who were not interviewed again. We conducted additional analyses to check for systematic effects due to attrition. Two significantly effects emerged but can be explained. Children in grade 0 who had mistakenly sampled at baseline were not included in the endline explain the significant difference in age and Gumuz who are mostly Orthodox were not included in the endline (see Table 9).

In the remaining groups of the study design attrition ranges between 0% and 27.40 %. During the data collection the enumerators faced several challenges: two schools had been closed for several days so that the enumerators walked from home to home to find some of the students, some students had transferred to other schools, migrated with their families, were ill, repeated a grade, or were mistakenly sampled as first graders at baseline while they attended grade 0.

4.5 Implication of power calculations

A potential concern of our evaluation is that we lack sample size to detect a real impact of one of the interventions in this project, resulting in a Type II error. Theoretically, a power analysis can assess whether this is a serious risk. However, it is not obvious how to perform power analyses for our analyses. Many simplifying assumptions need to be made in order to make the problem tractable. Moreover, we consider a broad range of outcome variables, and use different types of regression techniques. Our approach, therefore, will only be indicative and will provide some extremely rough estimates covering a range of contingencies. One of the main problems we are faced with is that we need to make an assumption of the effect size for the underlying population. Since there are virtually no quantitative studies available that can guide us in terms of expected effect sizes, we decided to follow Cohen's definitions of small, medium and large effect sizes (Cohen, 1988, chap. 9), and calculate minimum required sample sizes for the effect size of 0.8. Based on this assumption we calculated the minimal detectable effect size for the main outcomes variables separately using the STATA program powerreg, which is specifically designed to do power calculations for multiple regression models. Results are given in Table 4 below.

Table 4: Minimal detected effect size

Outcome variable	Minimal detected effect size			
	Shinasha boys	***Shinasha girls***	***Bertha boys***	***Bertha girls***
Cognitive ability (recall)	.20	.08	.07	.09
Cognitive ability (remember order)	.31		.11	.11
Motivation	.23	.22	.21	.23
Drop school	.35		.26	.30
Control beliefs	.26	.26		.27
Good grade	.25		.24	
Ethnic identity	.24		.22	.24
Self-esteem	.15		.12	.18
Test overall school performance	.08			.12
Test environmental science		.07		.16
Test language of instruction	.12			.12
Test math	.08	.10		.15
Test English	.12	.11		.10
Help other students	.21	.19	.23	.22

4.6 Other data problems

Questionnaires were translated to the local languages. Students in the treatment group were interviewed in their mother tongue. The enumerators were faced with language difficulties when interviewing students in the first comparison group, minority language students who are taught in Amharic. Ideally these students should have been asked the more personal questions in their mother tongue and the school performance test in Amharic. Students had great difficulties understanding the later questions. Thus, the enumerators translated most questions, if they were able, to the students' mother tongue. This point illustrates the challenges these minority students face when attending a school in which the language of instruction is not their mother tongue. However, this may have also influence our results. Minority students taught in Amharic may have now performed a bit better on the school test as the questions were sometimes translated for them.

4.7 Availability of financial data

As mentioned above (see section 3.1) the MFS II funding consists of a grant part and a self-share part by Wycliffe Netherlands. The total amount of MFS II funding for the period 2011-2015 was € 206.389. In addition, SIL received € 151.247 from Wycliffe (self-share). Total project budget was € 357.636. Furthermore, we received the costs of the main activities. A teacher training for trainees for two weeks cost approximately 140,000 ETB (€ 5,500). The development of the Gumuz grade 1 book cost approximately 200,000 ETB (€ 8000).

4.8 Descriptive analysis

We first checked the intended outputs of the program (see Table 5). The outputs can be distinguished into three main categories: material development as well as copies of school material, number of teachers that received training with respect to mother tongue education, and number of schools that took over mother tongue education. First, school materials were developed and copied for teachers and students. As can be seen in table 5 most goals were achieved (some minor differences). Efforts were invested in developing new school materials. The number of text books for grade 4 was much higher than intended. Second, the project also focused on teacher training to make teachers familiar with the school material and teach them how to use the additional school materials. In total, more than 198 teachers received an introduction into the school material (grade 1-4) in indicating that the goal of 150 was achieved. We did not receive any more detailed information about training in supplementary material. In addition, efforts were invested to coach teachers to improve their performance. During field visits we learned that more activities were invested to monitor and coach teachers. In each language motivated and talented teachers were supervising other teachers to further improve their factual and pedagogical skills with respect to mother tongue education in school. In total, 103 schools took over mother tongue education, as a subject or as a mother tongue track. The final goal had to be decreased because the development of the language Gumuz was not continued. Most importantly, 24,817 students received access to mother tongue education more than originally planned (around 15,000).

Table 5: Output and achievements

Output	Goal	Achieved
School material development and copies of material:		
• subjects revised after 1 year testing	44	44
• prints of school material for grade 4	6000	10,060[1]
• training events on writing and development of material	2	5
• participants trained on writing and development of material	40	38
• languages for which bridging materials developed for grade 4	2	3
• text stories are available in each language	20	25 on average
• general dictionary for 2 languages developed:		
▪ copies printed in Bertha	3000	2000
▪ copies printed in Shinasha	2000	Online only so far
• school dictionary for 2 languages developed:		
▪ copies printed in Bertha	2000	2000
▪ copies printed in Shinasha	2000	2000
▪ copies printed in Gumuz	2000	2000
• Entries in common dictionaries as drafts (total):	7000	Not specified
▪ in Bertha (entries before project start: 1300)	7000	Not specified
▪ in Shinasha (entries before project start: 1000)		

Output	Goal	Achieved
Schools have taken on Mother Tongue education	200[3]	103 schools *Bertha*: • 27 mother tongue education • 45 as a subject *Shinasha*: • 5 mother tongue education • 26 as a subject
Students receiving mother tongue education	around 15,000	24,817

Notes. For outputs and goals we referred to BGR indicator sets 2011-02-21. Information about the achieved goals was provided by SIL.

[1] Overview of printed text books in grade 4:
in total 3,480 mother tongue school books in *Bertha* (language subject ST =2000; environmental science ST=700; maths ST=700; language TG = 20; environmental science TG= 20; maths TG= 20; eathetics =20);
in total 2,980 mother tongue school books in *Shinasha* (language subject =2000; environmental science=450; maths =450; language subject TG =15; environmental science TG=15; maths TG=15; eathetics =15);
in total 3,600 mother tongues school books in *Gumuz* (language subject =2500; environmental sience=560 ; maths =560; language subject TG =20; environmental science TG= 20; maths TG= 20; eathetics =20).

[2] Overview of plans per year: 20 teachers in 2011, 20 teachers in 2012, 80 teachers in 2013, and 40 teachers in 2014.

[3] This number still included Gumuz communities. Thus, the final achieved goal was lower.

The survey conducted with the students included a range of information designed to control for differences in socio-economic characteristics and demographic structure across children and the households they lived in. We chose questions that children of this age can easily answer. Descriptive statistics and balancing tests based on the first assessment for the two comparison groups and treatment group for the Shinasha and Bertha group separately are provided in Table 5 and 6. Table 7 and 8 provide an overview of the descriptive statistics and balancing tests for the baseline and follow-up data focusing on the main outcomes.

The statistics from Table 5 and 6 suggest that the three groups of this evaluation (treatment and two comparison groups) differ in some aspects. With respect to the educational background, parents of Shinasha students who learn in their mother tongue (treatment) seem to be less likely to be able to read and write and help their children with their school work compared to parents of Amharic children (comparison 2) (see Table 5). Furthermore, the number of siblings differs between several groups (see Table 5 and 6). Furthermore, this data suggests that Shinasha students who learn in their mother tongue (treatment) eat less meals per day compared Amharic children (comparison 2; see Table 5). We included these variables next to more general demographics (age, gender, ethnicity, religion etc.) in the final analyses. Table 7 and 8 presents the summary statistics of the main outcome variables. Shinasha and Bertha students who attended schools with mother tongue education showed higher ethnic identification compared to their fellow students who attended schools that taught in Amharic at the baseline. This difference may be driven by a selection bias or by the fact that having access to mother tongue education may already increase students' identification with their ethnic group, being valued as a member of this group. We will discuss these more in depth in the following section. As

one specific objective was that girls might develop stronger self-esteem when following mother tongue education compared to learning in a second language, in this context Amharic, we split up these analyses for gender.

Table 5**: Summary statistics and balancing tests for controls (Shinasha group)**

	Summary Statistics						Balancing tests	
	Control 1		Control 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment – C1	Treatment – C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Household characteristics								
Parents read and write	49	0.65	79	0.78	107	0.71	-0.011	-0.276***
							(0.114)	(0.034)
Books at home	49	0.18	77	0.29	107	0.21	-0.007	-0.166
							(0.079)	(0.141)
Study help at home	49	0.53	77	0.68	106	0.64	0.049	-0.149***
							(0.126)	(0.042)
Number of brothers	49	1.31	80	1.30	107	2.15	0.772***	0.641***
							(0.156)	(1.181)
Number of sisters	49	1.45	80	1.21	107	1.64	0.221	0.474**
							(0.178)	(0.210)
Number of animals	48	9.41	77	4.17	107	9.08	-0.173	5.390***
							1.469	(1.584)
Child Characteristics								
Sex (male=1)	49	0.53	80	0.45	107	0.51	0.019	0.128
							(0.106)	(0.130)
Age	46	7.52	76	8.67	100	7.75	0.493**	1.006***
							(0.237)	(0.270)
Ethnic								
Amhara	49	0.14	80	0.86	107	0.02	-0.082*	0.309*
							(0.046)	(0.165)
Oromo	49	0.00	80	0.01	107	0.00	-	0.006
								(0.005)
Tigraway	49	0.00	80	0.00	107	0.00	-	-
							(0.025)	
Gurage	49	0.02	80	0.00	107	0.00	-0.024	-
							(0.025)	
Bertha	49	0.00	80	0.00	107	0.06	0.056*	0.034
							(0.032)	(0.021)
Gumuz	49	0.02	80	0.00	107	0.00	-	-
Shinasha	49	0.82	80	0.13	107	0.93	0.050	-0.349**
							(0.057)	(0.162)
Other	49	0.00	80	0.00	107	0.00	-	-
Religion								
Orthodox	48	0.75	80	0.55	107	0.79	-0.018	-0.042
							(0.065)	(0.096)
Muslim	48	0.04	80	0.41	107	0.06	0.040	0.223**
							(0.043)	(0.087)
Protestant	48	0.21	80	0.04	107	0.15	-0.023	-0.181***
							(0.064)	(0.057)
Other	48	0.00	80	0.00	107	0.00	-	-
Meals per day	49	2.82	80	2.94	106	2.84	0.041	-0.121***
							(0.0811)	(0.026)

Notes: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. Standard errors are clustered at the village level. 1 = Amhara, 2=Oromo, 3=Tigraway, 4=Somali, 5=Gurage, 6=Sidama, 7=Bertha, 8=Gumuz, 9=Shinsasha and 10=Other; 1=Orthodox, 2=Muslim,3=Protestant and 4=Other. Robust standard errors in parentheses*** $p < .001$, ** $p < .05$, * $p < .1$.

Table 6**: Summary statistics and balancing tests for controls (Bertha group)**

	Summary Statistics						Balancing tests	
	Control 1		Control 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Household characteristics								
Parents read and write	64	0.56	61	0.72	106	0.66	0.111	0.130
							(0.110)	(0.069)
Books at home	64	0.14	63	0.21	114	0.07	-0.050	0.009
							(0.065)	(0.127)
Study help at home	63	0.30	65	0.63	115	0.28	-0.020	0.075
							(0.060)	(0.117)
Number of brothers	64	1.61	65	1.23	115	1.66	-0.001	-0.527
							(0.133)	(0.356)
Number of sisters	64	1.84	65	1.24	115	1.41	-0.287**	0.028
							(0.180)	(0.212)
Number of animals	64	3.52	65	4.32	115	5.63	1.934**	0.136
							(0.842)	(0.866)
Child Characteristics								
Sex (male=1)	64	0.70	65	0.52	116	0.57	-0.114	0.056
							(0.075)	(0.082)
Age	61	7.52	64	7.45	113	7.82	0.216	-0.220
							(0.264)	(0.226)
Ethnic								
Amhara	64	0.00	65	0.97	115	0.03	0.029	0.391
							(0.027)	(0.269)
Oromo	64	0.00	65	0.02	115	0.02	0.019*	0.018**
							(0.011)	(0.007)
Bertha	64	0.98	65	0.02	115	0.95	-0.043	-0.414
							(0.029)	(0.269)
Gumuz	64	0.00	65	0.00	115	0.01	0.010	0.006
							(0.011)	(0.007)
Shinasha	64	0.02	65	0.00	115	0.00	-0.014	-
							(0.011)	
Other	64	0.00	65	0.00	115	0.00	-	-
Religion								
Orthodox	64	0.00	65	0.15	115	0.02	0.019***	0.071*
							(0.005)	(0.039)
Muslim	64	0.97	65	0.83	115	0.97	-0.001	-0.083*
							(0.015)	(0.042)
Protestant	64	0.00	65	0.02	115	0.01	0.010	0.012*
							(0.009)	(0.006)
Other	64	0.03	65	0.00	115	0.00	-0.028***	-
							(0.010)	
Meals per day	64	2.91	65	2.98	115	2.92	0.044	0.175
							(0.031)	(0.117)

Notes: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 display the coefficient from a separate OLS regression. Standard errors are clustered at the village level. 1 = Amhara, 2=Oromo, 3=Tigraway, 4=Somali, 5=Gurage, 6=Sidama, 7=Bertha, 8=Gumuz, 9=Shinasha and 10=Other; 1=Orthodox, 2=Muslim,3=Protestant and 4=Other. Robust standard errors in parentheses. *** $p < .001$, ** $p < .05$, * $p < .1$.

Table 7: Summary statistics and balancing tests for outcomes (Shinasha group)

	Summary Statistics						Balancing tests	
	Comparison 1		Comparison 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Panel A: Baseline								
Cognitive ability (recall)	49	0.48	78	0.55	107	0.56	0.060	0.023
							(0.069)	(0.083)
Cognitive ability (order)	47	0.63	79	0.84	107	0.75	0.090	0.006
							(0.060)	(0.069)
Motivation to attend school[1]	49	3.15	80	3.43	107	3.41	0.284	-0.140
							(0.192)	(0.116)
Intention to drop out of school[1]	49	1.52	80	1.58	107	1.58	0.076	0.137
							(0.180)	(0.333)
Control beliefs[2]	49	0.92	80	1.16	107	1.08	0.226	-0.357**
							(0.134)	(0.132)
Ethnic identification[1]	49	3.11	75	3.31	106	3.23	0.117*	-0.351**
							(0.067)	(0.140)
Self-esteem[3]	49	4.81	75	4.80	102	4.88	0.084	-0.133***
							(0.059)	(0.032)
Panel B: Endline								
Help other students	52	0.85	81	0.89	97	0.82	-	-
Overall school performance[4]	52	0.77	81	0.77	98	0.73	-	-
Test environmental science[4]	52	0.91	81	0.89	98	0.97	-	-
Test language of instruction[4]	52	0.77	81	0.82	98	0.65	-	-
Test math[4]	52	0.83	81	0.80	98	0.82	-	-
Test English[4]	52	0.54	81	0.51	98	0.52	-	-

Notes: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 displays the coefficient from a separate OLS regression. In panel B no balancing tests are conducted as there are only endline data available. Standard errors are clustered at the village level. [1] The scores were computed by an average of two items assessing the retrospective construction of a scale ranging from 1 for *very low* to 4 for *very high*. [2]Students were asked to choose one out of two statements describing their personal control belief on how they can achieve specific goals such as a good grade in life. One statement represented a strong internal control belief that it depends on own efforts and the other represented a strong external belief that it depends on other pure luck. All answer representing internal control belief were summed up. In total, students received 2 of these questions. The reported score could vary from 0 for *no personal control belief* to 2 for a *strong personal control belief.* [3] Three items assessing self-esteem were averaged. [4] Results are representing the percentage of correct answers. Robust standard errors in parentheses. *** $p < .001$, ** $p < .05$, * $p < .1$.

Table 8: Summary statistics and balancing tests for outcomes (Bertha group)

	Summary Statistics						Balancing tests	
	Comparison 1		Comparison 2		Treatment			
Dependent variable	N	Mean	N	Mean	N	Mean	Treatment - C1	Treatment - C2
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Panel A: Baseline								
Cognitive ability (recall)	61	0.48	64	0.40	113	0.45	-0.023	-0.001
							(0.042)	(0.035)
Cognitive ability (order)	64	0.68	65	0.67	114	0.69	-0.011	-0.144***
							(0.065)	(0.036)
Motivation to attend school[1]	64	3.43	65	3.53	115	3.48	0.034	-0.064
							(0.079)	(0.072)
Intention to drop out of school[1]	64	1.47	65	1.55	115	1.46	-0.034	-0.061
							(0.127)	(0.110)
Control beliefs[2]	64	1.23	65	1.02	116	1.21	0.056	0.260*
							(0.069)	(0.147)
Ethnic identification[1]	63	3.29	62	3.40	114	3.53	0.236***	0.099
							(0.081)	(-0.085)
Self-esteem	63	4.83	65	4.97	114	4.91	0.022	-0.183**
							(0.083)	(0.082)
Panel B: Endline								
Help other students	53	0.64	62	0.84	109	0.79	-	-
Overall school performance[4]	53	047	62	0.73	109	0.65	-	-
Test environmental science[4]	53	0.72	62	0.90	109	0.91	-	-
Test language of instruction[4]	53	0.35	62	0.74	109	0.52	-	-
Test math[4]	53	0.56	62	0.77	109	0.68	-	-
Test English[4]	53	0.43	62	0.51	109	0.63	-	-

Notes: Column 2, 4 and 6 presents the mean of the control and treatment group respectively. Column 7 and 8 displays the coefficient from a separate OLS regression. In panel B no balancing tests are conducted as there are only endline data available. Standard errors are clustered at the village level. [1] The scores were computed by an average of two items assessing the retrospective construction of a scale ranging from 1 for *very low* to 4 for *very high*. [2]Students were asked to choose one out of two statements describing their personal control belief on how they can achieve specific goals such as a good grade in life. One statement represented a strong internal control belief that it depends on own efforts and the other represented a strong external belief that it depends on other pure luck. All answer representing internal control belief were summed up. In total, students received 2 of these questions. The reported score could vary from 0 for *no personal control belief* to 2 for a *strong personal control belief.* [3] Three items assessing self-esteem were averaged. [4] Results are representing the percentage of correct answers. Robust standard errors in parentheses. *** $p < .001$, ** $p < .05$, * $p < .1$.

5. Analyses and results

This section explains the analyses and presents the results of the impact evaluation. Section 5.1 describes the approach we have used, and points out some of the caveats we were faced with. The main results are presented in Section 5.2.

5. 1 Methodology

The objective of this report is to describe changes in school engagement, self-esteem, ethnic identification, and learning outcomes that could be attributed to following mother tongue education. The challenge in any impact evaluation is to isolate the causal role of the intervention from other determinants of well-being (e.g., Armendariz & Murdoch, 2010). When comparing the situation of beneficiaries before and after an intervention, the observed changes in outcome variables cannot solely be attributed to the intervention, as there are many other changes in the environment of the respondents during the project period. Comparing beneficiaries with a control group of non-beneficiaries does not necessarily provide the solution. Beneficiaries could for instance have been wealthier or smarter than non-beneficiaries when the program started or *vice versa*. This and other factors can make some students more likely to be sent to a specific school, thus causing self-selection bias. Besides self-selection bias, program placement bias is also frequently observed in evaluation studies. NGOs target their projects purposely at specific, often disadvantaged, areas. If the control group's physical, economic and social environment does not match that of the beneficiaries, this will result in differences not caused by the intervention and thus in biased estimates of impact.

The standard approach to overcome these issues is to conduct a randomized controlled trial (RTC). Before the program starts two groups will be created at random. One group will receive the treatment (treatment group) while the other group will act as a benchmark (control group). Because of the randomization the members in the control group represent the members in the treatment group. After the treatment has taken place, both groups can be compared on the outcomes of interest. Differences in outcomes can now solely be attributed to the treatment. However, creating two groups at random, a necessary step for RTCs, is not always possible because of the program implementation or ethical reasons.

As we had no influence on the design of the multilingual education program, we use an alternative to RCTs: a so-called double difference (DD) model. In order to apply a DD model, one needs to have information about relevant indicators of the treatment group and the (two) control group(s) before (baseline) and after (end line) the intervention. While the RTC methodology ensures that the only difference between members in the treatment and control group is the treatment, the DD method only eliminates differences between members of the two groups that do not change over time. So the disadvantage of the DD method over the RTC method is that it does not automatically distinguish between the impact of time-varying characteristics be-

tween members of the three groups and the impact of the treatment. A (partial) solution to this problem is to include as many time varying characteristics into the DD model as possible so that only the influence of unobserved time-varying characters remains.

To test whether the treatment and one control group are comparable at baseline, a balancing test can be conducted. Although debated in the literature, a balancing test is generally used to determine if the observable controls are distributed similarly between the two groups in question.[1] If any significant difference exists between the two groups, a balancing test should pick up this difference and indicate that the current composition of the data could lead to a biased estimate of the treatment effect. The balancing test is conducted as a set of OLS regressions in which each control variable is individually regressed on a constant and the treatment dummy. The standard errors in the regressions are clustered at the village level to account for intraclass correlation. The coefficient of the treatment dummy now gives us an unbiased estimator of the difference between the control and treatment group at the time of the baseline survey.

Econometrically speaking the double difference estimator is given by the following expression:

$$Y_{ijt} = \alpha + \beta_1 Post_t + \beta_2 D_j^T + \beta_3 Post_t D_j^T + \gamma X_{ijt} + \varepsilon_{ijt} \qquad (1)$$

Where Y_{ijt} denotes an outcome variable for respondent *i* in group *j* at time t, D_j^T is a dummy variable equal to one if the respondent belonged to the treatment group, $Post_t$ is a binary variable that takes the value one if the observation corresponds to the post-treatment time period, X_{ijt} is a set of controls[2], and ε_{ijt} denotes the error term. Then, β_3 in (1) is the treatment estimate of the intervention's impact on outcome Y. That is, β_3 measures the difference between the treatment and control group in the growth of outcome Y. It is an unbiased estimate of the average impact of being assigned to the treatment group on the dependent variable Y.

Some of the outcome variables considered in the analysis are binary. In these cases, a linear probability model (LPM) is estimated and the marginal effect of D_i^C for the impact of the project on outcome Y is reported.[3] In all models the standard errors are clustered at the village level.[4] Clustering at the village level provides a relatively high amount of clusters (56), big enough clusters. It is important to cluster the standard errors, as the data might be subject to intraclass correlation, that is, students who live in the same villages are likely to be

[1] For a summary of the literature and further discussion of balancing tests see Kleyman (2009).

[2] Additional covariates are included to control for various characteristics of the households. This not only helps with the precision of the estimates, but also reduces the problem of omitted variable bias. This is necessary to obtain unbiased measures of the treatment effects.

[3] In recent literature, Puhani (2012) shows that in a nonlinear difference-in-difference, such as the one used in this study, the cross difference is not equal to the treatment effect. Instead the treatment effect comes from the cross derivative (or cross difference) of the conditional expectation of the observed outcome minus the cross derivative of the conditional expectation of the potential outcome without treatment. Although this calculation of the treatment effect is appealing, this study will follow common practice in the field and report the estimate of β_3 in the case of a LPM.

[4] In educational science, common practice would have been to cluster at the class level instead of the village level. However, due to the low number of classes, clustering was done at the village level for this project.

more similar on a wide variety of measures than students who do not live in the same village. The higher intra-class correlation, the less unique information each student provides. This has to be taken into account when running the regressions by inflating the standard errors.

It is often the case that there is some level of attrition (or dropping out) and/or new entry in the dataset. The double difference model presented in (1) can be estimated using an unbalanced panel, keeping in all observations, including the ones which we only observe in one time period. It can also be estimated using a balanced panel, dropping observations which we only observe in one period. Estimating (1) using an unbalanced panel increases the power, but as the sample becomes more heterogeneous the results might be distorted. As the number of new entries and drop-outs are very high (see section 4) all estimations will be done on the restricted panel.

Although a DD analyses can solve some potential biases in the data, some bias may remain. A double difference analyses helps picking up the time-invariant heterogeneity, but bias can still remain due to time-variant unobservables. Yet, a positive significant effect in the DD model is a strong indication of an influential intervention. An insignificant effect or even a significant negative effect, however, does not necessarily imply that the intervention does not work or does harm, as in our analysis we only measure short-term effects.

5.2 Results

The impact analysis is based on a DD procedure. The main results are based on the data treated as two repeated cross sections. The main reason to do that is because the attrition rate differed per group (see section 4.3). In addition, we also report a DD panel analysis based on the children that were interviewed twice (320 children). Furthermore, since in the endline a set of new questions are added to derive a school performance score, we report some basic analysis on the difference of the test scores between the treated and untreated students. One specific objective of the program was that girls from language minorities, in this case Shinasha and Bertha, might develop a stronger self-esteem when following mother tongue education compared to girls who followed education in a second language, in this context Amharic. Thus, we added the same DD analyses as described above split up for gender. The results of the balancing tests (see Table 7 and 8) suggest that, when comparing students learning in their mother tongue (language minority: Shinasha and Bertha) with Amharic students, Amharic students score higher on several outcome variables. Thus, we conducted all analyses comparing the treatment group against both comparison groups together or separately. Based on the results we decided to only report the estimates for comparing the treatment with the comparison group of language minority students learning in Amharic (comparison group 1). The balancing tests also showed differences between language minority and Amharic students that could be solely attributed to cultural and ethnic differences. To conclude, we decided to compare students from the same language minority who are either

taught in their mother tongue or Amharic. We believe this provides the best test of the effectiveness of the intervention. We will first present the results for the Shinasha and next for the Bertha analyses.

5.2.1 Shinasha

Tables 9-10 display all analyses for the restricted sample of the Shinasha analyses first including controlling variables (parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnicity, religion, and number of meals per day) and afterwards without controls. The restricted sample included 118 students who participated in the baseline and endline assessment. The analyses for the unrestricted sample can be found in the Appendix (Tables 1-2). The discussion of our results will focus on the results provided in Table 9 and 10.

The main objective of the program was to improve *school performance* among Shinasha students following the mother tongue track compared to Shinasha students following education in Amharic. In addition, we investigated students' *ethnic identification*, *self-esteem*, and one aspect of *learner empowerment* (whether students help each other in class).

Surprisingly, the results showed that Shinasha children who were taught in their mother tongue did not perform better on *school performance tests* compared to Shinasha children who were taught in Amharic. The results did not show any positive impacts. In contrast, children in the mother tongue track scored even lower on the subtest in Shinasha compared to children who were tested in their knowledge in Amharic who followed the Amharic track. This result seems to be a bit surprising at first sight. However, previous research that was conducted within the Shinasha community may help to understand these results (Küspert-Rakotondrainy, 2013). Shinasha, even though they have experienced displacement and assimilation attempts by other ethnic groups, managed to achieve and keep a strong position in society. Education is valued among the Shinasha and children are send to school. Compared to many other minority groups several Shinashas attend higher education and hold important positions in society. However, in the last decennia Shinasha children often do not learn Shinasha at home and parents often speak other dominant languages at home. A recent comparative case study (Küspert-Rakotondrainy, 2013) compared Gumuz and Shinsha. Shinasha want to bring back and strengthen their traditional culture which has started to become less important for some people. As a result they want to use mother tongue education in school to teach their children their mother tongue. To date, however, many Shinasha students who start attending school cannot speak their mother tongue yet and struggle in school. The current results, especially with respect to mother tongue education in Shinasha, provide first evidence for this effect.

Furthermore, we did not find any impacts with respect to ethnic identification and one aspect of learner empowerment. However, Shinasha students taught in their mother tongue showed lower levels of self-esteem compared to Shinasha students taught in Amharic. Based on our reasoning above this might be ex-

plained by the fact that Shinasha students who start mother tongue education struggle to learn in Shinasha. Learning Shinasha might be for some children like learning a new language.

As we did not find any further systematic differences between girls and boys, we did not include the full analyses in this report. Results, however, can be obtained on request.

Table 9: Estimation results (Shinasha: restricted sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
Treat	0.040	0.025	-0.038	0.285*	-0.158	0.274**	0.304***	0.205	-0.085	0.069	-0.199**	-0.029	-0.091
	(0.053)	(0.085)	(0.164)	(0.151)	(0.138)	(0.102)	(0.087)	(0.124)	(0.050)	(0.038)	(0.073)	(0.022)	(0.070)
year*treat	-0.106	0.024	-0.004	0.325	0.144	-0.046	-0.413***						
	(0.064)	(0.113)	(0.205)	(0.379)	(0.265)	(0.171)	(0.083)						
Constant	0.535***	0.662**	3.073***	2.351***	2.132***	1.943***	4.084***	-0.552*	0.692***	0.850***	0.739***	0.751***	0.272**
	(0.181)	(0.253)	(0.253)	(0.631)	(0.292)	(0.216)	(0.268)	(0.252)	(0.061)	(0.110)	(0.196)	(0.068)	(0.106)
Observations	167	170	172	172	172	107	105	91	91	91	91	91	91
R-squared	0.035	0.087	0.136	0.163	0.095	0.434	0.339	0.342	0.141	0.149	0.288	0.193	0.099

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. Results in column 9-13 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 10: Estimation results (Shinasha: restricted sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	0.018	0.038	-0.013	0.303*	-0.179	0.215**	0.200**	0.021	-0.065**	0.044***	-0.182***	0.004	-0.015
	(0.046)	(0.082)	(0.151)	(0.144)	(0.147)	(0.095)	(0.072)	(0.128)	(0.021)	(0.014)	(0.038)	(0.027)	(0.022)
year*treat	-0.051	-0.015	-0.005	0.350	0.187	0.025	-0.395***						
	(0.042)	(0.088)	(0.179)	(0.260)	(0.206)	(0.123)	(0.086)						
Constant	0.569***	0.788***	3.500***	1.222***	1.333***	3.136***	4.727***	0.833***	0.813***	0.930***	0.856***	0.839***	0.543***
	(0.057)	(0.077)	(0.108)	(0.180)	(0.127)	(0.078)	(0.068)	(0.128)	(0.019)	(0.012)	(0.034)	(0.005)	(0.018)
Observations	188	191	193	193	193	118	117	97	97	97	97	97	97
R-squared	0.004	0.022	0.018	0.078	0.020	0.304	0.131	0.001	0.063	0.049	0.186	0.000	0.001

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. Results in column 9-13 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

5.2.2 Bertha

Tables 11-12 display all analyses for the restricted sample of the Bertha first including controlling variables (parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnicity, religion, and number of meals per day) and afterwards without. The restricted sample included 202 students who participated in the baseline and endline assessment. The analyses for the unrestricted sample can be found in the Appendix (Tables 3-4). The discussion of our results will focus on the results provided in Table 11 and 12.

Overall, the program did not increase students' *ethnic identification, self-esteem,* and *learner empowerment*.

However, the results showed that Bertha children who were taught in their mother tongue showed better *school performance* compared to Bertha children who were taught in Amharic. This effect was found in the overall test score as well as the single test scores of the different subjects such as environmental science, Bertha, math, and English. More precisely, Bertha students in the mother tongue track performed 16.4 % better on the overall school performance test than Bertha students following their education in Amharic (16.7 % in environmental science; 15.9 % in Bertha as language of instruction; 12.3 % in math; 17.9 % in English).

In addition, we conducted the same analyses separately for girls and boys (see Appendix Table 5-8). Besides the impacts in school performance, Bertha boys in the mother tongue tracked indicated to help their fellow students in school and hold stronger self-control beliefs to be able to achieve goals in life compared to Bertha boys who were taught in Amharic. Interestingly, girls in the mother tongue track showed an increase in self-esteem compared to girls who were taught in Amharic. A similar effect was found among girls but not boys with respect to self-reported motivation to attend school. More precisely, girls in the mother tongue track were more motivated over time to attend school in the mother tongue track compared to those girls who followed school in an Amharic track. In contrast to the boys, however, Bertha girls in the mother tongue track showed lower levels of self-control beliefs compared to the comparison group.

Table 11: Estimation results (Bertha: restricted sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	-0.031	-0.054	0.187*	0.072	-0.009	0.243***	0.096	0.106	0.164***	0.167***	0.159**	0.123*	0.179***
	(0.067)	(0.082)	(0.104)	(0.091)	(0.077)	(0.078)	(0.085)	(0.096)	(0.042)	(0.044)	(0.067)	(0.062)	(0.023)
year*treat	0.019	0.003	0.218	0.120	0.140	-0.093	0.045						
	(0.099)	(0.105)	(0.187)	(0.144)	(0.104)	(0.117)	(0.111)						
Constant	0.385***	0.474***	2.693***	0.520	1.349**	2.890***	4.678***	0.923**	0.024	0.407*	-0.119	0.006	0.142
	(0.124)	(0.157)	(0.342)	(0.453)	(0.521)	(0.586)	(0.262)	(0.373)	(0.311)	(0.216)	(0.354)	(0.430)	(0.208)
Observations	238	240	240	240	240	189	190	121	121	121	121	121	121
R-squared	0.106	0.214	0.234	0.082	0.066	0.250	0.270	0.087	0.506	0.285	0.554	0.332	0.271

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. Results in column 9-13 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 12: Estimation results (Bertha: restricted sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	-0.024	-0.027	0.020	0.024	0.047	0.225***	0.048	0.148	0.030	0.083	-0.046	-0.009	0.189***
	(0.061)	(0.097)	(0.124)	(0.077)	(0.055)	(0.080)	(0.089)	(0.087)	(0.127)	(0.085)	(0.183)	(0.122)	(0.043)
year*treat	0.033	-0.026	0.514**	0.204	0.119	-0.120	0.060						
	(0.089)	(0.112)	(0.202)	(0.145)	(0.093)	(0.150)	(0.119)						
Constant	0.472***	0.678***	3.431***	1.542***	1.250***	3.314***	4.843***	0.613***	0.595***	0.814***	0.542***	0.664***	0.428***
	(0.038)	(0.094)	(0.114)	(0.041)	(0.048)	(0.042)	(0.089)	(0.074)	(0.125)	(0.085)	(0.179)	(0.121)	(0.041)
Observations	254	256	256	256	256	200	201	129	129	129	129	129	129
R-squared	0.016	0.084	0.109	0.013	0.020	0.112	0.130	0.023	0.005	0.040	0.006	0.000	0.146

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. Results in column 9-13 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

6. Discussion

The discussion is structured in three main parts. We will first shortly address some methodological caveats before discussing whether the project reached its objective. We will next discuss the relevance of these results and finally discuss the efficiency of the project.

6.1. Methodological caveats

This project was categorized as a Millennium Development Goal 2 project, our evaluation focused on children as the main beneficiaries. We have selected first grade students and followed them for two years. As students just started their education and in the comparison group were first confronted with Amharic we could not assess learning performance at the baseline. Given these reality constraints our key outcome variable of school performance could only be measured at the endline. Other factors due to the selection of the sample may have also influenced these results. To indirectly rule out a selection bias, we assessed cognitive abilities with two abstract reasoning tests at baseline (and endline). As the subsamples did not differ in both abstract reasoning tests at baseline, we assume that the subsamples did not systematically differ in students cognitive abilities which are also aspects of intelligence (Neisser et al., 1996).

6.2 Did the project reach its objective?

The main aim of this project is to *provide access to* and *improve quality of education* for language minority students of Shinasha and Bertha in rural areas of the Benishangul Gumuz region. The project was set up in close collaboration with the educational office and governmental schools that introduced mother tongue education. The project was well designed involving relevant local stakeholders to ensure sustainability of the program. The first main objective was achieved by offering mother tongue education in 103 schools to 9,210 Shinasha and 15,607 Bertha students. The second objective was to improve the quality of education. We interviewed children twice: first at the time when they started going to school in grade 1 and second two years later at the end of grade 2. We found different results for the Shinasha students and the Bertha students. We did not find any positive impact among Shinasha students. This might be explained by the fact that Shinasha want to bring their ethnic culture by sending their children to mother tongue education. In the last decennia Shinasha have put great value on education. Children went to school in which Amharic or Oromia were the languages of instructions. Today, several Shinasha entered higher education and now hold important positions in society. Thus, their mother tongue was spoken less frequently. Children who not enter primary school and are supposed to follow the instruction in Shisha struggle. Our results suggest that especially Bertha students who received mother tongue education showed better overall school performance on all subtests in environmental science, Bertha, math, and English compared to Bertha students who received their education in Amharic. Ber-

tha girls who followed the mother tongue track also developed a higher self-esteem, an increased motivation to attend school but also lower levels of self-control (to be able to achieve goals in life) compared to Bertha girls in the Amharic track. Bertha boys who followed the mother tongue track more frequently indicated to help their fellow students (an aspect of learner empowerment) and hold stronger levels of self-control compared to the comparison group of Bertha boys following education in Amharic. In sum, the project provided impacts for Bertha students with respect to aspects of identity as well as learning outcomes.

6.3. How relevant are these results?

To date, many children around the world still do not have access to primary education, especially in African countries (World Bank, 2012). Education is one of the most important drivers for economic development (Hanushek & Woessmann, 2007). This project offered access to mother tongue education in the first cycle of primary school to so far disadvantaged children. In the Universal Declaration of Human Rights of 1948, the UNESCO advocates the use of mother tongue as language of instruction in primary schools (UNESCO, 1953). By offering mother tongue education to students and training teachers to teach in these minority languages the project aimed at improving the quality of education. In general, children who are taught in their mother tongue can more easily follow the class instructions compared to children who are taught in a second language. The latter often struggle with the instructions, experience frustration when they have difficulties in following the class and concentrating on the school content (Cummins, 2001). A common believe may be that children who have more exposure to a dominant language in society should show better performance and future success. However, previous linguistic and psychological research provides evidence for better school performance of language minority students who follow a mother tongue education program compared to students who follow a second language programs in primary school (e.g., Wright, Taylor, & Macarthur, 2000). More precisely, children who first learn in their mother tongue can then profit from their abilities and skills when they afterwards learn a second language (Wright, Taylor, & Macarthur, 2000). Students educated in their mother tongue language learn faster, at a higher level, and are more involved than students educated in a second language (Wright & Taylor, 1995; UNESCO, 2010). Moreover, minority language students who are taught in their mother tongue develop a stronger appreciation of their minority language and culture, in psychological terms a higher status. Furthermore, students from higher status groups in general perform better in school (e.g., Cummins, 2001).

Especially the capacity building focus of teachers is important to further improve the quality of education. For example, data from low-income countries in 2012 showed that 19.5 % of the primary school teachers had not received a minimum of organized teacher training normally required to be qualified to teach at the primary level in the given country (World Bank, 2014). Other research showed that across six African countries general teacher education and teachers' mathematical and reading skills was very low (Pryor, Akyeam-

pong, Westbrook, & Lussier, 2012). More dramatically are the results from a study in Kenia, grade 6 teachers achieved only 61 % correct answers of a mathematics tests from grade 6 (Ngware, Oketch, Mutisya, & Abuya, 2010). These results illustrate the sometimes low education level of teachers. Offering training to teachers can help to improve the educational level, increase their factual knowledge, and improve their pedagogical skills. The educational level, factual and pedagogical knowledge of teachers clearly influences students' performance. For example, across 45 countries higher teaching quality in mathematics was related to lower rates of low achievement (Mullis, Martin, Foy, & Arora, 2012) and teacher's subject knowledge was related to students' achievement gains (Glewwe, Hanushek, Humpage, & Ravina, 2011). Thus, offering access to mother tongue education and improving the quality of education through intensive teacher training are important steps to improve the future prospects of language minority students.

6.4 How efficient was the project?

In order to determine the efficiency of a project one needs a benchmark project that is fully efficient and uses about the same inputs as the project under evaluation. One can compare the outputs of both projects in order to determine how efficient the assessed project is. Since such a benchmark is lacking the determination of efficiency is problematic. Therefore, we have decided to focus on the price per main activity calculated from the amount of specific activity funded by the project's budget and these are compared with prices per activity of similar projects found in the literature on primary education. To conclude, we can only offer a very rough and partial discussion of the efficiency of the project.

As mentioned above (see section 3.1) the MFS II funding consists of a grant part and a self-share part by Wycliffe Netherlands. The total amount of MFS2 funding for the period 2011-2015 was € 206.389. In addition, SIL received € 151.247 from Wycliffe (self-share). Thus, the project has a five year budget of € 357.636 which is split up in activities that can be categorized in the development and copies of school materials and teacher training. The largest part of the budget was spent on the development and printing of school materials and a smaller part of the budget on teacher training. Important to note is that the schools are run and financed by the government. Thus, this project offers new teaching materials and capacity building to train teachers for the government.

A literature review provided benchmarks for the costs of mother tongue education in school per child (Patrinos & Velez, 2009, see Table 13) and the unit costs of a textbook (Vawda & Patrinos, 1999). We did not find a benchmark for the cost of developing school materials for a new oral language that had to be studied first. The amount that SIL spent on the development of one of the minority languages (€ 8,000) seems to be very low. This activity requires the expertise from different disciplines such as linguistics and pedagogics and includes extensive "content-work". More precisely, first the oral language has to extensively been studied be-

fore dictionaries can be developed and in turn cultural-sensitive school materials be designed. This work can last up to a few years.

With respect to the costs of the teacher training, a cross-country study from 2002 including Trinidad and Tobago, Ghana, Lesotho, and Malawi showed the costs of training teachers in each of these countries (Lewin, 2002; World Bank, 2005). The costs from a similar context such in Ethiopia ranged from Int$ 1.500 to Int$ 6.440. Please keep in mind that this data was collected in 2002 and trainings on average last between 2-7 days. SIL has spent on average 140,000 ETB (€ 5,500) for one teacher training for 30 participants which lasted for two weeks. This amount is in the range of the benchmark (which is already 13 years old). Thus, this comparison seems to suggest that the training was very cost efficient.

Table 13: Project information and benchmarks for costs of mother tongue education in school, development of school materials, and teacher training

	Number	Total people who profited from	Project	Benchmark
Mother tongue education in school	103 schools	24,817 students receiving mother tongue education (9,210 Shinasha; 15,607 Bertha)	/	Int$ 100 per student per year to receive mother tongue education
Development of school material for one language	2 languages are taught (3 in development stage)	/	€ 8,000[1]	Int$ 13,62 unit costs of a text book, Int$ 2,12 reprint costs[2]
Teacher training		30 teachers per training, 198 teachers received training	€ 5,500[2]	Int$ 1.500-6.440

Notes. Benchmark for mother tongue education is based on Patrinos & Veley (2009), benchmarks for the unit costs of multilingual text books is based on Vawda & Patrinos (1999) and for teacher training based on Lewin (2002) and World Bank (2005). [1] The original project costs for the development of school materials for Gumuz were approximately 200,000 ETB (€ 8,000). [2] It is important to mention and be cautious about these unit costs. They greatly depend on the economy of scale; the larger the amount of books produced the smaller the unit costs. [3] The original project costs for one teacher training for 30 participants over two weeks were approximately 140,000 ETB (€ 5,500).

However, this efficiency has not been translated into effectiveness. The analysis presented above shows that with respect to the key objectives, 24,187 Shinasha and Bertha students have received access to mother tongue education. The analyses further showed that providing mother tongue education increased the quality of education for these students resulting in better school performance among Bertha students compared Bertha students who were taught in Amharic. It may be argued that these effects have been achieved by

the cost of € 14.41 per child of which € 8.32 were funded by MFSII. This is a very rough estimate as the budget also included the development of three other languages (Gumuz, Mao, and Komo). Keeping all methodological caveats in mind, this partial efficiency analysis suggests that the project has been cost efficient and effective.

7. Conclusion

The project's main objectives with respect to the Millennium Development Goal 2 was to (1) provide access to mother tongue education for language minority students (Shinasha and Bertha) in the Benishangul Gumuz region and (2) by this also improve the quality of education for these language minority students in the first cycle of primary education. School and learning materials were developed and teachers were trained to teach in the two minority languages.

The main findings are as follows:

1. *Increased access to education*: Since the beginning of the funding MFS II funding phase 103 schools have started offering mother tongue education. In total, 9,210 Shinasha and 15,607 Bertha students have received access to mother tongue education.
2. *Improved quality of education*: The quantitative analyses showed Bertha receiving mother tongue education showed better overall school performance then Bertha students who received education in Amharic (second language). Bertha girls showed developed higher levels of self-esteem and motivation to attend school but lower self-control; whereas Bertha boys showed stronger learner empowerment (i.e. more frequently helping other students) and more self-control compared to the comparison group. We did not find any positive impacts for Shinasha students. In contrast, they scored even lower in Shinsha and showed leower levels of self-esteem compared to a control group. This might be caused by the fact that many Shinsha families do not speak their mother tongue at home. As a result Shinasha students may struggle to follow the teaching in their mother tongue. Encouraging parents to speak their mother tongue at home might be a first step to help keeping the Shinsha language alive.

Overall, while we realize the impact evaluation caveats we were faced with and the difficulties in rigorously evaluating this project, we end this report by evaluating the project in terms of the main evaluation questions (see Table 14). Based on the project visits, project documents, and quantitative analysis we evaluate this program as very well designed. SIL has the unique and multidisciplinary expertise to conduct linguistic research, develop school materials, and train teachers in mother tongue education so that schools can take on mother tongue education. This program is conducted in close collaboration with the government and regional educational offices. The program was almost completely implemented as designed. School materials were already developed by SIL for Gumuz when the community started discussing about the relevance of the different dialects of Gumuz and could not find agreement. Furthermore, the first main goal of offering access to

mother tongue education was achieved (less schools as planned, but more students who receive mother tongue education). We found clear impact for Bertha students but not for Shinasha students. Based on the employed analyses and methodological caveats (i.e., the rigorousness of the evaluation), we gave a 7 for the extent to which the observed results can be attributed to the project intervention. This result is based on the fact that we could not do DID analyses for the main outcome of school performance, only had a rather small sample, and high attrition. The observed results are very relevant for the Bertha students (evaluated with a 10). With respect to the Shinasha students the results are not that clear; they seem to struggle when they have to follow the mother tongue education. Finally, our partial efficiency analysis suggests that the program was cost effective as well as efficient.

Table 14: Overview evaluation of the project

On a scale of 1 to 10, with 1 being "not at all" and 10 being "completely", for this project, how much do you agree with the following statements:	
The project was well designed.	10
The project was implemented as designed.	9
The project reached all its objectives.	7[1]
The observed results are attributable to the project interventions.	7
The observed results are relevant to the project beneficiaries.	8[2]
The project was implemented efficient.	10

Notes. [1]Outputs were achieved for two minority languages, namely Bertha and Shinasha. However, only Bertha students showed expected impacts.[2] A 10 for the results among Bertha students and a 6 among Shinasha students.

References:

Armendáriz, B., & Morduch, J. (2010). *The Economics of Microfinance* (2nd edition). The MIT Press.

Benet-Martínez, V., & Hong, Y-Y. (2014). *Handbook of multi-cultural identity: Basic and applied psychological perspectives.* Oxford, UK: Oxford University Press.

Bennett, M., & Sani, F. (Eds.). (2004). *The development of the social self*. Philadelphia, PA: Psychology Press.

Chávez, R., Belkin, L. D., & Hornback, J. G. (1991). Dropping out of school: Issues affecting culturally, ethnically, and linguistically distinct student groups. *Journal of Educational Issues of Language Minority Students, 8*, 1-13.

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.). New Jersey: Lawrence Erlbaum Associates.

Cummins, J. (2001). Empowering minority students: A framework for intervention. *Harvard Educational Review, 71*(4), 656-675.

Geiger, J., & Hansen, N. (in preparation). The development of a standardized school performance test for second grade students in Ethiopian primary schools. *Manuscript in preparation.*

Glewwe, P., Hanushek, E. A., Humpage, S. D., & Ravina, R. (2011). *School resources and educational outcomes in developing countries: a review of the literature from 1990 to 2010.* Cambridge, MA: National Bureau of Economic Research (NBER Working Paper, 17554).

Hanushek, E. A. & Woessmann, L. (2007). *The role of education quality for economic growth.* World Bank, Washington, DC. Retrieved from https://openknowledge.worldbank.org/handle/10986/7154

Kleyman, Y. N. (2009). *Testing for covariate balance in comparative studies.* Ph.D. dissertation, University of Michigan. Retrieved from http://deepblue.lib.umich.edu/handle/2027.42/64769

Küspert-Rakotondrainy, S. (2013). Language policy and identity in a diverse society. The impact of language of instruction on social group identity . A comparative case study from Ethiopia. *Unpublished master thesis. University of Olso.* Retrieved from: http://www.boro-shinasha.com/en/education-related-material

Lewin, K. (2002). The costs of supply and demand for teacher education: dilemmas for development. *International Journal of Educational Development, 22(3)*, 221-242.

Mullis, I. V. S., Martin, M. O., Foy, P., & Arora, A. (2012). *TIMSS 2011 International Results in Mathematics*. Chestnut Hill, Mass., TIMSS and PIRLS International Study Center, Boston College.

Neisser, U., Boodoo, G., Bouchard, T. J., Boykin, A. W., Brody, N., Ceci, S. J., Halpern, D. F., Loehlin, J. C., Perloff, R., Sternberg, R. J., & Urbina, S. (1996). Intelligence: Knowns and unknowns. *American Psychologist, 51*, 77-101.

Ngware, M., Oketch, M., Mutisya, M., & Abuya, B. (2010). *Classroom observation study: A report on the quality and learning in primary schools in Kenya.* Nairobi: African Population and Health Research Center.

Patrinos, H. A., & Velez, E. (2009). Cost and benefits of bilingual education in Guatemala: A partial analysis. *International Journal of Educational Development, 29(6)*, 594-598.

Paul, L. M., Simons, G. F., & Fenning, C. D. (2013). *Ethnologue: Languages of the World* (Seventeenth edition). Dallas, Texas: SIL International. Retrieved May 21, 2013 from http://www.ethnologue.com/country/ET.Population Census of Ethiopia (2007). *Summary and statistical report of the 2007 population and housing census. Federal Democratic Republic of Ethiopia.* Retrieved from http://ecastats.uneca.org/aicmd/Portals/0/Cen2007_firstdraft.pdf

Population Census of Ethiopia (2007). *Summary and statistical report of the 2007 population and housing census. Federal Democratic Republic of Ethiopia.* Retrieved from http://ecastats.uneca.org/aicmd/Portals/0/Cen2007_firstdraft.pdf

Pryor, J., Akyeampong, K., Westbrook, J., & Lussier, K. (2012). Rethinking teacher preparation and professional development in Africa: an analysis of the curriculum of teacher education in the teaching of early reading and mathematics. *Curriculum Journal, 23(4)*, 409-502. doi:10.1080/09585176.2012.747725

Puhani, P. A. (2012). The treatment effect, the cross difference, and the interaction term in nonlinear 'difference in differences' models. *Economics Letters, 115(1)*, 85-87.

SIL (2011). *Project proposal on multilingual education in Benishangul Gumuz Regional State Ethiopia (2011-2015)*. SIL, Addis Abeba.

UNESCO (2010). Why and how Africa should invest in African languages and multilingual education. *An evidence- and practice-based policy advocacy brief.* Retrieved from http://unesdoc.unesco.org/images/0018/001886/188642e.pdf

UNESCO (1953). *The Use of Vernacular Languages in Education*. UNESCO, Paris.

Unicef (2011). Ethiopia: Country Programme Document 2012-2015. 11-29707. Retrieved from http://www.unicef.org/about/execboard/files/Ethiopia_final_approved_2012-2015_20_Oct_2011.pdf

Vawda, A. Y., & Patrinos, H. A. (1999). Producing educational materials in local languages: costs from Guatemala and Senegal. *International Journal of Educational Development, 19(4)*, 287-299.

World Bank (2012). *World Development Indicators*. [Custom cross-tabulation of data]. Retrieved from http://databank.worldbank.org/data /views/reports/tableview.aspx (Data only available until 2012)

Wright, S. C., Taylor, D. M., & Macarthur, J. (2000). Subtractive bilingualism and the survival of the Inuit language: Heritage versus second language education. *Journal of Educational Psychology*, 92, 63-84.

Wright, S. C., & Taylor, D. M. (1995). Identity and the language of the classroom: Investigating the impact of heritage versus second language instruction on personal and collective self-esteem. *Journal of Educational Psychology, 87*(2), 241-252.

Appendix

Table 1: Estimation results (Shinasha: full sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	0.036	0.051	0.140	0.084	0.072	0.118**	0.064	0.032	-0.044	0.104***	-0.132**	-0.025	-0.051
	(0.049)	(0.044)	(0.134)	(0.181)	(0.103)	(0.048)	(0.062)	(0.072)	(0.037)	(0.027)	(0.054)	(0.020)	(0.040)
year*treat	-0.072	0.001	0.075	0.442*	-0.072	0.006	-0.202**						
	(0.051)	(0.054)	(0.172)	(0.228)	(0.255)	(0.077)	(0.082)						
Constant	0.489***	0.568***	2.909***	2.843***	1.245***	1.547***	5.240***	-0.443	0.686***	0.818***	0.834***	0.691***	0.126
	(0.124)	(0.151)	(0.265)	(0.438)	(0.278)	(0.201)	(0.312)	(0.383)	(0.108)	(0.096)	(0.129)	(0.108)	(0.135)
Observations	414	417	419	419	420	276	266	140	216	216	216	216	216
R-squared	0.042	0.096	0.058	0.100	0.096	0.427	0.243	0.123	0.059	0.127	0.155	0.066	0.093

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 9-13 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 2: Estimation results (Shinasha: full sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	0.053	0.103**	0.196	0.093	0.115	0.117*	0.084	-0.034	-0.050**	0.071***	-0.158***	-0.002	-0.012
	(0.057)	(0.049)	(0.155)	(0.155)	(0.101)	(0.067)	(0.059)	(0.039)	(0.019)	(0.015)	(0.032)	(0.021)	(0.022)
year*treat	-0.068	-0.092**	0.017	0.473**	-0.181	0.017	-0.190***						
	(0.056)	(0.042)	(0.190)	(0.182)	(0.206)	(0.072)	(0.061)						
Constant	0.502***	0.686***	3.208***	1.500***	0.981***	3.107***	4.786***	0.850***	0.774***	0.902***	0.799***	0.814***	0.524***
	(0.054)	(0.047)	(0.147)	(0.144)	(0.105)	(0.067)	(0.049)	(0.039)	(0.017)	(0.015)	(0.027)	(0.013)	(0.018)
Observations	452	456	458	458	459	296	287	147	229	229	229	229	229
R-squared	0.008	0.053	0.035	0.045	0.058	0.364	0.128	0.002	0.024	0.060	0.105	0.000	0.001

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 9-13 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 3: Estimation results (Berta: full sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test Eng-lish
treat	-0.047	-0.061	0.162*	0.033	-0.014	0.297***	0.081	0.094*	0.143***	0.180***	0.132**	0.090	0.155***
	(0.042)	(0.050)	(0.087)	(0.118)	(0.076)	(0.075)	(0.075)	(0.053)	(0.049)	(0.049)	(0.061)	(0.067)	(0.038)
year*treat	0.067	0.035	0.288*	0.277*	0.180	-0.148	-0.028						
	(0.068)	(0.075)	(0.160)	(0.156)	(0.109)	(0.106)	(0.089)						
Constant	0.375***	0.349**	2.864***	0.937*	0.980***	3.439***	4.993***	0.516*	0.195	0.585***	0.158	0.030	0.226*
	(0.102)	(0.159)	(0.292)	(0.518)	(0.354)	(0.358)	(0.189)	(0.298)	(0.212)	(0.141)	(0.239)	(0.315)	(0.128)
Observations	419	427	428	428	428	311	311	152	209	209	209	209	209
R-squared	0.086	0.172	0.166	0.060	0.078	0.244	0.282	0.105	0.306	0.231	0.321	0.211	0.221

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 9-13 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 4: Estimation results (Berta: full sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	-0.045	-0.023	0.046	0.015	-0.029	0.236***	0.022	0.146***	0.037	0.093	-0.034	0.008	0.158***
	(0.040)	(0.055)	(0.077)	(0.108)	(0.098)	(0.080)	(0.083)	(0.039)	(0.084)	(0.063)	(0.121)	(0.078)	(0.038)
year*treat	0.076	0.003	0.486***	0.345**	0.287***	-0.119	0.059						
	(0.054)	(0.064)	(0.162)	(0.142)	(0.099)	(0.122)	(0.105)						
Constant	0.475***	0.701***	3.445***	1.479***	1.189***	3.303***	4.875***	0.642***	0.611***	0.821***	0.559***	0.672***	0.472***
	(0.037)	(0.050)	(0.072)	(0.090)	(0.054)	(0.047)	(0.077)	(0.028)	(0.083)	(0.062)	(0.117)	(0.077)	(0.034)
Observations	456	464	465	465	466	336	336	161	223	223	223	223	223
R-squared	0.035	0.058	0.105	0.032	0.049	0.118	0.149	0.024	0.007	0.053	0.003	0.000	0.099

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 9-13 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 5: Estimation results (Bertha, boys: restricted sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other stu-dents	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	0.059	0.061	0.291*	0.010	-0.208**	0.285***	0.154**	0.223**	0.209***	0.186***	0.234***	0.125*	0.246***
	(0.053)	(0.089)	(0.165)	(0.116)	(0.080)	(0.084)	(0.056)	(0.080)	(0.031)	(0.055)	(0.048)	(0.060)	(0.018)
year*treat	0.032	-0.098	-0.063	0.314	0.283*	-0.129	-0.128						
	(0.072)	(0.100)	(0.248)	(0.186)	(0.159)	(0.149)	(0.093)						
Cohen's d	-	-	-	-	0.36	-	-	0.82	2.09	1.04	1.50	0.64	4.18
Constant	0.051	0.422	2.825***	-0.156	1.520***	3.662***	4.553***	0.253	-0.009	0.439	-0.162	-0.116	0.140
	(0.195)	(0.275)	(0.499)	(0.911)	(0.512)	(0.707)	(0.379)	(0.568)	(0.127)	(0.281)	(0.136)	(0.147)	(0.135)
Observations	112	113	113	113	113	111	112	57	57	57	57	57	57
R-squared	0.153	0.238	0.132	0.138	0.096	0.262	0.283	0.175	0.490	0.252	0.462	0.346	0.461

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. Results in column 9-13 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 6: Estimation results (Bertha, girls: restricted sample with controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	-0.100	-0.140	-0.075	0.073	0.219*	0.213	-0.029	-0.076	0.191***	0.204**	0.155**	0.260**	0.091
	(0.118)	(0.088)	(0.071)	(0.263)	(0.124)	(0.149)	(0.172)	(0.097)	(0.052)	(0.074)	(0.058)	(0.082)	(0.053)
year*treat	0.218	0.042	0.290*	-0.194	-0.725***	-0.088	0.426**						
	(0.131)	(0.113)	(0.152)	(0.251)	(0.132)	(0.320)	(0.158)						
Cohen's d	-	0.48	-	1.38	1.00	0.68	-	1.36	1.02	1.00	1.17	-	
Constant	-0.107	0.553	2.918***	0.586	1.270*	1.876**	3.846***	0.902	-0.301	0.088	-0.241	-	0.020
												0.817**	
	(0.158)	(0.344)	(0.432)	(0.765)	(0.600)	(0.753)	(0.773)	(0.707)	(0.175)	(0.120)	(0.268)	(0.297)	(0.142)
Observations	77	78	78	78	78	78	78	40	40	40	40	40	40
R-squared	0.230	0.328	0.259	0.122	0.226	0.286	0.366	0.271	0.545	0.423	0.419	0.584	0.266

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. Results in column 9-13 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated with controls which include: parents read and write, books at home, study help at home, number of brother and sisters, number of animals in the household, sex, age, ethnic, religion and number of meals per day. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 7: Estimation results (Bertha, boys: restricted sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	0.035	0.040	0.192	-0.075	-0.169*	0.230***	0.101	0.215*	0.228***	0.185***	0.249***	0.167*	0.266***
	(0.054)	(0.092)	(0.165)	(0.096)	(0.088)	(0.072)	(0.065)	(0.107)	(0.050)	(0.055)	(0.070)	(0.093)	(0.017)
year*treat	0.056	-0.022	0.035	0.413**	0.278**	-0.119	-0.113						
	(0.065)	(0.105)	(0.238)	(0.181)	(0.131)	(0.171)	(0.089)						
Cohen's d	-	-	-	0.43	0.40	-	-	0.53	1.21	0.90	0.95	0.48	4.29
Constant	0.469***	0.725***	3.396***	1.604***	1.375***	3.391***	4.889***	0.591***	0.421***	0.760***	0.262***	0.520***	0.364***
	(0.043)	(0.092)	(0.161)	(0.058)	(0.069)	(0.050)	(0.053)	(0.092)	(0.048)	(0.052)	(0.056)	(0.083)	(0.013)
Observations	115	116	116	116	116	114	115	58	58	58	58	58	58
R-squared	0.036	0.008	0.057	0.037	0.031	0.107	0.142	0.054	0.312	0.175	0.223	0.105	0.275

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. Results in column 9-13 show the percentage of correct answers. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 8: Estimation results (Bertha, girls: restricted sample without controls)

VARIABLES	(1) Cognitive ability (recall)	(2) Cognitive ability (order)	(3) Motivation	(4) School drop out	(5) Control beliefs	(6) Ethnic identification	(7) Self-esteem	(8) Helped other students	(9) Test overall	(10) Test environmental science	(11) Test language instruction	(12) Test math	(13) Test English
treat	-0.035	-0.043	-0.100	0.067	0.400***	0.283	0.028	0.048	0.192	0.246	0.160	0.139	0.253***
	(0.080)	(0.140)	(0.099)	(0.151)	(0.123)	(0.166)	(0.192)	(0.069)	(0.128)	(0.138)	(0.144)	(0.151)	(0.068)
year*treat	0.146	-0.006	0.305**	-0.287	-0.441***	-0.150	0.357						
	(0.126)	(0.156)	(0.139)	(0.401)	(0.122)	(0.265)	(0.247)						
Cohen's d	-	-	0.49	-	0.80	-	-	-	-	-	-	-	1.14
Constant	0.479***	0.583***	3.500***	1.417***	1.000***	3.167***	4.750***	0.667***	0.408***	0.603***	0.320**	0.485***	0.352***
	(0.048)	(0.119)	(0.062)	(0.097)	(0.124)	(0.119)	(0.197)	(0.056)	(0.123)	(0.135)	(0.139)	(0.146)	(0.066)
Observations	85	86	86	86	86	86	86	44	44	44	44	44	44
R-squared	0.030	0.198	0.185	0.017	0.070	0.134	0.179	0.002	0.125	0.192	0.067	0.036	0.145

Notes. All the columns present the coefficient estimate of the Double Difference regressions. The model regresses the outcome variable on a treatment dummy (equaling 1 for the treatment group of mother tongue education and 0 for the comparison group of language minority students taught in Amharic; we did not include the second comparison group of Amharic students), a year dummy (equaling 0 for the recall period and 1 for the time of the survey) and an interaction of those. In column 8-13 there are no baseline data available and are therefore estimated using endline data only. All regressions have the standard errors clustered at the village level and are estimated without controls. Robust standard errors in parentheses. *** $p < .01$, ** $p < .05$, * $p < .1$.

Table 9: Attrition

VARIABLES	(1) Attrition
Parents can read and write	0.283
	(0.212)
Books at home	0.033
	(0.216)
Study help at home	-0.079
	(0.208)
Number of brothers	0.144**
	(0.058)
Number of sisters	0.047
	(0.057)
Number of animal	0.014
	(0.009)
Sex (male=1)	-0.135
	(0.179)
Age	-0.178***
	(0.059)
Amhara	-0.472
	(1.246)
Oromo	1.992
	(1.709)
Bertha	14.918
	(418.505)
Shinasha	0.220
	(1.200)
Orthodox	0.989***
	(0.375)
Muslim	-12.875
	(418.503)
Meals per day	-0.038
	(0.151)
Constant	-0.526
	(1.436)
Observations	594

Notes: Logistic regression to check for if the attrition observed in the data was random.

Table 10: Overview of items of the presented results

SECTION 1.5: SCHOOL PERFORMANCE

Items SP01-07 assess environmental science, SP08-13 language of instruction, SP14-20 math, SP21-26 English

SP01	***Give the student the STUDENT SHEET and a pen.*** ***Say:*** "I will ask you some questions about things you learn in school. This is **NOT a test** and it will **NOT be graded**. I will first ask some questions about environmental science. What happens if you do not wash your hands before eating?" ***Label the answer as correct when the child names at least one of the possible answers.***	***Any of the answers is correct:*** ***- I become sick*** ***- I can get a disease*** ***- Any disease*** 1 Correct 2 Incorrect/ does not know	
SP02	***Say: "***Name a food that comes from an animal."	***Any of the answers is correct:*** ***milk, cheese, yoghurt, meat*** 1 Correct 2 Incorrect/ does not know	
SP03	***Say: "***Why are small children not allowed to play with a knife/blade?"	***Any of the answers is correct:*** ***- Because they can cut themselves*** ***- Because it is dangerous*** ***- Because they can hurt others*** ***-HIV transmission*** 1 Correct 2 Incorrect/ does not know	
SP04	***Say: "***What is the use of the ears?"	***Correct answer: hear, listen*** 1 Correct 2 Incorrect/ does not know	
SP05	***Show to the first question on the student sheet and say:*** ***"***Show me the roots."	1 Correct 2 Incorrect/ does not know	
SP06	***Say: "***What are the roots for?"	***Any of the answers is correct:*** ***- To get water/ nutrition*** ***- Not to fall over*** ***- Storing nutrition*** 1 Correct 2 Incorrect/ does not know	
SP07	***Say: "***What kind of food does a lion like?"	***Correct answer:*** ***meat or any animal*** 1 Correct 2 Incorrect/ does not know	
SP08	***Say*** "I will ask you some questions about **reading and writing**. Please point to the letter I read." ***Show the 2. question on the student sheet.***	Correct	Incorrect/ does not know
	R	1	2
	Q	1	2
	B	1	2
SP09	***Say: "***Please read each letter."	Correct	Incorrect/ does not know
	F	1	2
	S	1	2
	X	1	2
SP10	***Say: "***Please read each word."	Correct	Incorrect/ does not know
	House	1	2
	Ox	1	2
	Goat	1	2
SP11	***Say: "***Please write each word."	Correct	Incorrect/ does not know
	Dog	1	2
	Ball	1	2
	Earth	1	2

SP12	***Say: "***Write the name of the thing you see on the picture." 	1 Correct 2 Incorrect/ does not know	
SP13	***Say:"*** I will say one sentence to you. Write it down! Abebe went to school."	Correct	Incorrect/ does not know
	Abebe	1	2
	went	1	2
	to	1	2
	school.	1	2
SP14	***Say: "***I will now ask some math questions. Please read the numbers here."	Correct	Incorrect/ does not know
	8	1	2
	2	1	2
	5	1	2
SP15	***Say: "***Please read the numbers here."	Correct	Incorrect/ does not know
	23	1	2
	10	1	2
	68	1	2
SP16	***Say:"*** On the paper you can see some math questions. Please fill in the correct answers." ***Read the question.*** 3 + 5	***Correct answer = 8*** 1 Correct 2 Incorrect/ does not know	
SP17	***Read the question.*** 8 - 2	***Correct answer = 6*** 1 Correct 2 Incorrect/ does not know	
SP18	***Read the question.*** 2 x 5 =	***Correct answer = 10*** 1 Correct 2 Incorrect/ does not know	
SP19	***Read the question.*** 6 ÷ 3 =	***Correct answer = 2*** 1 Correct 2 Incorrect/ does not know	
SP20	***Say:"***Abebech has two sons and four daughters. How many children does she have?"	***Correct answer = 6*** 1 Correct 2 Incorrect/ does not know	
SP21	***Say: "*** I will now ask some English questions. Where is the ´pen´!" ***(pen in English)*** ***Do not point to the pen nor show it to the child.***	***Correct answer: Child points to or holds up a pen.*** 1 Correct 2 Incorrect/ does not know	
SP22	***Say: "***Stand up!" ***(stand up in English)***	***Correct answer: Child stands up*** 1 Correct 2 Incorrect/ does not know	
SP23	***Say:"*** Show me your ´ear´." ***(ear in English)***	***Correct answer: Child points to his/ her ear.*** 1 Correct 2 Incorrect/ does not know	
SP24	***Point to your nose.*** ***Say****: "*Say this in English!"	***Correct answer: Child says "nose"*** 1 Correct 2 Incorrect/ does not know	
SP25	**Say: "**Write down what it is." ***Point to the pen. If the child does not know the word in English, say "pen".***	***Correct answer: Child writes "pen"*** 1 Correct 2 Incorrect/ does not know	
SP26	**Say: "**Write down what it is." ***Point to your nose.*** ***If the child does not know the word in English, say "nose".***	***Correct answer: Child writes "nose"*** 1 Correct 2 Incorrect/ does not know	

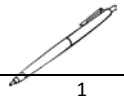
SECTION 2: COGNITIVE SKILLS & HEALTH

CSH01 **Cognitive ability (re-call)**	***Say: "Listen carefully to me! I will read out a list of thing. After I read, please recall the things I mentioned?"*** The list includes the following things: House, Sun, Book, Arm, Fire, Animal, Stone, and Friend (***Tick all correctly recalled and not recorded items***)	***Items***	**Recalled**	**Not recalled**
		House	1	2
		Sun	1	2
		Book	1	2
		Arm	1	2
		Fire	1	2
		Animal	1	2
		Stone	1	2
		Friend	1	2

	Which statements fit best to you? Please choose one of the two alternatives: ***Read each item with both option (CSH03-CSH05_4)*** ***and let the child choose one option (1 or 2).***	
CSH03 CSH04 **Control beliefs**	When you lose a game, is it:	
	1	because the other player is good at the game, or
	2	because you don't play well.
	When you learn something quickly, is it:	
	1	because you listened very good, or
	2	because someone who is older explained it carefully.
CSH04_1 **Getting a good grade**	When you get a good grade in class, is it.	
	1	because the test was very easy, or
	2	because you know a lot.

CSH06 **Cognitive ability (re-member order)**

Make sure that you have five different objects students are familiar with. Arrange all five objects in this order from left to write (small stone – pencil – leave – blade of grass – pen) on a table or the ground in front of the child. And say:
Look at the order of these things and try to remember it! Close your eyes. ***Put all objects together in front of the child and say:***
Open your eyes and try to put the objects back in the same order!
Circle one for correct and 2 for incorrect arrangement.

				
1	1	1	1	1
2	2	2	2	2

SECTION 4: IDENTITY

	Say: "We want to know what is important for you, some things are not important for children! Please answer what you think."**:** ***All questions should be answered in the following two steps:***				
First ask whether it applies "No" or "Yes"!		No		Yes	
Next ask, "how much"!		*Not at all*	*Not*	*A little bit*	*Very much*
I02 I03 **Ethnic identification**	How important is it to you that you are [***name their ethnic group***]?	1	2	3	4
	How do you feel about being [***name their ethnic group***]?	1	2	3	4
I06 I07 I08 **Self-esteem**	Do you have good opinions about yourself?	1	2	3	4
	Are you respected by other children?	1	2	3	4
	Are you able to do most things as well as your friends?	1	2	3	4

SECTION 5: MOTIVATION & FUTURE

	Say: "We want to know what is important for you, some things are not important for children! Please answer what you think."**:** ***All questions should be answered in the following two steps:***				
First ask whether it applies "No" or "Yes"!		No		Yes	
Next ask, "how much"!		*Not at all*	*Not*	*A little bit*	*Very much*
MF05 MF06 **Motivation**	Do you like to go to school?	1	2	3	4
	Are you motivated to go to school?	1	2	3	4
MF07 MF08 **Drop out**	Have you ever thought about quitting school?	1	2	3	4
	Do you sometimes intend to stop going to school?	1	2	3	4

Table 11: Overview of number of students and teachers in pilot schools that have implemented mother tongue education (stand July 2012)

No	**Language**	**School Names**	**Grade 1**		**Grade 2**		**Grade 3**		**Grade 4**		**Teachers**	
			M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
1	Shinasha	Bullen Millennium School	70	54	66	54	40	41	56	50	7	1
2	Shinasha	Agabona Akonti School	56	52	50	33	28	35	41	35	4	
3	Shinasha	Zigi School	17	11	30	13	14	17	11	10	3	1
4	Shinasha	Minjo School	30	20	20	24	10	18	17	15	3	2
5	Shinasha	Dangur School	7	8	15	7	8	3	14	25	3	2
6	Gumuz	Bellogingafo School	33	32	55	69	37	28	27	28	5	
7	Gumuz	Dibate School	25	6	39	5	34	7	28	1	4	
8	Gumuz	Kamash.2 School	39	54	37	27	18	21	21	25	4	
9	Gumuz	Agallometi School	68	79	58	40	43	65	33	43	6	
10	Gumuz	Gilgelbeles School	47	22	67	29	37	13	27	13	4	
11	Gumuz	Adida School	56	30	51	9	39	6	28	1	4	
12	Gumuz	Apar School	28	16	36	14	22	5	32	6	4	
13	Gumuz	Koncho School	45	40	43	61	31	35	37	38	4	
14	Bertha	Abramo School	109	77	81	92	58	28	40	31	6	
15	Bertha	Sherkole School	98	54	71	85	45	46	87	33	5	
16	Bertha	Dulhode School	39	28	14	31	21	28	36	21	5	
17	Bertha	Garabiche School	26	26	18	23	18	26	14	17	4	
18	Bertha	Godere School	34	12	37	25	23	13	27	3	5	
19	Bertha	Menge School	76	79	90	100	52	32	32	20	6	
20	Bertha	Halmo School	50	45	42	37	59	36	37	18	5	
In total			953	745	920	778	637	503	645	433	91	6

Table 12. Overview of selected schools and their location.

ADAA end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]

Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-030

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver, D.C., Jacobs, J., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *ADAA end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-030. Wageningen.

This report describes the findings of the end line assessment of the African Development Aid Organisation (ADAA) that is a partner of Stichting Kinderpostzegels Nederland (SKN).

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses ADAA's contribution towards strengthening Civil Society in Ethiopia and it uses the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which ADAA contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain OSSA's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-030 |

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **7**

2 Context **10**

2.1 Political context 10
2.2 Civil Society context 10
2.2.1 Socio-economic context 11
2.2.2 Socio-political context 12
2.2.3 Socio-cultural context 13
2.3 Civil Society context issues with regards to the MDG 13

3 ADAA and its contribution to civil society/policy changes **15**

3.1 Background of the SPO 15
3.2 MFS II interventions related to Civil Society 15
3.3 Basic information 16

4 Data collection and analytical approach **17**

4.1 Adjustments made in the methodology of the evaluation 17
4.2 Difficulties encountered during data collection 17
4.3 Identification of two outcome areas 17

5 Results **18**

5.1 Results obtained in relation to intervention logic 18
5.2 Changes in civil society in the 2012-2014 period 18
5.2.1 Civic engagement 18
5.2.2 Level of organization 19
5.2.3 Practice of Values 20
5.2.4 Perception of Impact 20
5.2.5 Civil Society Environment 22
5.3 To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)? 22
5.3.1 Civic engagement 22
5.3.2 Strengthening Intermediate Organisations 24
5.4 What is the relevance of these changes? 25
5.4.1 Relevance of the changes in relation to the Theory of Change of 2012 25
5.4.2 Relevance of the changes in relation to the context in which the SPO is operating 25
5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA 26
5.5 Explaining factors 26
5.5.1 Internal factors 26
5.5.2 External factors 27
5.5.3 Relations CFA-SPO 27

6 Discussion **28**

6.1 Design of the intervention 28
6.2 Evaluation methodology 29

7 Conclusion 31

References and resource persons 33

Appendix 1 Civil Society Scores 36

Appendix 2 Changes in civil society indicators between 2012 and 2014 38

1. Civic Engagement 38
   1.1 Needs of marginalised groups SPO 38
   1.2 Involvement of target groups SPO 39
   1.3 Intensity of political engagement SPO 39
2. Level of Organisation 39
   2.1 Relations with other organisations SPO 39
   2.2 Defending the interests of marginalised groups SPO 40
   2.3 Composition financial resource base SPO 40
   2.4 Defending the interests of marginalised groups CSO 40
3. Practice of Values 40
   3.1 Downward accountability SPO 40
   3.2 Composition of social organs SPO 41
   3.3 External financial auditing SPO 41
4. Perception of Impact 41
   4.1 Client satisfaction SPO 41
   4.2 Civil society impact SPO 42
   4.3 Relation with public sector organisations SPO 43
   4.4 Relation with private sector agencies SPO 43
   4.5 Influence upon public policies, rules, regulations SPO 43
   4.6 Influence upon private sector agencies' policies, rules, regulations SPO 43
5. Environment 44
   5.1 Coping strategies 44

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We also hope that this evaluation will help you in better positioning yourself in the Civil Society Arena in your country.

List of abbreviations and acronyms

ABE	Alternative Basic Education
ADAA	African Development Aid Association
BEAE	Basic Education Association in Ethiopia
C6NGOs	Consortium of 6 NGOs
CBR	Community Based Rehabilitation
CCG	Community Conversation Groups
CDI	Centre for Development Innovation, Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
CLFZ	Child Labor Free Zones
CMC	Centre Management Committee
CORHA	Consortium of Reproductive Health Associations
CS	Civil Society
CWAC	Child Wellbeing Advisory Committee
CWD	Children With Disabilities
EFM	Early Forced Marriage
ESAP	Ethiopian Social Accountability Program
FGM	Female Genital Mutilation
FSCE	Forum on Sustainable Child Empowerment
HTP	Harmful Traditional Practices
IFPRI	International food Policy Research Institute
MDG	Millennium Development Goal
MOE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MFS	Dutch co-financing system
NGO	Non-Governmental Organisation
PBS	Protection of Basic Social Services
PRA	Participatory Risk Appraisal
PTA	Parent Teacher Association
SAC	Social Accountability Committees
SKN	Stichting Kinderpostzegels Nederland
SLUF	Sustainable Land Use Forum
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
WEO	Woreda Education Office
WCAT	Wabe Children Aid and Training

1 Introduction

This report presents the civil society end line findings of ADAA in Ethiopia which is a partner of Stichting Kinderpostzegels Nederland (SKN) under the Child and Development Alliance. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study ADAA is working on MDG 2: Education

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework that comprises five dimensions (civic engagement, level of organization, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the SPO are related to civic engagement and perception of impact. With regards to the first dimension we observe a slight improvement in terms of community involvement through Community Conversation Groups (CCG) and reaching out to traditional and religious leaders. It is furthermore observed that civic engagement has been enhanced through the increase in school enrolment rates as well as attendance rates and a reduction in the number of dropouts.

With regards to perception of impact, we observe that ADAA efforts to create community structures in the form of community conversation groups enhanced community involvement and created a shared idea of responsibility for development and the wellbeing of children. ADAA's child labour free zone approach by forming Child labour free zone committees and Child Well-Being Advisory Committees (CWAC) ensures a common sense for action and brings important stakeholders together on different levels.

ADAA's collaboration with the public sector intensified in the past two years. In the first place they acknowledge ADAA's role in the construction of schools and ABE centres that help to realise their public policy 'Education for All'. In the second place they acknowledge that ADAA's work with communities is effective and increasing child enrolment and decreasing the number of school drop outs.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with ADAA, and interviews with external resources persons working in civil society organisations that receive support from ADAA; other civil society organisations with whom the SPO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which the SPO is concentrating.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch CFAs a selection was made of SPOs to be included in an in-depth process tracing trajectory and those to be included for a quick contribution assessment. ADAA was not selected for in-depth process tracing and hence a quick assessment on contribution was done.

The first outcome that we looked at is the extent to which ADAA contributed to an increased school attendance of vulnerable children and a reduced number of children being burdened with household tasks. We conclude that, in particular the CCGs are estimated to explain 80 % of the outcome and, together with the CWACs and the presence of ABE centres provide the most plausible explanation of the outcomes. ADAA received both MFS II funding from SKN as well as funding from the National Lotery (NPL-Nationale Postcode Loterij) and SKN in the "Stop Kinderarbeid Campagne" (amount unknown).

For the outcome of women being economically empowered to buy educational material for their children, we conclude that both the local government and ADAA have significantly contributed.

For the second outcome of strengthening intermediate organisations the in-country evaluation team was not able to assess the performance of any of the CCGs, the CWACs, the Parent Teacher Associations, the Centre Management Committees, the Social Accountability Committees, the school clubs. Hence, no conclusions on their performance nor ADAA's role in strengthening them could be drawn.

Relevance
Interviews with staff of ADAA, with external resource persons, as well as contextual information helped to assess the relevance of ADAA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which ADAA is operating; and the CS policies of SKN.

With regards to the 2012 ToC established with ADAA, we observed a shift from improving the school/ABE centre's performance through Parent Teacher Associations (PTA), youth clubs and Centre Management Committees (CMC) towards strengthening community based structures and networks in which in particular the PTA and the CMCs participate and that are capable of covering all households. Given the results in terms of increased school attendance including Children With Disabilities (CWD) and less school drop outs this reorientation seems to have been relevant, but on the other side no information is available that assesses the quality of education ensured at the ABE centres and the role of the CMC's in these, as well as that of PTAs in formal schools.

Against the background of children playing a prominent role in household, agricultural and livestock keeping tasks in the Siraro district, the interventions of ADAA are relevant, starting from constructing nearly all schools and ABE centres in the woreda, of which 3 new centres since 2012, that have the potential to become registered as formal schools to mobilising households and communities to the importance of sending children to school, to raise their awareness that disabilities are related to diseases and not to traditional believes. Apart from mobilising entire communities, the interventions of ADAA are also very relevant in terms of constantly engaging with local officials at kebele and woreda level. This helps to keep them informed and they have made meaningful contributions to ADAA's project.

Collaboration between the Ethiopian partners of the C&D Alliance has not yet materialised in terms of joint learning and efforts to jointly engage in a constructive dialogue with government officials for improved service delivery in the education sector although this is being promoted by the Alliance. All partner organisations of SKN supported with MFS II funds are however members of BEN –Based Education Network. It is via this network that Ethiopian partners of SKN engage in dialogue with the national government.

At SPO level and in particular ADAA,constructive dialogue is taking place. SKN is confident that ADAA has made structural improvements in the education system in Siraro Woreda and that these will persist after the project has closed. This is based upon previous projects in other locations were the former ABE centres continue to expand.

Explaining factors
The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within the ADAA, the external context in which it operates and the relations between ADAA and Stichting Kinderpostzegels Nederland (SKN).

The evaluators observe considerable underspending for civil society/capacity building initiatives in 2012 and 1013 which might possibly indicate that with more support to the CCGs, the SHGs the PTAs,

the CWACs, these CBOs might increase their performance. They also observe that although records are well kept and outputs are being measured, no information is being collected at the level of outcome such as performance of the CBOs and effects of the SHGs at household level.

The most important external factors that may impact upon ADAA's performance are related to the construction and supply of the ABE centres, being mainly water scarcity, lack of labour in remote areas due to government regulation, and lack of text books. Though serious efforts have been made to entail a smooth transmission of the ABE schools to the Woreda education office, incentives on the side of the education office to safeguard donor funds could hamper the process.
The relations between SKN and ADAA seem constructive.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the MDG/theme ADAA is working on. Chapter three provides background information on ADAA, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with Stichting Kinderpostzegels Nederland (SKN). An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix 2 of the country report; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This chapter describes the context in which ADAA operates. It focusses in particular on trends with regards to the political context, the civil society context and civil society issues in relation to the MDGs 2 that ADAA is working on.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015.[1] Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country[2]. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights.[3] This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

2.2 Civil Society context

This section describes the civil society context in Ethiopia that is not SPO specific. The socioeconomic, socio-political, and sociocultural context can have marked consequences for civil society, perhaps more significantly at the lower levels of social development. The information used is in line with the information used by CIVICUS.[4]

[1] November 2010, *Growth and Transformation Plan 2011 – 2015,* Ministry of Finance and Economic Development, (November 2010), Federal Democratic Republic of Ethiopia

[2] February 2009, *Charities and Societies Proclamation (proc. no.621/2009),* Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

[4] Mati J.M., Silva F., Anderson T., April 2010, *Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010.,* CIVICUS

2.2.1 Socio-economic context

Table 1

Ethiopia's rank on respectively the Human Development Index, World Bank Voice and Accountability Index and Failed State Index

Ranking Body	Rank	Ranking Scale (best – worst possible)
UN Human Development Index	173 (2013)	1 – 187
World Bank Voice & Accountability Indicators	12 (2012)	100 – 0
Failed State Index	19 (2013)	177 – 1

Sources: UNDP, World Bank Governance Indicators, and Fund for Peace

The Human Development Index (HDI) is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.[5] Ethiopia's HDI value for 2013 is 0.435— which is in the low human development category—positioning the country at 173 out of 187 countries and territories. Between 2000 and 2013, Ethiopia's HDI value increased from 0.284 to 0.435, an increase of 53.2 percent or an average annual increase of about 3.34 percent.

An alternative non-monetary measure of poverty and well-being is the Basic Capabilities Index (BSI). This index is based on key human capabilities that are indispensable for survival and human dignity.[6] Ethiopia falls with a BCI of 58 in the critical BCI category, which means the country faces major obstacles to achieving well-being for the population. 10% of children born alive do not grow to be five years old, only 6 % of women are attended by skilled health personnel and only 33% of school age children are enrolled in education and attain five years of schooling.

Ethiopia scores relatively low on the Social and Economic Rights Fulfilment Index (SERF Index)[7]. In 2012 Ethiopia is only protecting 58.10% of all its social and economic rights feasible given its resources, and the situation has worsened between 2010 and 2012. Especially the right to food and the right to housing remain problematic.

The Transparency International's Global Corruption Barometer survey shows how 1,000 Ethiopian people assess corruption and bribery in their home country: A low score indicates that a country is perceived as highly corrupt, while a high score indicates that a country is perceived as very clean. Ethiopia has a Corruption Perception Index score of 3.3 out of 10 in 2014, which places the country on position 110 out of 174 countries.[8] Survey participants were furthermore asked to rate their perceptions of corruption within major institutions in their home country on a scale of 1 to 5, 5 being most corrupt and 1 being least corrupt[9]. With a range of perceived corruption scores from around 2 (military, education and NGO's) to over 3 (private sector, public officials, and judiciary), most major institutions are perceived as corrupt.

Ethiopia's economic freedom score in 2014 is 50.0, making its economy the 151st freest out of 174 countries in the 2014 Index. Its 2014 score is 0.6 point higher than in 2013 due to improvements in five of the 10 economic freedoms, including business freedom, labour freedom, and fiscal freedom. Ethiopia is ranked 35th out of 46 countries in the Sub-Saharan Africa region, and its overall score continues to be below the regional average.[10]

[5] A long and healthy life is measured by life expectancy. Access to knowledge is measured by: i) mean years of education among the adult population, which is the average number of years of education received in a life-time by people aged 25 years and older; and ii) expected years of schooling for children of school-entry age, which is the total number of years of schooling a child of school-entry age can expect to receive if prevailing patterns of age-specific enrolment rates stay the same throughout the child's life. Standard of living is measured by Gross National Income (GNI) per capita expressed in constant 2011 international dollars converted using purchasing power parity (PPP) rates.

[6] http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf

[7] http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf

[8] http://www.transparency.org/country/#ETH

[9] http://www.transparency.org/gcb2013/country//?country=ethiopia

[10] http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf

2.2.2 Socio-political context

In February 2009, the Government adopted the NO. 621/2009 Proclamation which is Ethiopia's first comprehensive law governing the registration and regulation of NGOs. This law violates international standards relating to the freedom of association. Notably, the Proclamation restricts NGOs that receive more than 10% of their financing from foreign sources from engaging in essentially all human rights and advocacy activities.

The UN Special Rapporteur on the rights to freedom of peaceful assembly and of association, Mr. Maina Kiai, has commented that "The enforcement of these provisions has a devastating impact on individuals' ability to form and operate associations effectively, and has been the subject of serious alarms expressed by several United Nations treaty bodies." Mr. Kiai went on to recommend that "the Government revise the 2009 CSO law due to its lack of compliance with international norms and standards related to freedom of association, notably with respect to access to funding".[11] The Ethiopian Proclamation may effectively silence civil society in Ethiopia by starving NGOs of resources, and thus essentially extinguish their right to expression.[12]

In November 2011, the Ethiopian Charities and Societies Agency issued the Guideline on Determining the Administrative and Operational Costs of CSOs, which is applicable to all charities and societies (international and domestic). Retroactive to July 2011, when approved by the Agency without any consultation with organizations or donors, the "70/30" regulation limits administrative costs for all charities and societies to a maximum of 30% of their budgets.[13]

Freedom of assembly and association are guaranteed by the constitution but limited in practice. Organizers of large public meetings must request permission from the authorities 48 hours in advance. Applications by opposition groups are routinely denied. Peaceful demonstrations were held outside mosques in July 2012, but the security forces responded violently, detaining protestors, including several prominent Muslim leaders. A total of 29 Muslims were eventually charged with offences under the antiterrorism law. They were awaiting trial at year's end.[14]

Table 2
Ethiopia's rank on respectively the World Bank Rule of Law Index, Transparency International Perception of Corruption Index and Freedom House's Ratings of Freedom

Ranking Body	Rank	Ranking Scale (best – worst possible)
World Bank Rule of Law Index	31 (2012)	100 – 0
Transparency International perception of corruption index	111 (2013)	1 – 178
Freedom House: Freedom in the World	Status: Not Free Political Rights: 6 Civil Liberties: 6 (2014)	Free/Partly Free/Not Free 1 – 7 1 – 7

Sources: World Bank Governance Indicators, Transparency International and Freedom House

Freedom House evaluates the state of freedom in 195 countries annually. In 2014, Ethiopia scored a 6 on both the political rights and civil liberties ratings, indicating that the country is neither politically free nor performing on protecting civil rights.[15] Its total aggregate scores from the Freedom House Index decreased with 15 points in the 2008-2012 period.[16]

The media are dominated by state-owned broadcasters and government-oriented newspapers. One of the few independent papers in the capital, Addis Neger, closed in 2009, claiming harassment by the authorities. Privately-owned papers tend to steer clear of political issues and have low circulations. A

[11] see UN Human Rights Council, Report of the Special Rapporteur on the rights to freedom of peaceful assembly and of association, Maina Kiai, April 24, 2013.
[12] http://www.icnl.org/research/monitor/ethiopia.html
[13] Idem
[14] Idem
[15] Puddington, Arch (2013) https://freedomhouse.org/report/freedom-world/2014/ethiopia-0
[16] http://www.freedomhouse.org/sites/default/files/FIW%202013%20Booklet.pdf

2008 media law criminalizes defamation and allows prosecutors to seize material before publication in the name of national security[17].

Trade union rights are tightly restricted. All unions must be registered, and the government retains the authority to cancel registration. Two-thirds of union members belong to organizations affiliated with the Confederation of Ethiopian Trade Unions, which is under government influence. Independent unions face harassment. There has not been a legal strike since 1993.

Women are relatively well represented in Parliament, having won 152 seats in the lower house in the 2010 elections. Legislation protects women's rights, but they are routinely violated in practice. Enforcement of the law against rape and domestic abuse is patchy, with cases routinely stalling in the courts. Forced child labour is a significant problem, particularly in the agricultural sector. Same-sex sexual activity is prohibited by law and punishable with imprisonment.[18]

2.2.3 Socio-cultural context

The World Values Survey Wave 2005-2009 asked 1500 Ethiopians the question: "Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?" Out of 1500 respondents, only 21,4 % stated that most people can be trusted. 66,2% indicated they needed to be very careful.[19] Additionally, only 36,1% of the respondents mentioned 'tolerance and respect for other people' as a quality that needs to be encouraged to learn children at home.[20] 74% of the respondents think that churches are giving adequate answers to people's spiritual needs.[21]

2.3 Civil Society context issues with regards to the MDG

The activities in the education sector are since 2010/11 directed by the fourth Education Sector Development Program (ESDP IV), which is part of a twenty-year education sector indicative plan, within the framework of the Education and Training Policy (ETP). The ETP was adopted in 1994 as the country´s new constitution became effective and among the important changes which came with it was that education administration was decentralized to the regional states (MOE 2010/2011). The Ministry of Education (MOE) has a coordinating role in the provision of education, and sets forward frameworks and policies while the regions are the main implementers and they control the financing of education.

Primary education is the highest priority for the government and receives the highest share from the total estimated expenditure of ESDP IV (MOE 2010/2011). The federal ministry funds regional governments which allocate funds to Regional Education Bureaus (REBs) which in turn allocate funds to Zonal Education Bureaus (ZEB). Regions have a great deal of discretion in allocating funding to education and in choosing priorities and strategies. In a separate funding stream, the regional councils directly allocate funding to the woreda administrations through block grants and these also have a large amount of discretion in how to allocate these grants. The majority of the woreda block grants, ranging from 33 % to 66 %, usually go to education, with most of the resources being spent on teachers' salaries. The non-salary budget per student is small.

In recent years, the Ethiopian educational authorities, like governments in several other developing countries have embraced Alternative Basic Education (ABE) programs in an attempt to achieve Education for All. The ABE program is a condensed version of the first cycle of formal primary school (grades 1-4) and is a variation of Non-formal education (NFE) with features similar to the 'community

[17] Puddington, Arch (2013) https://freedomhouse.org/report/freedom-world/2014/ethiopia-0
[18] Idem
[19] http://www.worldvaluessurvey.org/WVSOnline.jsp
[20] Idem
[21] Idem

school´ approach to education. In 2005/06 the Gross Enrolment Ratio in ABE was at least 5,5 % in Ethiopia and a steadily increasing share of the school age population is enrolled in the program.22

In the last five years the number of primary school children has grown from 15,340,786 in 2007/08 to 16,989,784in 2011/12 showing an 11.0% growth over the same period of time for both boys and girls (MOE 2012). Despite the remarkable growth, the education system is challenged by significant dropout rates and high number of out-of school children. Reaching out the most marginalized out-of-school children which includes children who are in the remotest parts of the country, children from pastoral communities, children who are in food insecure and conflict prone areas and those children who are in difficult circumstance (such as children with disabilities, trafficked children, street children, victims of child labor, etc.) is the most challenging aspect of expanding primary education opportunities. Out-of-school children are found all over Ethiopia. According to the MOE (EMIS:2010), there were 3,015,350 out of school children in Ethiopia making 17.8% of the total primary school age children in the country[23].

In an effort to reduce poverty and enhance decentralized public service delivery to the poor, the Government of Ethiopia, with the support of International Development Partners, embarked on a project known as the Protection of Basic Social Services in 2006. The PBS program piloted a social accountability initiative in 2006 that helped empower citizens to voice their needs and demands relating to basic public services. In the context of PBS, Social Accountability can be understood as the processes by which ordinary citizens, who are the users of public services, voice their needs, preferences and demands regarding public services; it also brings citizens into dialogue with local governments and service providers to contribute to improved quality public basic services through joint action plans. The Ethiopian Social Accountability Program 1 (ESAP 1) aimed to empower Ethiopia's poor so that they may voice their concerns and priorities over access to basic services – water, sanitation, health, education and agriculture. ESAP1 ended on June 30, 2009, and an independent evaluation was conducted as basis for a new phase. The evaluation revealed that use of appropriate social accountability mechanisms can work in Ethiopia and have beneficial outcomes for the actors involved as well as for the quality of basic services. As a component of PBS 2, the government launched the Ethiopia Social Accountability Program 2 (ESAP2) in February 2012. Working through civil society organizations, ESAP2 tries to bring local governments and service providers into dialogue with citizens and community organizations as an important step in working together in providing better quality public basic services.[24]

[22] https://www.duo.uio.no/handle/10852/31206

[23] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia

[24] http://esap2.org.et/

3 ADAA and its contribution to civil society/policy changes

3.1 Background of the SPO

Established in 1998, African Development Aid Association (ADAA) is an indigenous non-profit making local non-governmental organization. The NGO has been registered with the Ministry of Justice and signed general agreements with the Federal Disaster Preparedness & Prevention Commission. It has also specific working agreements with the offices of government line departments and with Oromia Regional Government Finance and Economic Development Bureau. ADAA has also been re-registered in accordance with the requirements of the new CSO legislation of Ethiopia in the NGO typology of Resident Charitable Society.

Like other NGOs, ADAA has a General Assembly as the highest organ of governance, a board and secretariat lead by the Executive Director. It has its own offices in Addis Ababa & an area development office in Shashamene town 250 km south of Addis Ababa from where it coordinates different projects including the SKN assisted ABECs. ADAA is an organization that has been involved in expanding ABE and has a relatively long track record in this sector. It has the necessary organizational, staff and logistical arrangements for reaching out and supporting its field activities.

ADAA's project goal it to contribute to Education for All by 2015 and to improve the primary education enrolment statistics of the country, which is believed to lead to improvement of the living standards of the wider population.

Vision:
An empowered, healthy and prosperous African community where women and children rights are respected.

Mission:
Develop the capacities of communities to become self-reliant and to upgrade their living standards.

Strategies:
Integrated community development approaches, particularly improving:
- Quality, availability and accessibility of education and health services;
- Food Security and Environmental Conservation;
- Livelihoods & Local Market Development;
- Women Empowerment and Eradication of HTPs and,
- Capacity Building of Partners Organizations.

3.2 MFS II interventions related to Civil Society

The project proposal describes nine outputs that mostly can be associated with one of the CIVICUS dimensions:

Civic Engagement
The increase in number of children enrolled from the ten ABE centres, including more girls, (output 1); the efforts to prevent early forced marriages and female genital mutilation (output 3), and; the inclusion of children with disabilities into the school system (output 4) all contribute towards an increased participation of individuals to advance shared interests.

Level of Organisation
ADAA aims to network with like-minded NGOs in the education sector and it is also member of the C6NGOs consisting of ADAA, CDI, ERSHA, FC, OSRA and HUNDEE (output 9), which will help the

organisation to be better positioned in the civil society arena. Its efforts to establish 10 women self-help groups also contributes to more collaborative efforts in the civil society arena that ultimately help poor families to send their children to school (output 6). This creation of SHG also can be interpreted as being part of the 'perception of impact' dimension of CIVICUS. ADAA is also member of BEN – Basic Education Network (former BEAE).

Practice of Values
ADAA formulated an output in favour of more gender balance in its organisation, but no information has been documented that confirms a positive change (output 8).

Perception of impact
Two other outputs contribute towards impact in the education sector; the first relates to the involvement of district education office experts regularly following and supporting ABE centres (output 7) and the second engages community leaders to create child labour free zones in their respective kebeles.

3.3 Basic information

Table 3
SPO basic information.

Name of SPO	African Development Aid Association (ADAA)			
Consortium and CFA	Child and Development Alliance/ Stichting Kinderpostzegels Nederland (SKN)			
Project name	Improving Access to Quality Basic Education in Ten Selected Kebeles of Siraro District, West Arsi Zone, Oromia Regional State in Ethiopia			
MDG/theme on which the CS evaluation focusses	MDG 2: Education			
Start date of cooperation between the CFA and the SPO	2007			
Contracts signed in the MFS II period	Period	# months	Total budget	Estimation of % for Civil Society
Project no. 6164979	January 2011-December 2011	12	€ 40.500,00	
Project no. 6801870	January 2012-December 2012	12	€ 79.500,00	
Project no. 8240244	January 2013-December 2013	12	€ 96.250,00	
Project no. 9130139	January 2014 – December 2014	12	€ 66.000,00	
Total			€ 282.250,00	10%

Sources: Contract of Gift ADAA 2011, 2012, 2013, 2014

4 Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

Originally ADAA was selected for in-depth process tracing but when CDI visited the Ethiopian team in July 2014 it became clear that due to time constraint to conduct process tracing for more than four SPOs, only a quick assessment of ADAA was feasible.

4.2 Difficulties encountered during data collection

The evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework. Whereas the project documents contain a lot of information, reporting is mainly done on output level and not at the level of objectives.

4.3 Identification of two outcome areas

This project was not selected for in-depth-process tracing. Nevertheless, based on the changes in the 2012-2014 period, two outcome areas were selected. During the evaluation workshop it became clear ADAA has a strong focus on the 'civic engagement' outcome area. A second outcome area could only be thought of after a long discussion, being 'strengthening intermediate organisations'. For the civic engagement dimension three outcomes were formulated being: school attendance of vulnerable children has increased; children are less burdened with household tasks; and women are economically empowered to buy educational material for their children. For the dimension of strengthening intermediate organisations the outcomes defined are: an increased awareness of the community about the importance of education and the negative effects of child labour and an increased awareness of students and the youth on Harmful Traditional Practices (HTP) and HIV/AIDS.

5 Results

5.1 Results obtained in relation to intervention logic

An inventory was made of progress being made by ADAA in comparison to its project documents. However the quality of the progress reports may have hampered the presentation of facts and figures.

The project comprises five specific objectives:

1. Planned: 2800 students in 10 ABE centres will have successfully complete 1st primary education and 85% of them join second primary education in year 2015: Until 2014, 3652 students were enrolled in the then ABE centres, of which 1523 girls. An unknown number of very poor children and disabled children has enrolled, and mothers have been organised into ten self-help groups as to be able to pay for school related costs. ABE centers follow the Non Formal Education curriculum which has been officially recognized by the National Government. Similar also the ABE centers are officially recognized by the Government and as such fall under the supervision of the WEO (Woreda Education Office). In these ABE centres education is ensured by teachers trained by SKN and ADAA.
2. Prevalence of FGM and EFM reduced by 25% in year 2015: no percentages are available but ADAA managed to prevent five early forced marriages and 14 Female Genital Mutilations. As a result of awareness raising activities and CCG activities of ASAA in almost all intervention ' kebeles' of the project, local traditional leaders formulated by-laws that prohibit FGM. These by-laws are reinforced by the traditional and religious leaders via social sanctions, like excluding the offenders from 'sharing fire'.
3. Teachers in 10 ABE centres have improved professional competence and teaching skills and a healthy and friendly school environment is created in 10 ABE centres: a number of courses have been administered, as well as meetings were conducted where experiences could be exchanged. The relations between the 10 ABE centres and nearby formal schools have grown stronger.
4. Two kebeles free from child labour: according to our understanding 10 community conversation groups (one per kebele); 10 child labour free zone committees (kebele offices and community elders); 10 child wellbeing advisory committees (CWACs) have been established but no mention has been made of kebeles where child labour is completely abandoned.

Important achievements were made on most of the project outputs, especially in terms of enrolment rates and training efforts.
In addition to the MFS II fund and supporting the fourth objective of creating child labour free zones, SKN obtained funding from the "Stop Kinderarbeid Campagne" (amount unknown).

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

Civic engagement slightly increased since the baseline study, mostly in terms of community involvement through community conversation groups and reaching out to traditional and religious leaders. Between 2011 and 2013 ADAA decided to involve community representatives next to people from the concerned government offices in participatory risk assessments (PRA) in order to address the

needs of the target groups in a more holistic matter[25]. Other developments in the civic engagement area since the baseline include:

- Attendance rates have increased by the use of two volunteers per kebele who meet school teachers every day to assess attendance. [26] From the documents it cannot be retrieved whether these efforts really had an impact. In 2013, a total of 49 volunteers have been trained by ADAA on methods to create child labour free Kebeles, to conduct child inventory at community level and the usage of tools in mobilizing community to send children to school.
- ADAA received for the NFB project in Siraro MFS II funding for the period 2011-2015 with the objective to improve access to basic education by the establishment of ABE centers in 10 Kebeles. In 2011 a first number of 7 ABE Centers have been established, to be follow by the creation of an additional number of 3 ABE centers in 2012. Hence, in total 10 ABE centers have been established with MFSII Funds. According to the documents 3652 children, of which 1532 girls, are enrolled in the ABE programme at the end of 2013, which is 152 more than the 3500 planned. The majority of people interviewed confirm that enrolment rates have gone up and the number of drop-outs has been reduced.
- The inclusion of disabled children in the school system has been a focus point since the baseline. Between 2012 and 2014 seven children with different disabilities have been identified via house to house registration and enrolled in the ABE centres. Whereas a field monitoring report of 2012 states that not much has been done in supporting Children With Disabilities[27], the 2013 Alliance research report of Berke and Ero[28] states that an improved environment has been created in the ABE centres for disabled children.

5.2.2 Level of organization

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

ADAA's engagement in civil society
ADAA did not engage in new networks since the baseline. Some new programmes with existing networks have been developed like a program with the Consortium of Reproductive Health Association (CORHA) on reproductive health for young students and a program on assistance for women self-help groups with the Sustainable Land Use Forum (SLUF) [29]: Funding for the start-up capital provided for the SHGs came mainly from the SLUF.

The Child and Development Alliance stimulates that its partners learn from each other. However no evidence was found that such collaboration has intensified since the baseline and one explanation given for this is that partners in the Alliance see themselves as competing organisations.[30] A second explanation is that the geographic dispersion of the MFSII partners which make networking and collaboration more complicated.

ADAA is a member of the C6NGOs Consortium of 6 NGO's (ADAA, CDI, ERSHA, FC, OSRA, HUNDEE) which receives funding from ICCO for the implementing of the "Integration of information and communication technologies on agricultural value chain" project under the lead of FC. Networking in this consortium also not perceived as being sufficient to enable adequate horizontal sharing of experiences, best practices, resources and information on a common agenda of awareness raising activities and provision of services to children.[31] ADAA is also member of the Basic Education Network BEN.

[25] Interview with program manager
[26] Interview with external resource person
[27] Field Monitoring report Amakelew- ADAA 2012
[28] Berke & Ero (2013) *Awareness Raising Activities and Strategies: Ethiopia. Research in Support of the Learning Agenda under the Child & Development Alliance.*
[29] Interview with program manager
[30] Interview with SKN
[31] Executive staff and Program staff ADAA

Level of organisation at community level
ADAA is empowering community structures to defend the interest of disadvantaged groups. The community conversation groups for example consist of some 60 persons that for 7 months attend meetings every fortnight, including kebele officials. After these 7 months new people from the community are selected. Meanwhile members talk to their neighbours and consult with the volunteers. Influential and respected religious and traditional leaders who are being trained by ADAA are in charge of getting the message across in the community conversation groups with regards to education, abolishment of HTPs and child labour. Some indications exist that these CCGs are now claiming their rights vis-à-vis service providers or the government.
One public sector official however states that there is no civil society organisation that is capable to defend the interest of marginalized groups since this is a task of the government[32]. In light of the restricted political environment for L&A in Ethiopia, this could be interpreted as a political statement based on the dominant ideology of the government that only the state is able to take care of the well-being, interests and 'rights' of the population, including the marginalized.

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at, such as transparency, democratic decision making, taking into account diversity, are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

No significant change was mentioned by the interviewees on practice of values: ADAA still reports all its activities and financial utilization to community representatives, government, traditional and religious leaders, CMCs and other stakeholders on a quarterly basis. Reporting to the general constituency and external auditing is done on an annual basis.

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which ADAA has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

Between 2011 and 2013 a total of 10 new community conversation groups (CCGs) were established with 50-60 members consisting of community leaders, religious leaders (Aba Gedas), previous circumcisers, and other persons from concerned governmental bodies. These members stay in one group for 7 months and then they are replaced by other members of the community to increase the number of people reached. A facilitator for change has been assigned by ADAA to facilitate the groups. The community conversation groups are used as an entry point to mobilize and encourage the community to engage in different developmental activities (i.e. house registration) and make them aware of the need for minimizing child labour, reducing child drop out, preventing early marriage, and fight against HTPs. To make the conversation more natural, attractive and adapted to the local context, ADAA provides coffee for the participants (in the form of coffee ceremonies). During the baseline ADAA expressed the ambition to reach a 100% eradication of HTPs via the CCGs by 2014. From the documents it cannot be concluded whether this goal has been reached, though it is stated that the CCGs reached consensus to take social action and that Education Cluster office representatives and local authorities assisted in implementing the sanctions.

Next to the 10 Community Conversation Groups, ADAA also created 10 child labour free zone committees and 10 Child Well-Being Advisory Committees (CWAC). The Child Labor Free Zone Committees (CLFZC) consist of kebele officials and community elders and they are formed to ensure

[32] Interview with program manager

the sustainability of the ABE centres[33]. The CWACs consist of the kebele's chairman, health extension workers, development agents, school directors, religious leaders, representatives of women associations. This committee is structured to function from the smallest governance system i.e "team" to the whole kebele administrative systems. Identification of out of school children, prevent student dropout, return drop out students, and encourage girl's education are among the major duties of this committee[34].

Between 2011 and 2013, one SHG per kebele consisting of destitute mothers (hence 10 in total) has been established and 1000 birr has been provided for each SHG. Each SHG received basic training on business planning, savings and on how to run and scale up their business. The mothers have a weekly meeting and saving timetable. During their weekly meeting, they discuss both business and their family life. The women of one self-help group interviewed said they were proud they could now buy their children school facilities: they have become model women in their community and they are encouraging other women to also form or join a SHG.

In the interviews it is furthermore mentioned that awareness on child labour has increased due to the organisation of community conversation groups, the existence of model households, different committees (Parent Teacher Associations (PTA), Centre Management Committees (CMC), CWAC), and the idirs. The in- and out of school clubs are trying to increase the youths' awareness on HTP and HIV/AIDS. Their performance is however questioned since the children in these clubs are of young age and the number of students they reach is small.[35] However some children have started to influence their parents. [3637]

In 2011, the action plan formulated a recommendation to establish relationships with the private sector. The results-feedback sheet in 2013 states these efforts have been limited due to the absence of development oriented private sector in the area. The executive leader confirms in the interview that no changes have occurred since the baseline. According to the field staff some efforts have been made in linking farmer cooperatives to financers.

Collaboration with the public sector intensified in the past two years. They are attending meetings and workshops convened by ADAA and receive quarterly reports on school attendance of Children. In the first place they acknowledge ADAA's role in the construction of schools and ABE centres that help to realise their public policy 'Education for All'. In the second place they acknowledge that ADAA's work with communities is effective and increasing child enrolment and decreasing the number of school drop outs. One official stated: "ADAA influenced our office and its work on its strategy for reducing dropouts and retention of children. The organization engages community members to go house to house and bring back drop outs by enhancing community awareness on the value of education. We had tried and failed before. Now we have learned. For example in Shirkeno Keta Primary school out of 394 children last year half of them dropped out. This year with lesson from ADAA there are only few children who dropped out. Dropping out has reduced by 50%. In this respect; we want to follow ADAA's footprints", Dalu Tuye, Planning and program expert of Siraro WEO.[38] During the endline assessment the same Woreda Education Office states that they have started to copy ADAA's community approach.

According to SKN, ADAA, in its relations with local government officials, also has found appropriate strategies to engage them for improved service delivery by emphasizing that children have rights that need to be respected[39].

[33] Monitoring report ADAA 2012
[34] Annual report ADAA 2013
[35] Interview with SPO staff and observation of evaluation team
[36] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia
[37] Club members
[38] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia
[39] Interview with SKN

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how ADAA is coping with that context.

Although both the government and ADAA want to achieve the national government's goal of 'education for all' some concerns need to be addressed in order to sustain the changes when the project closes in 2015.

- In the first place all ABE centres are to be formally registered before they enter into the national education system. ADAA has been working on this since the first schools were constructed. Experiences though from other SKN partners learn that occasionally local governments, in search for a continuation of the project, do not proceed to the formalization of the ABE centres.
- In the second place, the formal school system only employs teachers which graduated from Teacher Training Colleges. ADAA's ABE centres are run by facilitators trained by the NGO and which have been elected by local communities. These facilitators have received special courses in child-centered education during the project and ADAA is offering these facilitators to obtain their official diploma through officially recognized summer schools. Since 2013, newly employed facilitators all are teachers that graduated from TTC. Moreover, as of 2013 the already employed facilitators that have no teachers certificate follow summer courses at the TTC with the support of the WEO, with the perspective of acquiring the teachers certificate after having followed 3 summer courses.

For the past 5 years ADAA has been able to engage in a constructive dialogue with the local government which also has helped the NGO to address these sustainability issues.

5.3 To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?

5.3.1 Civic engagement

Three outcomes were identified to assess the extent to which ADAA has contributed to the CIVICUS dimension 'civic engagement'; increased school attendance of vulnerable children; children are less burdened with household tasks, and; women are economically empowered to buy educational material for their children. These three outcomes are interrelated and hence will be dealt with together in terms of attribution.

Increased school attendance and decreased school dropouts
The five most important reasons for children not attending school are the following:
- There are no schools or ABE centres;
- Children are spending their time on household chores, work on farmland or keep an eye on the herd[40];
- Families are not well settled and migrate to other places in search of drinking water or grazing grounds for their cattle;
- Children With Disabilities do not have access to schools or ABE centres;
- Families cannot afford to pay for school materials and contributions needed to send their children to school.

The following table shows how school attendance has increased in the ten ABE centres supported by ADAA in the 2012 – 2014 period.

[40] At the start of the project in January 2011 almost all children that were enrolled in 2012 were out-of-school working children (additional note made by CFA)

Table 4

Student enrolment and school dropouts between 2012 and 2014; ten ABE centres supported by ADAA

Years	Total Enrolment	Female enrolment	Dropout
2012	3132		441
2013	3522		190
2014	3652	1523	150
0-level in 2014	542	249	

Sources: Records provided by ADAA

Though there is some indication that attendance rates have gone up since the baseline study[41], a local advisor of SKN observed that when on field visit in early 2013 that in the ABE centres visited, a significant number of school age and pre-school age children were in the compound, but not attending classes.[42] This might possibly indicate that teachers were absent[43].

A total of 2414 (1096 girls & 1319 boys) children were identified out of school of which 12 were CWD during house-to-house visits in one month between 2012 and 2013. 2141 of these children (986 girls) and four CWD enrolled in three ABE centres. A total of 350 children with disabilities or from destitute families received support for different education materials.[44] We observe here that these figures do not match with the increase presented in table 4.

In trying to increase attendance rates, ADAA uses multiple interventions.

- Community conversation groups (one in each kebele, with 50-60 members[45]) and influential leaders are used to raise the awareness of parents and officials about the importance of sending children to schools and about HTP. Members join these groups for 7 months and then they are replaced by other members of the community to increase the number of people reached. Among the members are influential (religious and traditional) leaders, (ABE) Centre Management Committees and local officials. Facilitators of change trained by ADAA together with the influential community leaders organise the CCGs. In total 7697 persons participated in these CCGs in the 2012 – 2014 period.
- Each Kebele has two ADAA trained facilitators of change. Apart from facilitating the CCGs they support teachers in teaching methods and record keeping. Their selection among other things is based on their residence in the kebele and upon approval of the local leader(s).
- Two ADAA-trained volunteers per kebele check attendance rates by going to the ABE centres and meet with the teachers on a daily basis.[46] The volunteers furthermore enhance community participation by conducting house-to-house visits.
- A thorough needs assessment is conducted before choosing a location for a new ABE centre to ensure easy accessibility.[47]
- ADAA also created 10 Child Well-Being Advisory Committees (CWAC) at kebele level and one at woreda level. Woreda and kebele representatives of local government, including those of women associations meet periodically to address issues of school drop-outs, school attendance rates as well as searching for solutions. At sub kebele level (cluster or zonal) another committee that represents 30-40 households and a more decentralised structure that regroups 5 households are in charge of closely monitoring and supporting households to send their children to school[48]. These entities conduct house-to-house visits to address school attendance.

[41] Interviews conducted with the executive leader, field staff, and SPO staff. Records provided by ADAA also point to a decrease in the number of dropouts: 441 in 2012, 190 in 2013, and 150 in 2014.

[42] Observed by local advisor of Stichting Kinderpostzegels, during a field visit observation beginning 2013

[43] Interpretation by evaluation team

[44] SKN: Powerpoint presentation on the accomplishments of a one year project on Child Labour Free Zone Project implemented by ADAA

[45] In each kebele there are three zones, in each zone there are 13-15 Geres/Got (organisation of five community members in one group), and each Got has many Shenes (one to five household cell formations). The CCs are held at Gere level and hence there are 50-60 people participating in the CC.

[46] In 2013, 49 volunteers were trained by ADAA.

[47] Interview with executive leader

[48] SKN: Powerpoint presentation on the accomplishments of a one year project on Child Labour Free Zone Project implemented by ADAA

- The Child Labor Free Zone Committees (CLFZC) consists of kebele officials and community elders and they are formed to ensure the sustainability of the ABE centres[49].

These interventions, in particular the CCGs that are estimated to explain 80 % of the outcome and the CWACs and the presence of ABE centres provide the most plausible explanation of the outcomes. ADAA received both MFS II funding from SKN as well as funding from "Stop Kinderarbeid Campagne" (amount unknown). The funding ADAA receives from the "Stop Kinderarbeid Campagne" is not used for the NFB project financed with MFSII Funds, but for another project in 7 other Kebeles of Siraro district. The 10 ABE Centers established in 2011 and 2012 in which the abovementioned 3652 children enrolled are the result of only the MFSII funding.

The local government working towards achieving it 'Education for All' policy is also making efforts to increase school attendance. They identify households/parents as a role model for others in order to change the perceptions of communities with regards to sending children to school and child labour, but state that this approach compared to the house-to-house visits organized by ADAA are less successful.[50] The Education bureau therefore started to collaborate with ADAA on door to door registration.

Female Self Help Groups
Whilst confronted with the fact that a number of families cannot afford to send their children to school, ADAA organized self-help groups (SHGs) of destitute mothers to start income generating activities that would help them to buy educational materials for their children. In 2014, some (but not all) mothers in these SHGs generated enough money to buy school equipment[51]. One of the SHGs was able to save enough to be granted a bank loan and they have bought farming land. The interviews with SHG members suggest a strong motivation of women to be self-sufficient and being able to buy school materials for their children. Attendance rates of children is also discussed among members in the SHGs.[52] It is furthermore suggested that the SHGs go beyond economic benefits for the members, as women feel less dependent on their husbands, are able to hire help in household tasks, and also improve their habits with regards to hygiene and clothing[53]. No information is available about the success rates of all ten SHGs and the extent to which the mothers can now send their children to school.

Contributions by ADAA consist of the following:
- Identifying children that cannot attend school because their parents are poor. Organising the mothers in SHGs so that they can start their own income generating activities and meanwhile covering the costs for stationary of 50 children (in 2013).
- The above mentioned efforts to organise Community Conversation Groups in which influential community leaders participate as well as local officials and to establish a structure that monitors school attendance for children from household level to kebele and woreda level (CWAC) which conducts house-to-house visits to discuss problems and solutions.

Contributions by the government consist of linking SHGs to Micro Finance Institutions.
Some women in the SHGs also serve as model women in the community[54], which suggests that the government is basing its role model approach upon households supported by ADAA. We conclude that both the local government and ADAA explain the above outcome.

5.3.2 Strengthening Intermediate Organisations

The in-country evaluation team did not assess the performance of any of the 10 CCGs, the CWACs, the Parent Teacher Associations, the Centre Management Committees, the Social Accountability Committees, the school clubs, all of which are based upon the work of volunteers and occasionally with support of local government officials.

[49] Monitoring report ADAA 2012
[50] Idem
[51] Interview with two members of SHGs.
[52] Interview with external resource person
[53] Idem
[54] Interview with External research person

From the documents made available CDI understands the following:

The Community Conversation Groups and the Child Well-being Advisory Committees are based upon traditionally existing institutions in society. At the lowest level five households form one network through which communication from ADAA and from the government passes. These networks are regrouped at zonal level into groups of 50 to 60 households (Geres), the structure used to have the community conversations. The kebele is the first administrative level on top of the Geres, followed by the Woreda administration.

According to the in-country evaluation team ADAA does not pay that much attention on the internal performance of separate structures but focusses on the outcomes of these structures. [55] As described in the previous paragraph, the outcomes of these structures are however promising.

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

The 2012 theory of change constructed with ADAA formulates one overall goal; "Strengthening community groups which play an active role in improving the educational situation of Siraro Woreda.

For this to happen four conditions needed to be in place: strengthened youth clubs in school; Parent Teacher Associations; Centre Management Committees, and; Community Conversation groups.

Though we observe that a lot has been done in the past years to increase the attendance rate of children ADAA's focus has shifted from improving the school/ABE centre's performance through PTAs, youth clubs and CMCs towards strengthening community based structures and networks in which in particular the PTA and the CMCs participate and that are capable of covering all households.

Given the results in terms of increased school attendance including CWD and less school drop outs this reorientation seems to have been relevant, but on the other side no information is available that assesses the quality of education ensured at the ABE centres and the role of the CMC's in these, as well as that of PTAs in formal schools.

The field staff also believes that ADAA's is now increasing its scope in the woreda because since 2012 the number of projects increased to five; two by ICCO and three by SKN.

5.4.2 Relevance of the changes in relation to the context in which the SPO is operating

The rural population in Siraro district is growing tef and maize and keeping livestock as the most important livelihoods strategies. However grazing land for cattle has declined and is increasingly restricted to waste land, roadsides, edges of cropping fields and fallow land during the wet season. Cattle keeping is constrained by shortage of water, therefore households sometimes migrate to other areas as a means to secure their livelihoods.[56] Children play a prominent role in household, agricultural and livestock keeping tasks which, apart from migration to other locations, also explain that not all children go to school despite the national policy "Education for All".

The most important causes for disability in Ethiopia can be prevented because they relate to contagious diseases and poverty; therefore much can be done to integrate disabled children into the school system, if communities are made aware that also disabled children have the right to education[57].

[55] Discussion with ADAA staff during workshop

[56] Amenu, K., Markemann, A., Roessler, R., Siegmund-Schultze, M., Abebe, G. and Zárate, A.V. 2013. Constraints and challenges of meeting the water requirements of livestock in Ethiopia: Cases of Lume and Siraro districts. Tropical Animal Health and Production 45(7): 1539-1548

[57] Berhanu Berke, Debebe Ero. September 2013

Against this back ground the interventions of ADAA are relevant, starting from constructing nearly all schools and ABE centres in the woreda, of which 7 were established in 2011 and 3 new centres since 2012, that have the potential to become registered as formal schools to mobilising households and communities to the importance of sending children to school, to raise their awareness that disabilities are related to diseases and not to traditional believes.

Apart from mobilising entire communities, the interventions of ADAA are also very relevant in terms of constantly engaging with local officials at kebele and woreda level. This helps to keep them informed and they have made meaningful contributions to ADAA's project.

5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA

SKN is implementing two programmes in Ethiopia; that of "stop child labour through education" and "the girl's rights" programme. ADAA is contributing to both programmes with its focus on school enrolment, harmful traditional practices and child labour.

The MFS II programme of Child and Development Alliance of which SKN is a member does not have a specific civil society policy. In practice though most of the projects implemented do heavily rely upon the functioning of community based structures such as CCGs, PTAs and volunteers and organising these into networks from local to woreda level, which are important instruments to increase the CIVICUS dimension "civic engagement" including important elements such as social inclusion.

Collaboration between the Ethiopian partners of the C&D Alliance has not yet materialised in terms of joint learning (CIVICUS dimension "level of organisation") although this is being promoted by the Alliance. Efforts to jointly engage in a constructive dialogue with government officials for improved service delivery in the education sector is done via the Basic Education Network (BEN), of which all SKN partners with MFS II funding are a member. Because of this important role of BEN, this network receives financial support of SKN from the MFSII Program. At SPO level, and in particular ADAA, constructive dialogue is taking place (CIVICUS dimension "perception of impact").

SKN is confident that ADAA has made structural improvements in the education system in Siraro Woreda and that these will persist after the project has closed. This is based upon previous projects in other locations were the former ABE centres continue to expand.

5.5 Explaining factors

5.5.1 Internal factors

In the 2011 action plan it was recommended that ADAA would develop a marketing and communication strategy to timely inform stakeholders about ongoing activities. In 2013, the goal of regular publication was not met because no budget was allocated due to the problem of complying with the 70/30 regulation. ADAA did manage to put electronic publications on their website.

ADAA produced reports that show plans and performances of its activities. The reports are indicative of the number of children accessing education, health and other services. The reports also show the number of community members and sector government staff covered through awareness raising workshops, events and capacity building programs etc. Nonetheless, although these are ways measuring results in the form of outputs, they do not adequately gauge impacts or changes in attitude and behaviour.

MFS II funds budgeted for civil society building in this project is approximately 10% of the total budget. The realisation of 2012 however shows overspending on overhead costs (115%) and underspending on the civil society/capacity building activities (53%)[58]. For 2013, the civil society

[58] Annual Financial Report NFBE project January to December 2012

component is overspent, but this is mainly due to the purchase of a field vehicle[59]. The actual amount spent on civil society building in this project appears marginal.

5.5.2 External factors

The field staff mentions they believe the European financial crisis has improved since they receive more funding and are able to expand the intervention scope of ADAA.

In the Woredas ADAA is operating in there is a water shortage which leads to children dropping out of school since parents decide to relocate. Scarcity of water also resulted in a delay in construction activities. To solve this issue, ADAA tried to motivate and organise the community to bring water from distant areas using donkeys or horse carts.

Other external factors influencing the performance of the ABE centres are: shortage of student text books; the difficulty of recruiting female facilitators; market fluctuation in the price of industrial materials; lack of sanitary facilities in some centres; difference in the quality of facilitators; and overcrowded classes due to increased school enrolment of 'out of school children'.[60] Another factor influencing the construction of the ABE centres, especially in the rural areas is the new government tax regulation which forbids masons and carpenters without TIN (Tax Identification Number) to take on construction work. As a result, especially in rural communities no one is able to do the work since there is no government office that facilitates the TIN procedure.

5.5.3 Relations CFA-SPO

In their last contract, SKN mentions the project will be terminated by the end of 2015. They advise ADAA to already prepare the local community and other relevant actors for the phasing out and to make sure that all ABE Centres established with the support of the project will be sustainable and ready for handing over to the Woreda Education Office as to become formal schools. From experience in other areas, SKN insisted that ADAA would involve the Woreda Education office from the start of the project to make sure there was support for handing over the 10 ABE centres in 2015. Also in providing budget for building extra classrooms in 2013-2014, a 'matching fund' of the government was demanded[61]. As a response, the office assigned one teacher for all centres. The project office furthermore lobbied with the WEO to cover the salaries of some facilitators as of the 2013 Ethiopian academic year. From the documents it could not be retrieved whether the WEO did indeed cover the salaries as for that academic year

[59] Annual Financial Report NFBE project January to December 2013
[60] ADAA Annual report 2013
[61] Feedback letter from SKN to ADAA

6 Discussion

6.1 Design of the intervention

Research on Non-Formal Education (NFE) initiatives indicate that this type of approaches to education may be more relevant and accessible to students and community members than formal education, including that it may enhance the participation of girls and marginalized populations. It may also be less costly to both the implementers and the communities than formal education (Anis, 2007). Other research suggests that NFE in reality are, or may be perceived as being neither of second rate to formal education, and thus neither be more relevant to the communities nor enhance the demand and participation in education (Bedanie et al., 2007).

A study conducted by Linussen (2009) looked at how participants and guardians of participants perceive the quality and relevance of the Alternative Basic Education (ABE) program in the Amhara National Region of Ethiopia. The findings indicate that the participants of the program and guardians of participants in ABE which were included in the study valued the ABE program positively to a large extent. Some areas of improvement were identified, such as the infrastructure of the Alternative Basic Education Centres (ABEC); the order and discipline in the ABECs; and the attendance of the facilitators. In other areas, such as the organization of the education and the intended strategies on adapting to local needs were perceived to be of good quality, but it should be ensured that those intentions are being followed up in practice.

ADAA's approach in setting up the ABE centres seems holistic in their use of facilitators to support the teachers and their involvement of stakeholders in PTAs and CMCs. The documents do not elaborate on the quality of education in the centres however and a coherent plan on how the ABE centres will be handed over to be the responsibility of the education office in 2015 is missing.

Linussen (2009) furthermore suggests in her research that some modifications of the school calendar, in order to make it more compatible with the farming seasons would possibly signify an improvement and lower the risks of some students dropping out from school. Admassi (2003) comes to a similar conclusion in his research on the conjunction of schooling with children's participation in child care, farm care, and other household responsibilities. The result suggests that combining work with school attendance is common among school children in Ethiopia, although some activities may hamper school attendance more than others. Hence, a gradual policy towards child labour may be necessary in the context of subsistence economies, where initial interventions should aim at making the combination of work and school attendance possible rather than immediately eliminating child labour. To achieve this, introduction of a flexible school system that recognizes the peak demand seasons for family and agricultural labour may be necessary.

ADAA's intervention strategy in increasing enrolment rates and reducing dropouts is built on community involvement and linking and networking within the civil society arena by bringing influential actors together in either community conversation groups or committees. The creation of these new community structures is a promising intervention, particularly because they have a clear vision and know their mandate. These structures bring various actors together that each know their role and hence complement each other. Their potential lies in their capacity to ensure common action for good quality and accessible education.

However, according to the information available with the evaluation team, ADAA and SKN have not considered modifications of the school calendar and opted for an immediate elimination of child labour which might hamper their efforts and that of the Government to ensure 'Education for All'.

In terms of replicability, working through influential leaders and creating awareness with the use of traditional systems such as is the case with ADAA's CCGs and CWACs that involve local officials might possibly be replicable. However their success will depend upon the socio-cultural context in which such a project would be implemented, as well as the commitment of the local government services to take part in the project. A more gradual approach that combines child labour with school attendance needs

to be further investigated, in particular when working in areas that largely depend upon a subsistence economy.

6.2 Evaluation methodology

A methodology was design to conduct this evaluation – see appendix 2. The methodology in itself provides enough guidance to conduct a Theory Based Evaluation, although the process tracing methodology requires substantial understanding of the different steps to take.
Generally speaking we observe that the CIVICUS framework has never been used for evaluation purposes, and that the period between the baseline and end line study hardly covers two years, whereas the entire MFS II period covers 5 years. Furthermore, we observe that the interventions by the SPOs do not distinguish interventions that relate to Civil Society or Policy influencing from other interventions. This makes it occasionally difficult to obtain a clear focus for the civil society evaluation.

Critical steps in the evaluation methodology are the following:

1. Linking project interventions from the SPO to the CIVICUS framework. The project documents do not provide this information and are based upon the interpretation by the evaluation team in the Netherlands.
2. The extent to which the project documentation enables the Dutch team to understand the in-country realities. If the quality of the reports is weak, then the guidance provided to the in-country evaluation team is weak. Therefore deciding upon the outcomes to be selected for in-depth process tracing was sometimes hampered by incomplete and un-clear project documents.
3. After the workshop with the SPO, the in-country team had to decide upon which outcomes they will focus on for the in-depth process tracing. There was a tendency to selecting positive outcomes achieved.
4. Designing the model of change that explains the outcome achieved, followed by the inventory of rival pathways to explain that outcome has also proven to be a critical and difficult step. In this phase it is critical that the evaluation team works together to brainstorm on alternative pathways. A major challenge is that in-country teams at this moment of the evaluation have obtained a lot of information from the SPO, and not from other NGOs or resource persons, which possibly might strengthen their bias in favour of attributing change to the SPO.
5. The following step of identifying the information needs to confirm or reject these pathways and to identify the method of collecting the information needed. Also this step has most chances to be successful when the evaluators work together.

Information gathering to assess the relevance of the changes in civil society and the explaining factors generally speaking was not challenging.

Critical conditions for this evaluation methodology are:

1. Project documents and progress reports need to be available in time, and they need to systematically report not only on outputs but also on effects on the changes in peoples livelihoods (civic engagement), and at least the performance of organisations that received support from the SPO. None of the SPOs in the sample have an M&E system in place that measures the organizational capacity of the organisations they support.
2. The evaluation team needs to have a thorough understanding of the CIVICUS framework and the interpretation of the indicators used for this evaluation.
3. The evaluation team needs to understand how process-tracing works and the in-country evaluation teams need to develop a critical stand towards the interventions of the SPO that enables them to identify rival explanations for the outcomes achieved and to identify the appropriate questions to confirm or reject pathways. Because this is a new methodology, much depends upon the team's previous experiences of theory-based evaluations.
4. The methodology developed and in more generally terms theory-based evaluations are more time-consuming than randomized control trials.
5. The process-tracing methodology requires a continuous process of analysis of information obtained and identification of further information needs to be able to make a plausible contribution claim.

This capacity of critical reflection is one of the core capacities needed to successfully conduct a theory-based evaluation like process-tracing.

7 Conclusion

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the SPO are related to civic engagement and perception of impact. With regards to the first dimension we observe a slight improvement in terms of community involvement through community conversation groups and reaching out to traditional and religious leaders. It is furthermore observed that civic engagement has been enhanced through the increase in school enrolment rates as well as attendance rates and a reduction in the number of dropouts.

With regards to perception of impact, we observe that ADAA efforts to create community structures in the form of community conversation groups enhanced community involvement and created a shared idea of responsibility for development and the wellbeing of children. ADAA's child labour free zone approach by forming Child labour free zone committees and Child Well-Being Advisory Committees (CWAC) ensures a common sense for action and brings important stakeholders together on different levels.

ADAA's collaboration with the public sector intensified in the past two years. In the first place they acknowledge ADAA's role in the construction of schools and ABE centres that help to realise their public policy 'Education for All'. In the second place they acknowledge that ADAA's work with communities is effective and increasing child enrolment and decreasing the number of school drop outs.

Contribution Analysis
The first outcome that we looked at is the extent to which ADAA contributed to an increased school attendance of vulnerable children and a reduced number of children being burdened with household tasks. We conclude that, in particular the CCGs are estimated to explain 80 % of the outcome and, together with the CWACs and the presence of ABE centres provide the most plausible explanation of the outcomes. ADAA received both MFS II funding from SKN as well as funding from the National Lotery (NPL-Nationale Postcode Loterij) and SKN in the "Stop Kinderarbeid Campagne" (amount unknown).

For the outcome of women being economically empowered to buy educational material for their children, we conclude that both the local government and ADAA have significantly contributed.

For the second outcome of strengthening intermediate organisations the in-country evaluation team was not able to assess the performance of any of the CCGs, the CWACs, the Parent Teacher Associations, the Centre Management Committees, the Social Accountability Committees, the school clubs. Hence, no conclusions on their performance nor ADAA's role in strengthening them could be drawn.

Relevance
With regards to the 2012 ToC established with ADAA, we observed a shift from improving the school/ABE centre's performance through PTAs, youth clubs and CMCs towards strengthening community based structures and networks in which in particular the PTA and the CMCs participate and that are capable of covering all households. Given the results in terms of increased school attendance including CWD and less school drop outs this reorientation seems to have been relevant, but on the other side no information is available that assesses the quality of education ensured at the ABE centres and the role of the CMC's in these, as well as that of PTAs in formal schools.

Against the background of children playing a prominent role in household, agricultural and livestock keeping tasks in the Siraro district, the interventions of ADAA are relevant, starting from constructing nearly all schools and ABE centres in the woreda, of which 3 new centres since 2012, that have the potential to become registered as formal schools to mobilising households and communities to the importance of sending children to school, to raise their awareness that disabilities are related to diseases and not to traditional believes. Apart from mobilising entire communities, the interventions of ADAA are also very relevant in terms of constantly engaging with local officials at kebele and woreda

level. This helps to keep them informed and they have made meaningful contributions to ADAA's project.

Collaboration between the Ethiopian partners of the C&D Alliance has not yet materialised in terms of joint learning although this is being promoted by the Alliance. Efforts to jointly engage in a constructive dialogue with government officials for improved service delivery in the education sector is done via the Basic Education Network (BEN), of which all SKN partners with MFS II funding are a member. Because of this important role of BEN, this network receives financial support of SKN from the MFSII Program. At SPO level, and in particular ADAA, constructive dialogue is taking place. SKN is confident that ADAA has made structural improvements in the education system in Siraro Woreda and that these will persist after the project has closed. This is based upon previous projects in other locations were the former ABE centres continue to expand.

Explaining factors
The evaluators observe considerable underspending for civil society/capacity building initiatives in 2012 and 2013 which might possibly indicate that with more support to the CCGs, the SHGs the PTAs, the CWACs, these CBOs might increase their performance. They also observe that although records are well kept and outputs are being measured, no information is being collected at the level of outcome such as performance of the CBOs and effects of the SHGs at household level.
The most important external factors that may impact upon ADAA's performance are related to the construction and supply of the ABE centres, being mainly water scarcity, lack of labour in remote areas due to government regulation, and lack of text books. Though serious efforts have been made to entail a smooth transmission of the ABE schools to the Woreda education office, incentives on the side of the education office to safeguard donor funds could hamper the process.
The relations between SKN and ADAA seem constructive.

Design
In terms of replicability, working through influential leaders and creating awareness with the use of traditional systems such as is the case with ADAA's CCGs and CWACs that involve local officials might possibly be replicable. However their success will depend upon the socio-cultural context in which such a project would be implemented, as well as the commitment of the local government services to take part in the project. A more gradual approach that combines child labour with school attendance needs to be further investigated, in particular when working in areas that largely depend upon a subsistence economy.

Table 5
Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	7
The CS interventions were implemented as designed	7
The CS interventions reached their objectives	6
The observed outcomes are attributable to the CS interventions	8
The observed CS outcomes are relevant to the beneficiaries of the SPO	8

Score between 1 to 10, with 1 being "not at all" and 10 being "completely"

References and resource persons

Documents by SPO

Title	*Year*
MFS Financial Report ADAA	2011
Narrative Report NFBE project (July 1 – December 31 2012)	2012
Narrative Report NFBE project Siraro (January – June 2012)	2012
NFBE Annual Narrative Activity report (July –December 2012)	2012
ADAA NFBE Annual Report	2013
NFBE project Siraro Revised Plan ADAA	2014

Documents by CFA

Title	*Year*
Contract of Gift ADAA	2011
Contract of Gift NFE project Siraro ADAA	2012
Result Based Report gender based ADAA	2011
CPP Development Action plan ADAA	2012
ADAA NFBE Narrative Action plan 2013	2012
Feedback letter to ADAA ref findings field visit to Siraro	2012
Field Monitoring Report Amakelew-ADAA	2012
Contract of Gift NFBE project Siraro ADAA	2013
ADAA Assessment Results-Feedback sheet final	2013
ADAA Monitoring report Amakelew	2013
Report Exchange visit West-African partners to CLFZ projects Ethiopia	2013
Result Based Report ABE project ADAA	2012
Revised work plan and timeline	2013
Student Data per ABE center Siraro ADAA plus out-of-school	2013
Contract of Gift and Approved budget	2014
Powerpoint presentation on the accomplishments of a one year project on Child Labour Free Zone Project implemented by ADAA	2013
CPP Development Action Plan ADAA	2012
Report Exchange visit West African Partners to CLFZ projects Ethiopia	2013
ADAA presentation CWAC in CLFZ project Siraro (powerpoint)	2013
A History of Development and Change (1988-2013)	2013

Documents by Alliance

Title	*Year*
Berke, B. & Ero, D. (2013). *Awareness Raising Activities and Strategies: Ethiopia. Research in the support of the Learning Agenda under the Child & Development Alliance*	2013
Baseline C&D Alliance MDG Ethiopia 2011	2011
Annual report 2013 C&D Alliance	2013
ANNEXES to annual report 2013 C&D Alliance	2013

Other documents

Amenu, K., Markemann, A., Roessler, R., Siegmund-Schultze, M., Abebe, G. and Zárate, A.V. 2013. Constraints and challenges of meeting the water requirements of livestock in Ethiopia: Cases of Lume and Siraro districts. Tropical Animal Health and Production 45(7): 1539-1548

Admassie, A. (2003). Child Labour and schooling in the context of a subsistence rural economy: can they be compatible? *International Journal of Educational Development,* vol. 23 (2): 167-185

Anis, K. (2007). Ethiopia: Non-formal education. Country Profile commissioned for the EFA Global Monitoring Report 2008 Education for All by 2015: Will we make it? Paris: UNESCO

Bedanie, M., Baraki, Z., Getahun, H., and G. Assefa (2007) A study on the quality of Alternative Basic Education in Amhara Region. Addis Ababa: Save the Children Denmark-Ethiopia and Save the Children Norway-Ethiopia

Linusson, A.E. (2009). *Students' and Guardians' views and experiences with the Alternative Basic Education(ABE) program in the Amhara National Regional State of Ethiopia ,* Comparative and International Education

Institute for Educational Research, University of Oslo

Ministry of Education (MOA) Ethiopia. 2010-2011. *Education Statistics Annual Abstract. http://info.moe.gov.et/emdocs/esaa03.pdf*

Puddington Arch, Freedom in the World. 2013. *Democratic Breakthroughs in the Balance: Selected Data from Freedom House's Annual Survey of Political Rights and Civil Liberties.* Freedom House

The Federal Democratic Republic of Ethiopia (August 2010). Education Sector Development Program IV (ESDP IV) 2010/2011 – 2014/2015 Program Action Plan. http://planipolis.iiep.unesco.org/upload/Ethiopia/Ethiopia_ESDP_IV.pdf

Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia

Webpages

International Center for Not-For-Profit Law (ICNL)	NGO Law Monitor: Ethiopia	http://www.icnl.org/research/monitor/ethiopia.html	2014
Freedom House	Freedom in the World: Ethiopia	https://freedomhouse.org/report/freedom-world/2014/ethiopia-0	2014
Fund for Peace	Failed States Index	http://ffp.statesindex.org/rankings-2013-sortable	2013
Social Watch	Basic Capabilities Index 2011. The boom and the busted	http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf	2011
Social Watch	Social and Economic Rights Fulfillment Index	http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf	2011
Transparency International	Corruption by Country: Ethiopia	http://www.transparency.org/country/#ETH	2014
Transparency International	Global Corruption Barometer: Ethiopia	http://www.transparency.org/gcb2013/country//?country=ethiopia	2014
Heritage	Economic Freedom Score: Ethiopia	http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf	2014
UNDP	Human Development Indicators Ethiopia	http://hdr.undp.org/en/countries/profiles/ETH	2013
University of Oslo	Students´ and guardians´ views And experiences with the Alternative Basic Education (ABE) program in the Amhara National Regional State of Ethiopia	https://www.duo.uio.no/handle/10852/31206	2009
VNG International, GOPA &YCI	Enhancing basic delivery through social Accountability initiatives: I am accountable, are you?	http://esap2.org.et/about-us/objectives/	2012
VNG International, GOPA &YCI	Enhancing basic delivery through social Accountability initiatives: I am accountable, are you?	http://esap2.org.et/about-us/history	2012

World Bank	Governance Indicators: Country Data report for Ethiopia 1996-2013	http://info.worldbank.org/governance/wgi/pdf/c72.pdf	2013
Institute for Future Studies	World Values Survey Wave 5: 2005-2009	http://www.worldvaluessurvey.org/WVSOnline.jsp	2009

Resource persons consulted

Name of key informant	Organisation	Function in organisation	Relation with SPO	Contact details including e-mail.
Ali tusi	Idir	Idir Admin	Receives support to work with beneficiaries/ households	-
Dalu Tuye	Education Office	Officer	Is collaborating with SPO	-
Turtu Tuke	CC Group	CC Group Member	Receives support to work with beneficiaries/ households	-
Shunte Bedaso	SHG	Manager	Receives support to work with beneficiaries/ households	-
Halima Gobe	SHG	Casher	Receives support to work with beneficiaries/ households	-
Aman Ahmed		PTA admin, CC member and Kebele deputy admin	Is collaborating with SPO	-
Bushra Rameto	ADAA	Facilitator		-
Bahru Aman		Volunteer	Is collaborating with SPO	-
Buda Tisa		Volunteer	Is collaborating with SPO	-
Abdela Aman		School Dean	Receives support to work with beneficiaries/ households	-
Shife Degedo	AAC	Club chair	Receives support to work with beneficiaries/ households	-
Kedir Gija	ADAA-Shashemene	Area Coordinator		bereketkedir@gmail.com
Merga Hirpo	ADAA-Shashemene	Deputy Area Coordinator		mergahirpo@gmail.com
Abdurahman Haji	ADAA-Shashemene	Project Coordinator		Sabalf2012@gmail.com
Berhanu Tufa	ADAA- A.A Head office	Executive Director		Berish_tufa@yahoo.com
Kedir Filicha	ADAA- A.A Head office	Sinior Program Officer-Education		kefilicha@yahoo.com
Henk van Zuidam	Stichting Kinderpostzegels Nederland (SKN)	Regional Coordinator Africa		h.van.zuidam@kinderpostzegels.nl

Appendix 1 Civil Society Scores

In-country team to fill in the scores for each SPO

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2
- 2 = Considerable deterioration
- 1 = A slight deterioration
0 = no change occurred, the situation is the same as in 2012
+1 = slight improvement
+2 = considerable improvement

Dimension		Indicators	Question	Change
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+1
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	Not applicable
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+1
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	+1
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	+1
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	0
	10	External financial auditing	How regularly is your organisation audited externally?	0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+2
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1

	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	0
	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	+1
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	0

Appendix 2 Changes in civil society indicators between 2012 and 2014

1. Civic Engagement

1.1 Needs of marginalised groups SPO

ADAA conducted a Participatory Risk Appraisal together with community representatives and concerned government offices and in comparison to 2011, the needs of targets have started to be addressed in a holistic manner towards the end-line.

Community Conversation groups and social accountability committees (SAC) have been organized and include marginalized persons. These entities are now claiming their rights vis-à-vis service providers or the government. These community groups are also increasingly contributing to some of ADAA's project objectives, such as improved school enrolment and the reduction of Harmful Traditional Practices and Female Genital Mutilation.

The Community Conversation groups regroup some 50-60 people, including religious and traditional leaders (Aba Geda), women, youth, previous circumcisers and representatives of local government bodies and these ceremonies are used to discuss the abolishment of child labour, the importance of sending children to school, traditional harmful practices such as female genital mutilation. It is said that these practices have decreased significantly since the baseline.

ADAA's intervention zone now counts many households that are a model for other households and hence are changing the mentality of the community with regards to child labour and education.[62] The following table presents the enrolment of students and dropouts in absolute figures in the past years.

Table 4
Student enrolment and school dropouts between 2012 and 2014; ten ABE centres supported by ADAA

Years	Total Enrolment	Female enrolment	Dropout
2012	3132		441
2013	3522		190
2014	3652	1523	150
0-level in 2014	542	249	

Children of in particular destitute women and families receive special support by ADAA. These women are organised in SHGs to generate income that help the women to purchase educational materials for their children. One of the SHGs has already saved enough money to ask for a bank loan, buy up land and start farming. These women testified to how their lives have changed and how they can now pay for school and home expenses for their children and themselves. The women interviewed were very confident about their benefits from being in the SHG. They were also proud that they are motivating other women to do the same. They observe that their change is not just about buying school materials for their children school facilities but also about themselves changing with respect to hygiene and clothing. They are outspoken and have clear plans to expand in the future.

[62] ADAA, the kebeles and also the Educations Bureau. Idirs and committees (CC groups, PTAs, CMCs, child wellbeing advisory committee)

ADAA provided stationary for 50 students in 2013 and organised their mothers organized into a SHG, which helped these children to turn back to school. In 2014 those same children could buy their own school materials.

Students and other categories in society are also being informed about HTP and HIV AIDS in their youth clubs, however their perspectives on these issues has only slightly changed, but some children have started to influence their parents. [6364] This might be explained by the fact that ADAA is not taking these clubs into account or that the children in these clubs are not yet reaching adolescent age.

ADAA's awareness creation activities on the importance of sending children to school has increased the number of children going to school and a decrease of the number of school drop outs[65]. Also children are said to not being burdened by household chores[66].

Score: +1

1.2 Involvement of target groups SPO

In 2011 there was limited involvement of beneficiaries during monitoring and evaluation results feedback. In 2013 have started to involve Beneficiaries' in monitoring exercises but planning to increase their involvement during Evaluation. ADAA increased the level of participation of target groups by capacitating and strengthening Parent Teacher Associations (PTA) and centre management committees (CMT). In addition, social accountability committees and child wellbeing advisory committees were established for the advanced participation of beneficiaries in every project management cycle.

Score: +1

1.3 Intensity of political engagement SPO

ADAA does not involve in any political activities as an NGO as this is not part of its directive to reaching its mission hence the score 0.

Score: not applicable

2. Level of Organisation

2.1 Relations with other organisations SPO

Since 2011, ADAA's engagement with children related networks and forums has increased. ADAA has started to engage with networks as CORHA on the issue of reproductive health for young students and with SLUF on issues like environmental conservation, women SHGs. Both networks complement ADAA's work with school clubs (sexual and reproductive health), creating green and attractive environments and improving livelihood of parents so that they can contribute to the education of their children. ADAA also started collaborating with WABI, a local NGO in Amhara region to create an experience sharing platform or to publish a booklet on child labour.

ADAA is a member of the consortium of self-help group approach promoters (COSAP).

It is also a member of the Consortium of 6 NGO's, comprising ADAA, CDI, ERSHA, FC, OSRA, and HUNDEE (C6NGOs) that is implementing the "Integration of information and communication technologies in agricultural value chains" project with ICCO funding.

[63] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia
[64] Club members
[65] regular attendance monitoring by the schools (CMC and PTAs), ADAA volunteers and facilitators and the Education Bureau.
[66] CC group leaders

With regards to the Child and Development Alliance the evaluation team observes that networking amongst the Ethiopian partners of this Alliance is not sufficient to enable adequate horizontal sharing of experiences, best practices, resources and information on common agenda of awareness raising activities and provision of services to children. Designated persons and more regular meetings are needed to document lessons and best practices amongst Ethiopian partners and those from other countries. ADAA is still dependent upon SKN to cover the costs of meetings where the partnerships can be build.

Score: 0

2.2 Defending the interests of marginalised groups SPO

Since the SPO is not allowed to directly engage in issues related to lobbying and influencing, they empower and strengthen the community structures by organising different sensitisation and consultative meetings and awareness raising programs to enable them to defend the interest of the disadvantaged groups. These activities are mostly carried out through community conversations and training influential leaders (religious and traditional leaders).

ADAA also showed the way to the office in terms of approaching the issue of child labour and education by approaching the community leaders instead of trying to enforce the change. It is through the CSOs (CCGs, SHG, Clubs etc) that ADAA was able to distribute its messages of HTPs. It trained few representatives of the community and religious/traditional leaders who are able to organise discussions in these CSOs and to raise the awareness of the participants. And as such there are many children in schools and many more taken out of child labour also the practice of other harmful practices like FGM so the CSOs played a big role in changing the ways of the community for the better.

Score: +1

2.3 Composition financial resource base SPO

ADAA's financial resource base has increased because it increased the number of projects under implementation and their nature. There are additional staff members; ADAA covers all its administration costs and other staff capacity building costs from its sources. Sources are MFSII and other funders outside of its Dutch partners. As ADAA has five projects funded by Dutch grants, two by ICCO and three by SKN this increases the share of costs for organizational growth and networking.

Score: +1

2.4 Defending the interests of marginalised groups CSO

ADAA is not allowed to directly lobby and advocate for improved education. Instead they empower and strengthen the community structures so that these are able to defend the interest of the disadvantaged groups. Influential leaders (religious and traditional leaders) play an important role in these. However no information is available that shows how these structures hold local government offices accountable.

Score: +1

3. Practice of Values

3.1 Downward accountability SPO

According to a capacity assessment of 2011, the role of the board and that of the management are clearly defined and separated. Executives are fully accountable to social organs. During the annual general assembly meetings the management of ADAA has to account for its finances and the progress being made on its project implementation.

ADAA has a clear organizational structure, personnel policy, job positions, clear recruitment and placement and regular staff meetings. It also invests in staff development when opportunities are available.

ADAA reports all its activities and financial utilization to all stakeholders (Community representatives, government, traditional and religious leaders, CMCs, etc) on a quarterly basis (E.g. report to the federal and regional bureaus on a quarterly basis, and to the general constituency annually. This has been the trend of the SPO throughout the years hence; no change is seen since the baseline.

Score: 0

3.2 Composition of social organs SPO

According to ADAA's field staff and executive leadership marginalised groups that represent different categories of society are represented in the Board of ADAA (20-30%). A baseline study conducted with the PCAT tool of Terre des Hommes in 2011 reported that board members are chosen on the basis of their qualification, professionalism and commitment. ADAA's board members are elected on the general assembly meeting where the founding members, beneficiaries or community representatives and government officials including the CS Agency representatives are present. The criteria for election are based on the professional and technical capacity, and willingness of the person/persons to serve the organisation on a voluntary basis.

This situation has not changed in 2014.

Score: 0

3.3 External financial auditing SPO

The SPO has adequate internal and budget control system and practice; good record keeping practice (i.e. transaction recording, duly signed by concerned authorities and filing); asset control and capital investment system; operate under minimum overhead cost which indicates organizational efficiency; Adequate cash handling system and practice; employment is as per the approved budget; accounting package exists and is used and the SPO operate with strict compliance to government regulations. Accordingly the SPO is audited regularly get audited by an external auditor on annual basis for government report. The Dutch partners support for external auditing. ADAA also gets a second audit which on a yearly basis to be sent to its donor.

Score: 0

4. Perception of Impact

4.1 Client satisfaction SPO

There are no records kept to assess to what extent school children are satisfied with the education and the learning environment they get at school, or how satisfied women, member of SHGs are. Only some indications exist with regards to these:

"The improved environment created in ABE Centres and schools have encouraged disabled children to become successful students. Among the many, the case of a female student in ADAA project area of Siraro is an example. According to Temsgen Jori, ADAA Sirao field coordinator, a female disabled student from Sembete Lenco by the name Besa Alak successfully completed level three and joined grade five last year and is now in grade six in Senbete Sinkile formal school as one of the good performing students in the school". [67]

[67] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia

The SHGs make women more confident that they can generate an income and they are proud of being able to do so. They observe their change not just with respect to buying their children school facilities but also in changing themselves with respect to hygiene and clothing. They are outspoken and have clear plans to expand in the future which showed their determination to better themselves more.

Before students used to stay home for lack of equipment but since 2013, 50 students were selected and supplied with stationary and their mothers organized into a SHG they have come back to school. Plus those same 50 kids are not supported in 2014 b/c they were able to buy their own facilities.

The in-country evaluation team observes that respondents were very emotional about the existence of schools for their children and how much they regret that they did not learning about the importance of education sooner. Some parents are learning from their children (one father learned how to sign his signature from his child). They were very thankful of ADAA and the other actors in the area. Also respondents that did not send their children to school talked in a very convincing way about the benefits of education.

Community leaders are intensely cooperating with ADAA staffs as facilitators of CCGs and volunteers engaged in mobilising children to attend school. They are eager to introduce change in their community after ADAA has trained them to do so.

Score: +2

4.2 Civil society impact SPO

The Community Based structures in place enable volunteers and community members to discuss school attendance, child labour and harmful traditional practices and therefore raise the awareness of the entire community. A Community Conversation Group consists of maximum 60 members that meet every fortnight during 7 months, after which other people are selected to attend these meetings. Individual members meanwhile also talk to their neighbours and consult with the volunteers. As the traditional leaders are the most respected part of society they use these people as a leverage to convince other households. The CCGs are changing people's perspective on issues as HIV, Hygiene, education, child labour and the like.

The main factor for the current success in ADAA's intervention is through Community Conservation Groups followed by follow-up activities. It explains changes in the perspectives of entire communities for an estimated 80%. The main strategy consisted of creating the awareness of traditional and religious leaders and elderly people, followed by the creation of the CCGs as a vector for change. As a farmer, member of the CCG states during the visit of the in-country evaluation team: "before we were not convinced about the relevance of education, we thought a child that stayed at home and helped out was more useful than the one that went to school. We thought if one child went to school it was enough and the rest can stay home. After ADAA coordinated us and informed us on the importance of such things we have changed a lot. Now all CCG members are more aware about hygiene, education and the like. For instance our group gathers and discusses every week and we are also learning household skills".

The same is applies for the youth clubs in schools. Intensive follow-up of these clubs by their teachers and good communication helped the children to gain their confidence and engage in open discussion.

In the view of strengthening relation among ABE and formal schools it is found important to create relation with school cluster resource centres that play a role in capacity building of teachers. Accordingly, target schools have created necessary relation with these centres and they have gained necessary support from the centres. In line with this, the activities such as question and answer program have been carried out among different centres and other nearby formal schools; sport tournament among students and among different centres have been undertaken; Experience sharing events has been carried out among different centres have been undertaken. Still no significant change has been observed in this aspect in terms of increasing enrolment from the baseline. However, the conducive environment at schools is expected to decrease dropouts as the students discuss with their teachers whenever they are faced with difficulties.

Score: +2

4.3 Relation with public sector organisations SPO

There is increased involvement of the public sector in ADAA's activities and most intense collaboration is with the health offices, cooperative promotion offices, agricultural offices, women and children offices, Education Bureau, finance and economy office and other kebele and woreda offices. These are also involved in the planning, implementation and evaluating of the project.

The woreda education officer acknowledges that when child registration is done on a house-to-house basis many more children are enrolling. Schools and NGOs working in the education sector regularly report to the education office and they do regular follow-ups. ADAA reports to concerned government offices on a quarterly basis.

The same officer stated in a report prepared for the Child and Development Alliance": "ADAA influenced our office and its work on its strategy for reducing dropouts and retention of children. The organization engages community members to go house to house and bring back drop outs by enhancing community awareness on the value of education. We had tried and failed before. Now we have learned. For example in Shirkeno Keta Primary school out of 394 children last year half of them dropped out. This year with lesson from ADAA there are only few children who dropped out. Dropping out has reduced by 50%. In this respect; we want to follow ADAA's footprints", Dalu Tuye, Planning and program expert of Siraro WEO.[68]

Almost all schools/ABEs in the ten woredas were built by ADAA, and the Education Office acknowledges that without ADAA it could not have implemented its 'education for all' policy. Its most important concern with the implementation of this policy is to engage with the community. When ADAA engaged with the community through community leaders this bridge between the local government and the community was established.

Score: +1

4.4 Relation with private sector agencies SPO

ADAA doesn't have that much of a relationship with private sector offices, mainly due to the absence of development oriented private sector in terms of access to education. However the SPO has established several relations with the private sector for its FMO projects.

Score: Not applicable

4.5 Influence upon public policies, rules, regulations SPO

One of the main successes of the awareness raising activities and strategies along with associated services for disadvantaged children undertaken by C& D Alliance partners is the influence they made on sector government agencies with which they are partnering. The research team, in its various interviews and Focus Group Discussions in many localities and government sector organizations has been able to get sufficient evidence on how much the partner organizations have contributed towards changing the perceptions of the officials and staff of the relevant organizations with regards to the wellbeing of children. The Education Bureau also said that ADAA plays a big role on girls' education. There were a lot of dropouts before but ADAA has decreased this and if the office knows ADAA is working on certain areas then we are confident it will do a good job so they cover other locations. They have now copied the approach through the community after seeing the positive progress from ADAA.

Score: +1

4.6 Influence upon private sector agencies' policies, rules, regulations SPO

There is no change in this aspect from the baseline

Score: Not applicable

[68] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia

5. Environment

5.1 Coping strategies

Regardless of the achievements of ADAA, it faces challenges such as shortage of student text books; scarcity of water that resulted delay in construction activities and in some kebeles and student dropouts because they have to fetch water in remote areas; lack of local contractors for the construction of additional classrooms; market fluctuation in the price of industrial materials; lack of sanitary facilities in some centres such as absence of latrine and skill gap among facilitators. In response to these challenges ADAA has made some efforts to resolve these. Examples are for instance:

- Instead of giving every student his text book, these are now distributed through the school cluster resource centre and students are being advised to use these books as a group.
- Trying to convince the community to bring water from distant areas using donkey/horse carts instead of sending their children;
- Outsourcing a local contractor from another area to complete the construction on time(even though it has a cost implications);
- Construction of toilet in the centres is underway and short term trainings and in-service summer trainings have been given to facilitators/teachers.

Score: 0

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-030

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

Catholic Church of Gamo Gofa and South Omo (CCGG&SO) end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]

Wondwosen Terefa[2]
Helen Getaw[2]
Dereie Getu[2]

[1] Centre for Development Innovation, Wageningen UR

[2] International Food Policy Research Institute

Centre for Development Innovation
Wageningen, Month 2014

Report CDI-15-035
ISSN 0000-0000

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver, D.C., Jacobs, J., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *Catholic Church of Gamo Gofa and South Omo (CCGG&SO) end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-035. Wageningen.

This report describes the findings of the end line assessment of the Ethiopian Catholic Church of Gamo Gofa and South Omo (SSGG&SO) that is a partner of CORDAID.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses CCGG&SO's contribution towards strengthening Civil Society in Ethiopia and it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which CCGG&SO contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain CCGG&SO's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-035 | ISSN 0000-0000 | ISBN/EAN 000-00-0000-000-0

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **7**

2 Context **9**

2.1 Political context 9

3 Description of CCGG&SO and its contribution to civil society/policy changes **10**

3.1 Background of CCGG&SO 10
3.2 MFS II interventions related to Civil Society 11
3.3 Basic information 12

4 Data collection and analytical approach **13**

4.1 Adjustments made in the methodology of the evaluation 13
4.2 Difficulties encountered during data collection 13
4.3 Identification of two outcomes for in-depth process tracing 13

5 Results **14**

5.1 Results obtained in relation to project logframe 14
5.2 Changes in civil society in the 2012-2014 period 15
5.2.1 Civic engagement 15
5.2.2 Level of organization 16
5.2.3 Practice of Values 16
5.2.4 Perception of Impact 17
5.2.5 Civil Society Environment 18
5.3 To what degree are the changes attributable to the Southern partner ? 19
5.3.1 Strong organisations lead to improved food security of households in the Hamar district 20
5.4 What is the relevance of these changes? 22
5.4.1 Relevance of the changes in relation to the Theory of Change of 2012 22
5.4.2 Relevance of the changes in relation to the context in which CCGG&SO is operating 23
5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and Cordaid 23
5.5 Explaining factors 23
5.5.1 Internal factors 23
5.5.2 External factors 24
5.5.3 Relations Cordaid-CCGG&SO 24

6 Discussion **25**

6.1 Design of the intervention 25
6.2 Replication of the intervention 25

7 Conclusion **26**

References and resource persons **28**

Documents 28
Resource persons 29
1. Civic Engagement 32
1.1 Needs of marginalised groups SPO 32
1.2 Involvement of target groups SPO 32
1.3 Intensity of political engagement SPO 33
2 Level of Organisation 33
2.1 Relations with other organisations SPO 33
2.2 Frequency of dialogue with closest civil society organisation SPO 34
2.3 Defending the interests of marginalised groups SPO 34
2.4 Composition financial resource base SPO 34
3 Practice of Values 34
3.1 Downward accountability SPO 34
3.2 Composition of social organs SPO 34
3.3 External financial auditing SPO 35
4 Perception of Impact 35
4.1 Client satisfaction SPO 35
4.2 Civil society impact SPO 36
4.3 Relation with public sector organisations SPO 37
4.4 Relation with private sector agencies SPO 37
4.5 Influence upon public policies, rules, regulations SPO 38
4.6 Influence upon private sector agencies' policies, rules, regulations SPO 38
5 Environment 38
5.1 Coping strategies 38

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We hope that this evaluation can support you in better positioning yourself in the Civil Society Arena of Ethiopia.

List of abbreviations and acronyms

ABE	Alternative Basic Education
ADA	Austrian State/ Department for Development Cooperation
AFD	Action For Development
CCGG&SO	Catholic Church of Gamo Gofa and South Omo
CCRDA	Consortium of Christian Relief and Development Association
CDI	Wageningen UR Centre for Development Innovation
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
CLFZ	Child Labour Free Zones
CMC	Centre Management Committee
Cordaid	Catholic Organisation for Relief and Development Aid
CS	Civil Society
CSA	Central Statistics Agency
CST	CAFOD/SCIAF/Trocaire
DA	Development Agent
DKA	Dreikönigsaktion Österreich
EFM	Early Forced Marriage
EPRDF	Ethiopian People's Revolutionary Democratic Front
ECS	Ethiopian Catholic Secretariat
FGM	Female Genital Mutilation
HEW	Health Extension Workers
HTP	Harmful Traditional Practices
ICDP	International Child Development Programme
ICDP	Integrated Community Development Project
IFPRI	International Food Policy Research Centre
IGA	Income Generating Activities
MDG	Millennium Development Goal
MoFa	Ministry of Foreign Affairs
NGO	Non Governmental Organisation
PFS	Pastoral Field School
PTA	Parent Teacher Association
SILC	Saving and Internal Lending Communities
SPO	Southern Partner Organisation
TBA	Traditional Birth Attendant
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre

1 Introduction

This report presents the civil society end line findings of the Catholic Church of Gamo Gofa and South Omo (CCGG&SO) in Ethiopia which is a partner of Cordaid under the Communities of Change consortium. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study CCGG&SO is working on MDG 1.

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework that comprises five dimensions (civic engagement, level of organization, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period CCGG&SO has seen a decrease of its civil society arena as well as the possibilities to collaborate with the local government. Most of its achievements on civic engagement date back from before the 2012 assessment; its collaboration with other NGO's decreased (level of organisation); its impact upon both civil society and upon the government decreased as well as its relation with the woreda government (perception of impact). Only its dimension 'practice of values' remained the same.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with CCGG&SO, and interviews with external resources persons working in civil society organisations that receive support from CCGG&SO; other civil society organisations with whom CCGG&SO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which CCGG&SO is concentrating.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch CFAs a selection was made of SPOs to be included in an in-depth process tracing trajectory and those to be included for a quick contribution assessment. CCGG&SO is amongst those SPOs selected for in-depth-process tracing.

The in-country evaluation team only looked at one outcome which is the capacity of community based organisations, and in particular health micro finance schemes, cooperatives, Saving and Internal Lending Communities (SILC) and groups organised around income generating activities to improve food security of an estimated 1300 households.
The evaluation team in the first place concludes that no evidence is available to state that 1300 households improved their food security situation. The most likely strategies that may explain improved food security at household level consist of CCGG&SO's support to introduce income generating activities as well as a food safety net programme that is currently in place. There is no information available that confirms that the popular health micro finance scheme contributes to increased food security. The cooperatives and the SILC are not contributing. CCGG&SO's has been minimal because the local government failed to follow up upon groups handed over as agreed; because CCGG&SO has not been operational since the beginning of 2014 due to internal problems that

escalated. CCGG&SO also does not have any monitoring and evaluation system in place that helps to assess progress towards impact at household level.

Relevance
Interviews with staff of CCGG&SO with external resource person, with the liaison officer of Cordaid, as well as contextual information helped to assess the relevance of CCGG&SO's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which CCGG&SO is operating; the CS policies of Cordaid.
In relation to its 2012 ToC that stated that the capacities of CBOs need to be build and that they need to network and also relate to the public sector, the evaluators conclude that no progress has been made and that CCGG&SO's interventions have not been relevant.
In relation to the external context in which CCGG&SO is operating interventions are relevant for Hamar woreda which is a very isolated and nearly abandoned area by the government. But in relation to the severe food security problems that the 43,000 inhabitants of the district face, the outcomes achieved are negligible.
Important civil society elements for the communities of change alliance consist of strong CBOs, good relations with local government and using opportunities to influence policies. None of these elements have materialised in the past two years.

Explaining factors
The most important explaining factor of the evaluation findings consists of CCGG&SO firing three staff in January 2014, which escalated when the three staff members allegedly accused the SPO of corruption and filed a complaint with the government. In consequence the office was closed and awaiting an audit imposed by the government. Although all allegations proved to be untrue, CCGG&SO now faced difficulties in getting back on track.

A second important factor is also that the Lower Omo Valley has many fertile grounds and a river suitable for the construction of a hydroelectric dam to be followed by large scale land acquisitions for irrigated agriculture. Indigenous people like those living in the Hamar district are not being informed, and the government proceeds with forced resettlements. According to Human Rights Watch, the government is implicated in human rights atrocities. This tense situation may possibly, in contrary to other zones where the evaluators are assessing civil society impact, explain the non-constructive collaboration between NGOs and the local government.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the Health sector that CCGG&SO is working on. Chapter three provides background information on CCGG&SO, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with Cordaid. An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix 2 of the country report; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

Political context This paragraph briefly describes the context CCGG&SO is working in. A description of the Civil Society Context assessed according to the CIVICUS framework is provided in appendix 3 of the country report for Civil Society.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015.[1] Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development Goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSOs have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country[2]. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights.[3] This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

[1] November 2010, *Growth and Transformation Plan 2011 – 2015,* Ministry of Finance and Economic Development, (November 2010), Federal Democratic Republic of Ethiopia

[2] February 2009, *Charities and Societies Proclamation (proc. no.621/2009),* Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

3 Description of CCGG&SO and its contribution to civil society/policy changes

3.1 Background of CCGG&SO

History
The Catholic Church of Gamo Gofa and South Omo is a church based NGO. It has been engaged in community based development interventions over the last 35 years. The church has a pastoral program and an Integrated Community Development Program (ICDP) that both have a holistic approach to human development. CC-GGSO has a development board which falls under the responsibility of the Vicariate of Sodo-Hossana. The Catholic Church 16 maintains the necessary degree of control and direction of the Integrated Community Development Programme through its own management structure and development board.

Cordaid has been supporting CC-GGSO since the mid-1980s. In 1996 the donor organisations Dreikönigsaktion Österreich, Cordaid and Misereor asked for an evaluation to ensure compliance to their requirement and to rectify drawbacks witnessed in the implementation of programmes. The evaluation led to a re-orientation and the formulation of a new strategic plan. The influence of the Holy Ghost fathers decreased and was later replaced by a professional board. Despite the slow pace in depletion of funds, the Church has been effective in recent years mainly due to good leadership, program focus and imitation of innovative projects that are in line with community demands and priorities.

Vision and mission:

The vision of the vicariate is to see a society where all its spiritual, physical, socio-cultural needs are met and where all people are living in harmony, solidarity, equity, justice and peace. The Church's mission is to contribute to the economic, social and spiritual development of its community, and to ensure growth and self-reliance. Sustainability as well as ownership are crucial values within this mission.

Main strategic actions:
Towards the realization of its vision and mission, the Church, through their social development wing, is undertaking its social and development projects through grass root level project site structures, comprising Community Based Technical facilitators assisted by the local community, and other line bureaus.
Interventions are identified through a series of consultations and assessments jointly undertaken with line bureaus and community representatives. Major areas of emphasis include:
- Health, HIV/AIDS prevention and awareness; water development;
- Education;
- Agriculture/Food Security, and
- WID/GAD promotion activities.

CCGG&SO is based in ARBA Minch and has 20 staff members. It has a program in Gamo Gofa and in South Omo, the latter being managed from a field office in Dimeka. Cordaid currently only supports the program in South Omo which has a program coordinator, three technical facilitators, one community based social facilitator, two community animators, one assistant director, one finance administrator and one accountant.

CCGG&SO is implementing its MFS II funded Integrated Community Development Project (ICDP) in South Omo. Its first phase (2010-2012) targeted the rural pastoral and agro-pastoral communities of the woredas Hamar (Kufur, Gedback, Lala, Algone and Dimeka town) and Malle (Golloberendo and

Doiso) in Southern Nations Nationalities and Peoples Regional State (SNNPRS). In the next phase (2013-2015) the project will target the pastoralist and agro-pastoralist communities in seven villages of Hamar Woreda namely: Kufur, Shanko, Woro, Wolfo, Simbele, Besheda and Dimeka. The overall goal of the project is to enable the selected communities to contribute proactively to the improvement of their living conditions.

3.2 MFS II interventions related to Civil Society

In terms of direct beneficiaries, the ICDP project does livelihood improvement interventions at individual level for 940 households (at least 50% women), an immunization program targeting 1296 children and 6269 women, an alternative basic education component for 180 children (20% girls) and functional adult literacy for 350 adults (20% women). Most of the project interventions will offer communal benefits to the entire target group, which is 14,054 people (approximately 2,969 households, out of which 42% are women headed households).

The ICDP programme in Hamar district, targeting seven communities comprises five result areas: Sanitation & hygiene conditions; community based, maternal & child health care; access to and quality of basic education for children and adults; household food security, and; women socially and economically empowered[4].

This civil society evaluation will focus on household food security and women empowerment which relate to MDG 1 that Cordaid identified as the main intervention for CCGGS&O in 2012. This component comprises several activities in the agricultural and non-agricultural sectors and is linked to nutrition as well as to income. For the CIVICUS dimension 'civic engagement', results include:

- At least 600 women will be directly involved in the social and economic empowerment activities and have improvement in their livelihood
- Train selected heads/members of 100 households directly practicing the beekeeping for 5 days
- 80 women will benefit from the provision of goats
- 100 vulnerable community members will benefit from various skill trainings and seed capital
- Support backyard animal fattening initiatives of pastoralists
- Introduce small scale drip irrigation schemes for vegetable production near water schemes
- Train and equip 10 para-vet scouts on sharing bases
- Train pastoralists on improved dairy production & management techniques

For the dimension 'level of organisation', results include:

- At least six microfinance- projects will be initiated and implemented in Malle, this will benefit 8000 community members
- Two co-operatives will be organized and obtain legal entity and provide service to the community
- Establishment of goat production women groups by handing out 270 goats, and assist them to start animal husbandry

Results to look at for the dimension 'perception of impact' are:

- Exposure visit with a team of 24 people including participants of the Pastoral Field School (PFS), ICDP staff, government staff
- Link all beneficiaries that are involved in income generating activities (IGA) to 6 Saving and Internal Lending (SILC) activity. Examples of IGAs are collective dairy production, agriculture or horticulture around drip irrigation, collective goat production
- Two co-operatives will be organized and obtain a legal status and provide service to the community

[4] Project kenschets and considerations

3.3 Basic information

Table 3: basic information on CCGG&SO

	Details			
Name of SPO	Catholic Church of Gamo Gofa and South Omo (CCGG&SO)			
Consortium and CFA	Communities of Change/Cordaid			
Project name	Integrated Community Based Development Program South Omo Zone Hamar and Malle Woredas (CC-ICDP)			
MDG/theme on which the CS evaluation focusses	MDG 1 – Poverty			
Start date of cooperation between the CFA and the SPO	Since the mid-eighties			
Other donors if applicable	Other funders for the first contract January 2010 – December 2012: • ADA (€ 286.072; 54%) • Koornzaayer Foundation and Willow Wheelers (€ 40.000; 8%) Other funders for the second contract: • Horizont 3000 (€ 318.181 + audit payment of € 80.000) • CAFOD/SCIAF/Trocaire (€ 291.703)			
Contracts signed in the MFS II period	**Period**	**# months**	**Total budget**	**Estimation of % for Civil Society**
First Phase of the project	January 2010 – December 2012	36	€ 200.000	
Second Phase of the Project	January 2013 – December 2015	36	€ 225.000	
Total			€ 425.000	38%

Sources: project documents

4 Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

CC-GGSO is implementing its MFS II funded Integrated Community Development Project (ICDP) in South Omo. Its first phase (2010-2012) targeted the rural pastoral and agro-pastoral communities of the woredas Hamar (Kufur, Gedback, Lala, Algone and Dimeka town) and Malle (Golloberendo and Doiso) in Southern Nations Nationalities and Peoples Regional State (SNNPRS). In the second phase (2013-2015) the project will target the pastoralist and agro-pastoralist communities in seven villages of Hamar Woreda namely: Kufur, Shanko, Woro, Wolfo, Simbele, Besheda and Dimeka.

This means that Kufur and Dimeka town receive support for the entire MFS II period (2010 – 2015) and that Gedback, Lala, Alagone, Golloberendo and Dioso received support during the 2010-2012 period and that Shanko, Woro, Wolfo, Simbele, Besheda are new kebeles in which CCGG&SO intervenes in the 2013 – 2015 period.

Initially, Cordaid mentioned that no project documentation was available. Later on, the evaluation team received project documents in hard copy that only covered the period January 2010 – June 2013. As a result the evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework.

4.2 Difficulties encountered during data collection

CCGG&SO was very collaborative in the whole process of the evaluation. They showed great hospitality by offering the guest houses to the evaluation team and because of their support it was possible to conduct the evaluation. Though this was the case, data collection turned out to be difficult as the SPO was still partially closed due to the audit conducted by the local government and consequently the files were not accessible. In addition, some key resource persons were not available during the evaluation process. In the in-country evaluation team found the process tracing tools relevant in tracing the changes occurred and explaining them. The team further observed that contextualisation in social, cultural and political terms was necessary to fully use these tools.

CCGG&SO did not have many documented evidence in terms of progress being made on their interventions. The SPO hands over groups/cooperatives to the local government after their establishment and after having given them the necessary training. Follow up efforts by CCGG&SO are minimal leading to the SPO not having up to date information.

4.3 Identification of two outcomes for in-depth process tracing

In-depth process tracing was used to explain one outcome achieved, which relates to the extent to which CCGG&SO's contributed to improved food security of households in 7 kebeles in the Hamar district. According to the SPO household food security of some 1300 direct beneficiaries should have been improved between 2010 and 2015. CCGG&SO states to have contributed to food security by means of the creation of Saving and Internal Lending Communities, Community Health Micro Finance Schemes, and cooperatives.

Because the office of CCGG&SO is closed, a second outcome achieved could not be identified.

5 Results

5.1 Results obtained in relation to project logframe

The Hamar community is still highly affected by deep-rooted harmful traditional practices, which include abandoning (killing) children for ritual reasons, biting women during the initiation ceremony, committing abortion if women conceive prior to this ritual ceremony, being resistant to girls education, and high spending for traditional events such as initiation, funerals, commemorations. These Harmful Traditional Practices, together with low levels of community participation in development efforts hinder the development of the Hamar Community.

In the second phase CCGG&SO included new villages in its program: Shanqo-Kelema, Shanqo-Wolfo, Woro, Besheda and Sembele and it phased out of most of the communities that received support 2010-2012 period such as the villages Doysso and Goloberendo of Malle woreda and that of Gedback, Algonie and Lala in Hamar woreda. The SPO pulled out of Malle woreda to focus on Hamar. Kufur & Demeka Zuria are few of the previous areas it has continued to work in. The livelihoods improvement component has now got funding through the joint CAFOD/SCIAF/Trocaire office (CST) that was not there previously.

Outputs for the January 2011 to December 2012 programme
4011 children and 2112 women (229 children and 1753 women planned) have been vaccinated; 650 persons (150 planned) attended nutrition demonstration sessions; 20 Health Extension Workers (HEW) were trained on first aid provision, 5 HEWs were trained on immunization practice and improved vaccine management and 10 traditional birth attendants (TBAs) (3 TBAs planned) were trained. These outputs relate to ICDP's result 'community based maternal & child health care'.

20 government workers and 23 students have been trained in computer skills; 14 community teachers have been trained and are serving in alternative basic education schools where 385 children are enrolled and have received scholastic materials; 4 school committees were formed and trained and 23 pastoralist students receive basic computer training and English. These outputs relate to ICDP's result 'access to and quality of basic education for children and adults'.

Another 651 people (457 female and 194 male) have been trained in nutrition practices, but the evaluators ignore if these are the same persons that attended the nutrition demonstrations. Eight micro-finance schemes with over 820 members have been set up where members can take out loans when referred to higher level health facilities (3 health insurance schemes planned). These outputs relate to ICDP's result 'household food security' and/or 'women socially and economically empowered'.

The reports do not mention how many mothers and children have been reached under the primary health care component (1829 mothers and children planned); if progress has been made with regards to biological family spacing methods; if a minor treatment service was created in Kufur; if 100 community members were trained on various health issues to serve as role models for community members; if 1200 individuals got health education and if information, education and communication materials on health issues were produced and distributed.

Outputs for the January – June 2013 period
The ICDP programme in Hamar district, targeting seven communities comprises five result areas: Sanitation & hygiene conditions; community based, maternal & child health care; access to and quality of basic education for children and adults; household food security, and; women socially and economically empowered[5].

With regards to the expected result 'sanitation and hygiene' one training was planned for HEW on the topic 'community led total sanitation'.

[5] Project kenschets and considerations

With regards to the health component, and in particular the vaccination programme, this has been carried out in all seven kebeles on a monthly basis, reaching 80 fully vaccinated children in the first semester of 2013. Four kebeles received information on the community based health insurance scheme.

The report further states that 8 micro-finance schemes were created which is three more than planned. This information is however in contradiction with the evaluation in the field where CCGG&SO staff mentioned the creation of 4 health micro-finance schemes.

At the time of the end evaluation, the SPO has started the construction of a new Health Centre in Shanqo with funding from CST.

The evaluation team has not received progress reports that cover project activities beyond June 2013. This might be due to the fact that the CCGG&SO office has been closed for several months since the beginning of 2014.

CCGG&SO office in Hamar district was closed in the first semester of 2014, after three fired staff members filed a complaint with the local government, allegedly accusing CCGG&SO of corruption. Although the allegations proved to be false, CCGG&SO has difficulties to get back on track.

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

Before the start of phase two of the project (2013-2015), orientation meetings were held in each kebele to familiarize communities with the project plan. Over 200 people participated in the meetings, out of which 60 were women. Clarifications were made on the implementation strategies, role of communities, government and the project.

Having agreed upon the targeting criteria with the community, the beneficiary identification process started. Community leaders, agricultural extension workers, and the project team played a leading role in the beneficiary identification process and their selection. In general the Hamar community is reluctant to try new ideas until they see someone else try it and succeed, so they do not volunteer to much interventions. In this light, involving them actively in project design and extensive awareness creation seems important.

Eventually, 30 beneficiaries were selected for vegetable production and put into groups of 10 in the 2010-2012 period. They were then trained on land management and vegetation using the training manuals developed by government experts. Trained beneficiaries are then provided with farming materials and seeds by CCGG&SO and provided with a land plot by the government. CCGG&SO contributes with transportation when possible aside from following up at least for the first few months. The Development Agents in the Agriculture offices at the various sites also provided consulting service and follow up. This supports capacitate the groups which then leads to improved income and nutrition of group members. However, most of the groups put together for this purpose have either lost some of their members (reaching up to 5 members) or have all members working individually. Reason for leaving the group is mostly the nature of the community to work individually than wait for each other to work as a group. They are pastoralists so herding cattle is their main activity and growing vegetables comes second.

CCGG has also created awareness on the benefits of cooperatives and collected and established 3 cooperatives in the area between 2012-2014: one in town and two in rural areas. The two in the rural areas were handed over to the government for follow up but due to the lack of follow up the two have failed in performing well. The one in the town is operating well. They are expected to provide consumer goods such as oil and sugar aside from other goods to prohibit traders from inflating the prices in times of shortage.

The main changes in community involvement were observed in the first few months of 2012 where the SPO had community discussions on phase two of the project and selection of new beneficiaries. However, due to the emergence of internal problems the SPO has not been in contact with any parts of the community for almost a year between the baseline and the end-line study.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): -1

5.2.2 Level of organization

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

The baseline study mentions strong interaction between CCGG&SO and the 30 community groups established by CCGG&SO to discuss the progress obtained with regards to the implementation of the project and to come with joint proposal for solutions. However the situation in 2014 has deteriorated because all activities have been handed over to the local government who fails to provide the necessary guidance.

Practice also learns that community groups, in particular the vegetable groups are not working, because individuals of these groups prefer to work on their own plot and realise considerably higher yields and incomes that the collective groups.

CCGG&SO participates in the annual NGO forum called by the government where the 11 NGOs working in the area participate. However, this forum serves as a political instrument where the government discusses its points and asks the support/ adherence of the attending NGOs. There are several NGOs working in the area like Action for Development (working on water and sanitation- also working on IGA where groups are producing soap from aloe vera grown in the area), AMREF (Health), Save the Children (Children) and Mom Child (OVC). The SPO also participates in an annual review meeting on health where NGOs participate but as the direct responsible person is no longer with the organization details were not available.

Collaboration with the NGOs in the area has not increased since the baseline. NGOs in the area still prefer to work within their own space and time rather than communicating and collaborating with each other. Currently there also is little dialogue going on between CCGG&SO and Red Cross after the first aid training and handing over of the ambulance.

CCGG&SO's financial resource base for Hamar woreda has increased since the baseline.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): -1

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at such as transparency, democratic decision making, taking into account diversity that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

Since the baseline, annual audit of accounts have been made by external auditors based on the preference of the donor partners in selection/ commissioning of audit firms. The necessary actions were taken on the report by program management and the reports were shared among stakeholders (donors and government partners).

People of marginalized target groups are not represented in the official organs of the SPO, because the community by and large is illiterate to get representation in the CC development structures and the necessity is yet to be debated at the higher organization level and clarified if the constitution of the Social & Development Coordinating offices allow that. The trend & practice of having representations of marginalized groups in their immediate community organizations has not changed since 2012.

In 2014, all monthly staff cost, from store keeper, mechanic, cashier and watchmen to community animators, technical facilitators and program coordinator, had increased by at least 40 since 2011. This increase is reasonable in light of the high inflation rate in the country.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which the SPO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

Civil society arena
In 2013 CCGG&SO mainly concentrated on either individual or group IGA activities in the livelihood component of the programme: In 2012, 144 vulnerable women were involved in goat keeping; 97 people (59 women) engaged in vegetable production; 97 persons (40 % women) received skills training in carpentry, grain mill maintenance and tailoring; an unknown number of women were organised in poultry groups. These women can also receive counselling and consultancy from the local Development Agents. CCGG&SO selects IGA beneficiaries together with kebele officers and provide training together with experts from the Woreda in different IGA's such as vegetable production, beekeeping, fattening, carpentry, and poultry. After the training the beneficiaries are supplied with inputs and monitored by CCGG&SO and the DA's at Kebele level.

The results of CCGG&SO to support IGAs are mixed. Some beneficiaries that were involved in the goat groups indicate their lives have changed for the better, others mention their goats died and they ended up with nothing[6]. The same applies to the women who received chickens. The groups formed around vegetable production stayed together for one season only and then individual members decided to disburse further on their own. These individuals see no benefits in working in a group since with their own efforts they earn considerably more[7]. Some beneficiaries are making money from carpentry and poultry. They mention that honey production is not successful as the bees wouldn't stay in the hives provided for them.

According to the pastoral office the most significant change in relation of the introduction of IGAs is that of changing mindsets that stimulate people to try different IGAs. The office observes an impressive mental change regarding the readiness to try vegetable production. CCGG&SO organises coffee ceremonies to inform beneficiaries about different income generating activities. It is mentioned by a beneficiary that he would never had tried vegetable production if it has not been introduced by CCGG&SO. [8]

GGCC&SO planned that all IGA beneficiaries would earn enough to start saving in SILCs or in community health micro finance schemes. The plan was to have six SILCs operational in six kebeles by 2015. The 2013 project document learns that by the end of 2015 some 1050 households should be able to increase their income and hence become a potential member of the SILC[9]. A SILC is managed by a group of 15 – 30 self selected members. In 2013, CCGG&SO esthablished two SILC groups in

[6] Interview with female beneficiaries involved in goat keeping.
[7] Interview with vegetable group member
[8] Interview with beneficiary from Shanko
[9] in the 2013 – 2015 period, 100 pastoralists from 7 kebeles should be able to earn an income through improved dairy production and management; 100 households from 7 kebeles should be able to earn an income through the introduction of improved seedlings for fruit varieties; 100 households should be able to earn an income through beekeeping; 100 households should be able to earn an income through animal fattening; 90 households, through improved drip irrigation should be able to earn an income through vegetable production. In the 2010-2012 period, some 100 persons were targeted for vegetable production. In the 2013 – 2015 period, 200 women should be able to earn an income through IGA. In the 2013 – 2015 period, At least 180 households, later 360 households should be able to increase their income through goat keeping solidarity groups. In the 2010 – 2012 period the target was 208 women to be involved in goat keeping. In the 2010-2012 period, 100 persons should be able to earn an income after a skills training

Demeka town, one group having 34 members (5 male and 34 female- this SILC was esthablished before 2012 and had 12 members in 2012) and one group having 7 members (all members). Savings are kept by the SILC treasurer and not interest rates are paid, whilst Ethiopia's inflation rate between 2006 and 2014 is estimated at 19 percent a year. Saving in the official micro finance institution is more beneficial because some interest is being paid and because people can withdraw money when needed.

In the 2010-2012, eight community health micro finance schemes were established instead of the four planned, and they counted 821 families instead of 1600 families planned. The 2013 – 2015 programme foresees 7 of such schemes, 1 in each kebele (those in Malle were not anymore followed because another church started working in that district). At the beginning of 2014, 1 health scheme in four kebeles was realised. The health schemes were given 5000 birr initial capital. The health schemes mobilise local resources in terms of livestock or cash. Based upon those community savings, CCGG&SO also contributes funds in order to create an emergency and resilience community fund for medical purposes. Members are able to borrow money and then reimburse after having sold livestock, honey etc on the local market (once a week). The group has its own management committee in which the HEW, kebele leaders and community members are represented. They have their own bylaws. No figures are available of members currently associated with these health micro finance schemes and neither their performance in terms of service delivery to members.

None of the three cooperatives is functional. CCGG&SO organised two multipurpose cooperatives and one consumer cooperative which are supposed to help their members improve their lives. They claim to have stabilised the local inflation level and to prevent shortage of supplies by purchasing consumables from wholesale suppliers and selling these with a minimum of profit. The government cooperative promotion office who is in charge of supervising all three cooperatives fails to do so because they do not receive the financial support from the woreda administration. In addition, the government is unwilling to provide the cooperatives with working area, particularly in the Demeka area, which troubles their existence since they are not able to pay the rent.

Although CCGG&SO's interventions have not reached many people and interventions in the 2013 – 2015 period are considerably lagging behind plans, some individuals have changed their mind sets because they understand the utility of income diversification. In particular the poultry and goat scheme have proven to be beneficial for widows and destitute women. These few successes inspire others to also diversify their livelihood strategies and some are said to have become change agents. Negative unintended effects of the project however, are in the fields of the phase out strategy, high expectations by the community and the unknown effects of the project interventions on culture.

Collaboration with the public sector and policy influencing
Collaboration with the public sector has deteriorated since the baseline. In the first place CCGG&SO and some 10 other NGOs participate in annual meetings convened by the government, who set its own agenda and to ask participating NGOs to adhere to this agenda rather than stimulating dialogue. CCGG&SO, after having established groups for income generating activities and cooperatives, has to handle over these activities to the woreda government, who fails to supervise these activities. An ambulance given to the Red Cross was confiscated by the health office and in not always used to transport sick people.
The six months closure of CCGG&SO in the beginning of 2014 and imposed by the local government was the lowest point in relations with the government since 2012.

Collaboration with the private sector and policy influencing
Apart from working with suppliers of advisory services or materials, CCGG&SO is not collaborating with the private sector.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): -1

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how CCGG&SO is coping with that context. The 2009 Proclamation to Provide for the Registration and

Regulation of Charities and Societies (CSP) and the related "70/30" regulation that limits administrative costs for all charities and societies to 30% of their budgets.

A corrective management decision to fire three staff members in the Hamar program who broke regulations in January 2014 has resulted in unfavourable turn of events. The fired employees filed a complaint with the local government, leading to the closure of the office from March to July 2014. The former employees asked for an unconditional return and an investigation and audit of accounts. Meanwhile, the SPO did its best to hold talks with the authorities that ended up in deadlocks because nobody in local government was cooperative.

CCGG&SO reported the event to the Regional Bureau of Finance via its headquarters, the Vicariate of Soddo & the Ethiopian Catholic Secretariat (ECS), which recommended a mediation process between the local government office and CCGG&SO at the beginning of the dispute. Later, upon receipt of a letter of the zonal Administrator, an investigation was carried out. The investigation took place after a lapse of two months. Based on the findings of the investigators, a report was sent to the Federal Central Statistics Agency (CSA) which sent down a delegation to resolve the issue and accordingly it was agreed to open the office.

In its decision, the Federal CSA commended on the responsiveness of the SPO on five points out of the ten points reported by the Regional Bureau of Finance. The Bureau of Finance also cited weaknesses and measures to be taken by the CCGG&SO. Weaknesses of the local government were also been spelt out and advised not to repeat. As a result, the false allegations made against the church are clarified and the issues that need legal attention concerning the fired employees are referred to the labour court. It is agreed to get back to program implementation. The current position of the partnership with the government is similar to the way it was before.

However, the whole incident has created division, triggered confusion, and threats were made against fellow staff members. Additionally, false and disproportionate rumours about the leadership and its transparency were going around. As a result, staff composition has changed. The human resources administration and their manuals for job performance appraisal and supplies procurement are under review and reassurance was given to donors that system overhaul is being made.

Score baseline 2012 on an absolute scale from 0-3: **2**
Score end line 2014, relative change on a scale of (-2, +2): **-1**

5.3 To what degree are the changes attributable to the Southern partner ?

This paragraph assesses the extent to which CCGG&SO contributed to increased food security in Hamar district in the 2010 -2015 period. Starting with an outcome, the evaluation team developed a model of change that identifies different pathways that possibly explain the outcome achieved. Data collection was done to obtain evidence that confirms or rejects each of these pathways. Based upon this assessment, the evaluation team concludes about the most plausible explanation of the outcome and the most plausible relation between (parts of) pathways and the outcome. The relations between the pathways and the outcomes can differ in nature as is being explained in table 4.

Table 4
Nature of the relation between parts in the Model of Change

Nature of the relation between parts and other parts or outcome	
The part is the only causal explanation for the outcome. No other interventions or factors explain it. (necessary and sufficient)	
The part does not explain the outcome at all: other subcomponents explain the outcomes.	
The part explains the outcome but other parts explain the outcome as well: there are multiple pathways (sufficient but not necessary)	
The part is a condition for the outcome but won't make it happen without other factors (necessary but not sufficient)	
The part is a contributory cause it is part of a 'package' of causal actors and factors that together are sufficient to produce the intended effect.	

Sources: Mayne, 2012; Stern et al, 2012

The following paragraph assesses CCGG&SO's contribution to two outcomes. Each paragraph first describes the outcome achieved and the evidence obtained to confirm that the outcome has been achieved. It then presents the pathways identified that possibly explain the outcomes, as well as present information that confirms or refutes these pathways. The last section concludes in the first place about the most plausible explanation of the outcome, followed by a conclusion regarding the role of the SPO in explaining the outcome.

5.3.1 Strong organisations lead to improved food security of households in the Hamar district

Outcome and evidence found
The evaluation team looked at the extent to which the SILCs, the health micro finance schemes secured savings for their members, who also benefitted from support given by CCGG&SO to start income generating activities such as goat keeping, poultry, carpentry, beekeeping, horticulture. According to CCGG&SO some 1300 participants, in particular women, should have been involved in these IGA and hence become a member of the SILCs or the health micro finance scheme, which in turn should lead to improved food security. Another strategy to improve food security consisted of setting up cooperatives.
The evaluation team did *not find* evidence regarding the exact number of persons adhering to the cooperatives, the health micro finance schemes and the SILCs showing trends in the 2010-2014 period in Hamar district. The evaluation team did *not* find any figures that show that food security in general has improved in Hamar district in the 2010 -2015 period.

The following pathways were identified that each should lead to improved food security:
1. Households are able to access small loans and emergency grants via SILCs put in place by CCGG&SO
2. Community Health Micro Finance Schemes make households more resilient to health and food security problems. These were put in place by CCGG&SO
3. Cooperatives provide consumer goods to prohibit traders form inflating prices in times of shortage. Three of such cooperatives were created by CCGG&SO
4. Food security is most likely to be increased through individual IGA. A number of IGAs were supported by CCGG&SO
5. Households earn an income through the cash/food for work programme and will access the Household Asset Building program with an initial capital from government. This is a programme run by the Government.

There is one underlying assumption in CCGG&SO's model that states that those beneficiaries that participate in IGA at a certain moment become member of the SILC or the Health Micro Finance Scheme.

Evidence that confirms or rejects pathways
Pathway 1: Households are able to access small loans and emergency grants via SILCs
A SILC is managed by a group of 15 – 30 self selected members and offers a safe opportunity to save and allows them access to small loans or emergency grants. CCGG&SO planned to have 6 SILCs operational in 6 kebeles in the 2012 -2014 period and that some 1050 persons should have been able to increase their income through IGAs and hence become a member of the SILC by 2015.

Information that rejects this pathway:
Only two SILC groups are operational in Demeka town, one that started with 12 members in 2012 and has 34 members of which 9 women in 2014 and one with seven members only. In comparison to the expectation of having 6 SILCs and 1050 members according to plan this result is neglectible.

As already mentioned before, members who deposit their savings can not access it for a whole year and no interest rates are applied when savings are kept in a savings box: The average inflation in Ethiopia is estimated at 19 % between 2006 and 2014 and therefore it is more attractive for people and groups to deposit their savings at the micro finance institution that they can have access to at any moment and that is supposed to give some interest.

The Omo micro-finance confirms that groups (vegetable group and stove group) but also individuals who belong to groups have accounts with them and are saving on a regular basis.

Information that confirms this:
One SILC group confirms that there is a relation between IGAs and savings. The seven members of the SILC group started this because they are a stove group[10].

Pathway 2: Community Health Micro Finance Schemes make households more resilient to health and food security problems
The health micro finance schemes mobilise both resources in cash and kind. Based upon those community savings, CCGG&SO also contributes funds in order to create an emergency and resilience community fund for medical purposes. Members can borrow money and then reimburse after having sold livestock, honey etc on the local market (once a week). The group has its own management committee in which the HEW, kebele leaders and community members are represented. They have their own bylaws.

Information that confirms this pathway
Eight community health micro finance schemes were established between 2010 and 2012 instead of the four planned, including 821 families instead of 1600 families planned. During the 2013 – 2014 period four additional schemes were realised in four kebeles, whereas seven of such schemes were foreseen. [11] These health schemes were given 5000 birr initial capital. One interviewee explains there is a lot of interest in the schemes because people hear positive stories from the ones who benefitted.

Assumption to pathway 1 and 2:
Both pathways assume that beneficiaries that participate in IGA earn enough money to save in the SILC or the Health micro finance scheme.
Information that *confirms* the assumption consists of one initial trial to establish a SILC in Dimeka town failed due to too low income levels.[12] Apart from a stove group that created its SILC *there is no evidence* that supports the assumption, although some of the IGA yielded better incomes, such as was the case with horticulture which is more successful as an individual rather than as a group (126 beneficiaries of which 59 women); the goat (144 women) and the poultry scheme (figures unknown); and carpentry and others IGAs (97 persons of which 40 % female).

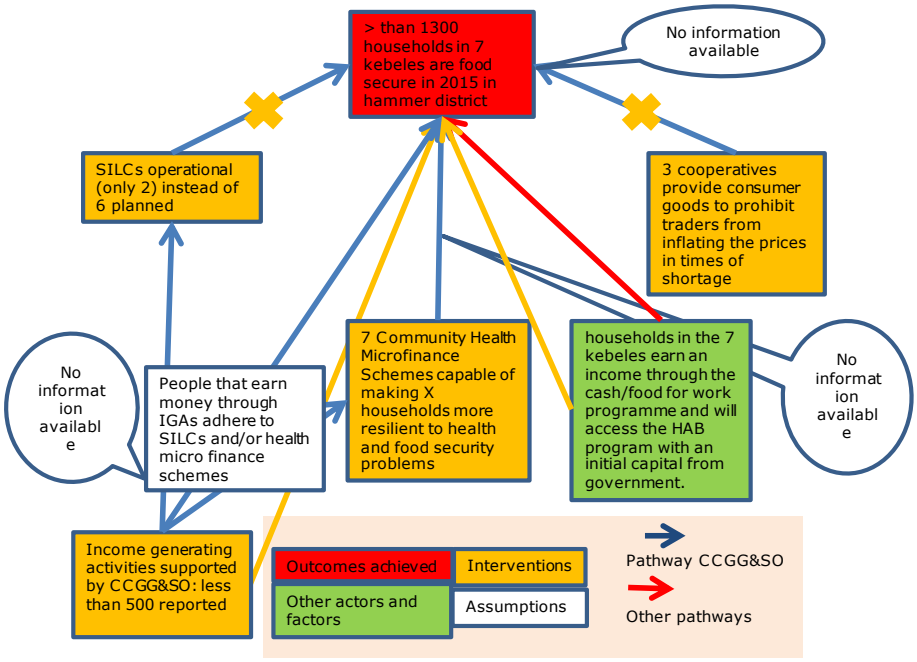


Figure 1: Pathways that possibly explain outcomes and conclusions about the nature of the relations between pathways and the outcome, intermediate organisations

[10] Interview with SPO staff
[11] Those in Malle were not followed anymore because another church started working in that district
[12] Based on project documents

Pathway 3: Cooperatives provide consumer goods to prohibit traders form inflating prices in times of shortage
Information that *rejects* this pathway:
None of the three cooperatives created by CCGG&SO is operational: these cooperatives were handed over to the Woreda government who failed to ensure a good supervision and technical assistance to keep the cooperatives running. The cooperatives claim to have stabilised the local inflation level and to prevent shortage of supplies by purchasing consumables from wholesale suppliers and selling these with a minimum of profit.

Pathway 4: Food security is most likely to be increased through individual IGA
Information that *confirms* this is available in particular for horticulture, goat keeping, poultry and carpentry but not for beekeeping. According to CCGGSO some 500 persons received individual IGAs which were expected to grow to 1050 persons. No exact figures are however available.
However the number of people that have engaged in IGA due to CCGG&SO are by far the 1300 expected at the outcome level.

Pathway 5: Households earn an income through the cash/food for work programme and will access the Household Asset Building program with an initial capital from the government
Information that *confirms* this is that over 45 % of the 43,000 people living in Hamar woreda are supported by Productive Safety Net Programs. [13] In this program, vulnerable groups either get direct support or contribute labour and get paid.
Information that *rejects* this pathway consists of the fact that this program is not very sustainable as it may help to solve transitory food shocks, but that it cannot help to break the poverty circle. By design, beneficiaries have to graduate after they accumulate assets but graduation in this Woreda has not yet started. Targeting problems, small grants and frequent drought in the area make the program unsuccessful and it just only helps to narrow the food gap.

Conclusions
A first conclusion is that there is no information available that food security improved for some 1300 beneficiaries of the CCGG&SO program. Food security may have been increased for a fraction of the approximately 500 persons that received support in terms of diversifying their IGAs. This pathway and that of the Productive Safety Net Program both might sufficiently but not necessarily explain increased food security for a very limited number of Hamar Woreda's population. There is no information available to confirm that the health micro finance schemes improve food security at household level. The creation of SILCs and cooperatives has not at all contributed to improved food security and that of the popular health micro finance insurance schemes is unknown. These are hence non necessary and not sufficient causes to explain increased food security.

The role of CCGG&SO has been minimal in increasing food security for the following reasons: In the first place, after handing over some of the activities such as the cooperatives, the vegetable groups and others, the woreda government failed to develop adequate technical assistance strategies; in the second place CCGG&SO was not operational anymore since January 2014, and; in the third place CCGG&SO does not have a monitoring and evaluation system in place to assess outcome and impact at household level and therefore leading to important information gaps for the evaluation team.

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

In its 2012 ToC CCGG&SO formulated its overall goal with regards to civil society as "Improved health, improved livelihood, and education of the people of South Omo by creating self-sufficient and performing civil societies". In order to reach this goal CCGG&SO identified five conditions that need to be in place: the capacities of civil society organisations need to be build; civil society needs to network between each other and public sector; follow up on a culture sensitive strategy for CSOs' activities is

[13] Kenschets and considerations

needed; local skills and knowledge need to be identified and developed, and CSO's need a conducive environment.

Until so far we conclude that the conditions have not been met since the groups and cooperatives formed are not functioning. Hence, civil society is not yet able to provide services to society. An exemption can be made for the goat groups as these groups are functioning as the women grasp this opportunity to become less dependent on men[14].

5.4.2 Relevance of the changes in relation to the context in which CCGG&SO is operating

The 7 kebeles from the Hamar District were identified to be the project target areas because of their relative level of poverty, the fact that they were poorly addressed by development actors and the availability of local resource potentials to build on.[15] The target group consists of semi pastoralists whose main way of living is livestock herding, but when the weather is conducive they grow different crops such as maize and sorghum. In recent years, the area has been severely affected by consecutive drought resulting in frequent crop failures. Accordingly, the government has been provided food aid for a number of years, followed by the recent productive safety net program. Since the Woreda is far from the centre, pastoralists are marginalized in terms of infrastructure and other basic facilities such as health and education. The evaluation team even learned that some of the kebeles were totally forgotten by the local government, and they did not have schools, health posts or rural roads. In this regard, CCGG&SO's presence is relevant but negligible given the insignificant number of beneficiaries (a maximum of 500 persons) reached and the severe food security problems in the district that has some 43,000 inhabitants.

5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and Cordaid

For Cordaid, Community Based Organisations form the main strongholds of societies and hence strengthening civil society means working via- and strengthening the capacity of CBOs and that of volunteers. Cordaid believes that strengthening forces within communities will bring about change. Since the Ethiopian civil society context leaves little room for policy influencing Cordaid tries to create awareness by supporting other themes such as livelihood improvement or economic empowerment. In relation to CCGG&SO Cordaid stressed the importance to include government people in training efforts so improve relations. This has resulted in a quick approval of road construction works and improvements in irrigation systems. [16]
In their 'eindafweging' Cordaid furthermore highlights the importance of CCGG&SO in relation to policy influencing as the Catholic Church has been talking (diplomatically) to a number of Embassies and donors (a.o. DFID and USAID) about the current worrying developments in South Omo. This evaluation found no support for this claim.

5.5 Explaining factors

5.5.1 Internal factors

The closure of the Hamar office between March and July 2014 did not only cause a delay in the implementation of the activities of CCGG&SO[17], the termination of the contracts of some employees also created division, triggered confusion, and threats were made against fellow staff members. Additionally, false and disproportionate rumours about the leadership and its transparency were going

[14] Interview with member of cooperative
[15] Based on project documents
[16] Interview with CORDAID Programme Officer
[17] In the project documents it is mentioned that 'new activities for 2013 to 2014 are half -implemented due to the recent set back we met in our relationship with local government during the first six months of 2014'.

around. As a result, the staff composition has changed. Human resources administration procedures including job performance appraisal & supplies procurement manuals are under review and reassurance was given to donors that system overhaul is being made.

As a consequence, CCGG&SO's monitoring and evaluation efforts were not adequate. This was even reinforced by the bad follow up of the local government on groups/cooperatives which resulted in a gap between CCGG&SO's knowledge of the status and the actual status. With the three people that were fired a lot of CCGG&SO's institutional knowledge had gone.

5.5.2 External factors

Inaccessibility of the area, recurrent drought, unpredictable rains, land availability, and epidemics are common features of the district that challenge the effectiveness of CCGG&SO. Especially water shortage is a problem, community members are now fetching water from the river themselves which is very difficult.[18] Additionally, High national inflation increased costs for nearly all items needed by the project. CCGG&SO furthermore mentions that the -sometimes sudden- changes in government policy makes it very difficult for the project to adapt accordingly.[19]

Human Right Watchs reports of human rights atrocities committed against indigenous people living in the Lower Omo Valley, including the hamar population. The valley has many fertile grounds, and the government is constructing a massive hydroelectric dam, to be associated with large scale land acquisitions for irrigated agriculture and the forced resettlement of indigenous people.[20] This situation is being largely ignored but may definitely explain the constrained civil society space in which CCGG&SO is operating.

5.5.3 Relations Cordaid-CCGG&SO

With the information available it is not possible to explore the relations between Cordaid and CCGG&SO and how they might have affected the evaluation findings of civil society.

[18] Interview with beneficiary from Shanko
[19] Based on project documents
[20] Human Rights Watch, 2012, "What Will Happen if Hunger Comes?" Abuses against the Indigenous Peoples of Ethiopia's Lower Omo Valley

6 Discussion

6.1 Design of the intervention

CCGG&SO's intervention strategy in relation to the livelihood component of their program has been to first change the community's attitude by creating awareness and then to increase their resilience by deploying alternative sources of income through different IGAs. A number of reasons can be mentioned for the difference in effectiveness of the interventions, such as the group members' participation and dedication, water availability, land availability, communities' perception to different IGAs and the social context. In their project design CCGG&SO acknowledged that, especially in the pastoralist community they operate in, new technologies introduced in the community should be compatible to the existing traditions and should be simple to use and replicate.

As the pastoralist community is known to be reluctant to change, awareness creation on intensive alternative ways of earning an income is an apparent need. The fact that the beneficiaries are willing to try new activities points towards the success of CCGG&SO's awareness raising activities. Even though the project documents mention the forming of groups could be useful for training and peer-learning, the need to form groups for IGA activities does not become evident as beneficiaries point out they do not see the benefits and rather work individually[21]. This is especially the case in the male groups, as the female groups have a social and emancipatory component next to an economical one. The resistance of the community to work in groups could have been observed from the groups formed between 2010 and 2012. When designing a new programme in 2012 it could have been worthwhile to consider providing training in groups but support individuals to deploy their IGA.

6.2 Replication of the intervention

Little (2001) argues there are many reasons why pastoralists diversify their income strategies, and much local variation in rationale and activities should be anticipated. Diversification options vary according to gender and proximity to towns and settlements. In general, options for women (petty trade) differ from those available for men (wage employment, livestock trade). Salaried employment may be most vital for promotion of food security (idem, 2001). Herders who reside less than 40 kilometers from towns typically have more alternative income generating options than those living further away. He furthermore argues that diversification is not always the panacea that it assumes to be, since some forms of diversification may increase risk. Interventions should prioritize promotion of customary resource use strategies (promoting mobility and livestock species diversity) where possible. Medium-term investments should focus on rural education since education is most likely to lead to options for salaried employment. For the settled poor, activities such as dairy trade, sustainable fuel production (forestry), and re-stocking schemes may have the most value.

Berhanu, Colman, and Fayissa (2005) add that an examination of the pastoralist activity choices reveals that the younger households which are literate and have more exposure display a more diversified income portfolio preference. Their findings underscore the importance of human capital investment and related support services for improving risk. This last finding supports the human capacity development training approach of CCGG&SO, but also puts extra emphasis for the need for CCGG&SO to assure follow up and support services, which was not the case in the current program because constraint by the woreda government. Additionally, a focus on younger households who are more open for change could yield greater results.

[21] Interview with beneficiary from Algone; Interview with beneficiary from Shanko

7 Conclusion

Changes in the civil society arena of the SPO
In the 2012 – 2014 period CCGG&SO has seen a decrease of its civil society arena as well as the possibilities to collaborate with the local government. Most of its achievements on civic engagement date back from before the 2012 assessment; its collaboration with other NGO's decreased (level of organisation); its impact upon both civil society and upon the government decreased as well as its relation with the woreda government (perception of impact). Only its dimension 'practice of values' remained the same.

Contribution analysis
For CCGG&SO, the in-country evaluation team only looked at one outcome which is the capacity of community based organisations, and in particular health micro finance schemes, cooperatives, Saving and Internal Lending Communities (SILC) and groups organised around income generating activities to improve food security of an estimated 1300 households.
The evaluation team in the first place concludes that no evidence is available to state that 1300 households improved their food security situation. The most likely strategies that may explain improved food security at household level consist of CCGG&SO's support to introduce income generating activities as well as a food safety net programme that is currently in place. There is no information available that confirms that the popular health micro finance scheme contributes to increased food security. The cooperatives and the SILC are not contributing. CCGG&SO's has been minimal because the local government failed to follow up upon groups handed over as agreed; because CCGG&SO has not been operational since the beginning of 2014 due to internal problems that escalated. CCGG&SO also does not have any monitoring and evaluation system in place that helps to assess progress towards impact at household level.

Relevance
In relation to its 2012 ToC that stated that the capacities of CBOs need to be build and that they need to network and also relate to the public sector, the evaluators conclude that no progress has been made and that CCGG&SO's interventions have not been relevant.
In relation to the external context in which CCGG&SO is operating interventions are relevant for Hamar woreda which is a very isolated and nearly abandoned area by the government. But in relation to the severe food security problems that the 43,000 inhabitants of the district face, the outcomes achieved are negligible.
Important civil society elements for the communities of change alliance consist of strong CBOs, good relations with local government and using opportunities to influence policies. None of these elements have materialised in the past two years.

Explaining factors
The most important explaining factor of the evaluation findings consists of CCGG&SO firing three staff in January 2014, which escalated when the three staff members allegedly accused the SPO of corruption and filed a complaint with the government. In consequence the office was closed and awaiting an audit imposed by the government. Although all allegations proved to be untrue, CCGG&SO now faced difficulties in getting back on track.

A second important factor is also that the Lower Omo Valley has many fertile grounds and a river suitable for the construction of a hydroelectric dam to be followed by large scale land acquisitions for irrigated agriculture. Indigenous people like those living in the Hamar district are not being informed, and the government proceeds with forced resettlements. According to Human Rights Watch, the government is implicated in human rights atrocities. This tense situation may possibly, in contrary to other zones where the evaluators are assessing civil society impact, explain the non-constructive collaboration between NGOs and the local government.

Design

Given the existing context in which SSGG&SO operates, the evaluators conclude that there was too much interference by the local government to make the interventions successful; that individual approaches for income generating activities than collective approaches would have made more sense, followed by continuous awareness raising activities to highlight how successful households that diversified their livelihood strategies are, and to develop strategies that help to send girls and schools to school as a means for further exposure.

Table 5

Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	4
The CS interventions were implemented as designed	3
The CS interventions reached their objectives	3
The observed outcomes are attributable to the CS interventions	3
The observed CS outcomes are relevant to the beneficiaries of the SPO	3

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and resource persons

Documents

Documents by SPO

Title	Year
Project Proposal 2010-2012	2010
Project Proposal 2013 -2015	2012
Final evaluation report 2010-2012	2013
Biannual report January-June 2013	2013
Audit report (translated by evaluation team)	2014

Documents by CFA

Title	Year
Contract 2010-2012	2010
Contract 2013	2013
Jaarplan 2012 Ethiopie	2012
Monitoringprotocol 2011-2015	2011
Organinzation scan	2012
Gamo Gofa project kenschets and considerations	2012
Results civil society baseline	2011

Documents by Alliance

Title	
Year report alliance 2011	2011
Beleid tav Zuidelijke Partners	?
Managementsamenvatting	?
MFS II aanvraag fase II	2010
Results Civil Society Baseline	2011

Other documents

Berhanu, W., Colman, D. & B.Fayissa (2005), 'Environment: A Case Study from Southern Ethiopia' Journal of Development studies, vol. 43 (5), pp. 871-889

Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia.February 2009. Charities and Societies Proclamation (proc. No. 612/2009)

Little, P.D. (2001), 'Income Diversification among East African Pastoralists' Research brief of Global Livestock Collaborative Research Support Program, University of California

Puddington Arch, Freedom in the World. 2013. Democratic Breakthroughs in the Balance: Selected Data from Freedom House's Annual Survey of Political Rights and Civil Liberties. Freedom House

Mati J.M., Silva F., Anderson T. April 2010. Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010. CIVICUS

Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia. November 2010. Growth and Transformation Plan 2011 – 2015 (http://www.ethiopians.com/Ethiopia_GTP_2015.pdf)

UNDP. January 2014. Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges, UNDP Ethiopia Working Paper Series No. 2/2014

United Nations General Assembly, Human Rights Council. 24 April 2013. Report of the Special Rapporteur on the Rights to Freedom of Peaceful Assembly and of Association, Maini Kiai.

Webpages

Author	Title	Webpage link	date
The International Center for Not-For-Profit Law (ICNL)	NGO Law Monitor: Ethiopia	http://www.icnl.org/research/monitor/ethiopia.html	2014
Freedom House	Freedom in the World: Ethiopia	https://freedomhouse.org/report/freedom-world/2014/ethiopia-0	2014
Fund for Peace	Failed States Index	http://ffp.statesindex.org/rankings-2013-sortable	2013
Social Watch	Basic Capabilities Index 2011. The boom and the busted	http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf	2011
Social Watch	Social and Economic Rights Fulfillment Index	http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf	2011

Transparency International	Corruption by Country: Ethiopia	http://www.transparency.org/country/#ETH	2014
Transparency International	Global Corruption Barometer: Ethiopia	http://www.transparency.org/gcb2013/country//?country=ethiopia	2014
Heritage	Economic Freedom Score: Ethiopia	http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf	2014
UNDP	Human Development Indicators Ethiopia	http://hdr.undp.org/en/countries/profiles/ETH	2013
World Bank	Governance Indicators: Country Data report for Ethiopia 1996-2013	http://info.worldbank.org/governance/wgi/pdf/c72.pdf	2013
Institute for Future Studies	World Values Survey Wave 5: 2005-2009	http://www.worldvaluessurvey.org/WVSOnline.jsp	2009

Resource persons

Name of key informant	***Organisation***	***Function in organisation***	***Relation with SPO***	***Contact details***
Alba Espinoza Rocca	CORDAID	Programme Officer		+31(0)70 3136640 alba.espinoza.rocca@cordaid.nl
Kaliti Geyole	Hamar Woreda Cooperative office	Delegate to Head of the Cooperative Office	Is collaborating with SPO	-
Almaz Zeleke	Hamar Woreda Cooperative office	Auditor	Is collaborating with SPO	-
Tamiru Tariki	Hamar Woreda Pastoralist Office	Delegate to Head of the pastoralist Office	Is collaborating with SPO	-
Abin baye	Vegetable, Chicken and Goat group	Member	Receives support for other reasons	-
Awi Bada	Vegetable group	Beneficary and Farmers	Receives support for other reasons	-
Rebo Mele	Health Micro finance /Vegetable group	Beneficary and Farmers	Receives support for other reasons	-
Qecha Arbala	Chicken group	Beneficary	Receives support for other reasons	-
Redo Mele	Chicken group	Beneficiary		-
Eshetu Eno	Hamar Woreda Health Office	Delegate to Head of the Health Office	Is collaborating with SPO	-
Filimon Asfaw		First aid Volunteer		-
Asrat Markos		First aid volunteer		-
Tigist	Omo micro finance	Finance		-
Ashenafi	Omo micro finance	Loan officer		-
Aster	Stove group	Secretary	Receives support for other reasons	-
Hailu Wele	Vegetable group	member	Receives support for other reasons	-
Lechi Debmule	Vegetable group	member	Receives support for other reasons	-
Almaz Atsan	Saving group	finance	Receives support for other reasons	-
Girgir Zeleka	Cooperative	Chair	Receives support for other reasons	-
Auri Bada	Goat group	Beneficiary	Receives support for other reasons	-
Fr. Martin Kelly	CCGG&SO- Gamo Gofa	Member of Advisory Board & program management		artikelly@yahoo.com 11
Bonkie Gana	CCGG&SO- Gamo Gofa	Community Facilitator		soicdp@score-et.org
Mesfin Shiferaw	CCGG&SO- Gamo Gofa	Assistant Program Director & member of the program management		assispdir@score-et.org

Appendix 1 Civil Society Scores

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration

0 = no change occurred, the situation is the same as in 2012

+1 = slight improvement

+2 = considerable improvement

Dimension		Indicators	Question	Change
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	-1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	0
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	0
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	-1
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	0
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	+1
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	0
	10	External financial auditing	How regularly is your organisation audited externally?	0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	0
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	-2
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	0
	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	-2
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	0

CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	-1

Appendix 2 Changes in civil society indicators between 2012 and 2014

1. Civic Engagement

1.1 Needs of marginalised groups SPO

Awareness raising meetings were conducted in each kebele prior to the beginning of the academic calendar and the woreda cabinet members played a significant role in this regard to improve participation of pastoralists in the education program. Education committees are also involved in the implementation process. As a result, some Hamar community members are motivated to send children to school. However, there is still resistance to send children to school particularly for girls' education. The most important reasons are low level of community awareness, high demand for child labour for keeping livestock and extremely high dowry. Preparation is going on to organize a woreda level education forum with all concerned partners including higher government officials, influential community leaders and NGOs working in the education sector.

Although there are changes in the community since 2012 most of the changes observed are from the interventions prior to 2012. The SPO had administrative problems which then led to an audit by the local government temporarily suspending the plans and activities of the SPO. This and the lack of follow up on the side of the government led to deterioration on some of the interventions. For instance, a cooperative shop was closed due to lack of input, some vegetable groups have not started operation even though inputs have been stored in the area, some materials for water harvesting have been laying on project sites for more than 9 months without being installed hence not serving any purpose. Some of the groups put together have also been dissolved for lack of motivation among members.

Score: -1

1.2 Involvement of target groups SPO

Before the start of the second phase of the project, orientation meetings were held in each new kebele to familiarize communities with the project plan. Over 200 people participated in the meetings, out of which 60 were women. Clarifications were made on the implementation strategies, role of communities, government and the project. The participants showed their readiness to participate in the project to maximize their benefits. In the occasion an old man from Simbele said, "We are just like oxen that plough the field. Unless we move in the same direction, we won't perform a job" emphasizing the need for collaboration.

Having agreed upon the targeting criteria with the community, the beneficiary identification process was started on some project activities. Community leaders and agricultural extension workers played a leading role on beneficiary identification together with the project team. The selection criteria include: vulnerable households, female headed households, persons with disability, elderly people who do not have support, those interested to participate, those who can be models for others, local potential to implement the activity. CCGG&SO then enters the community to create awareness on the use of vegetable production in terms of income generation and nutrition. Volunteers from the community then register to be part of the groups being formed. In general the Hamar community is reluctant to try new ideas until they see someone else try it and succeed, so they do not volunteer too much.

Eventually, 30 beneficiaries were selected and put into groups of 10. Then they were trained on land management and vegetation using the training manuals developed by government experts and after this they received farming materials and seeds by CCGG&SO and a land plot by the government. CCGG&SO further contributes transportation costs when possible and follows-up the activities at least for the first few months. The Development Agents (DA) of the agriculture offices at the various sites

also provide consulting services and follow up. This support capacitates the groups which then leads to improved income and nutrition of group members. However, most of the groups put together for this purpose have either lost some of their members (reaching up to 5 members) or have all members working individually, because communities are not familiar with working as a group: They are pastoralists so herding cattle is their main activity and growing vegetables comes next.

CCGG has also created awareness on the benefits of cooperatives and established 3 cooperatives in the area: one in town and two in rural areas. The three cooperatives were handed over to the government for follow up who however failed to do so. Their purpose is to provide consumer goods such as oil and sugar aside other goods to prevent that traders increase prices in times of shortage.

The above outcomes help to motivate others when they realise the positive impacts for beneficiaries to also get engaged and to become successful. Those already involved in the intervention are also expected to further improve their livelihood, be able to afford/access better services and improve their food nutrition at household level. These changes in the Hamar society are relevant because they are changing people's mindset in terms of diversifying their income sources and in terms of consuming the products they produce with support of CCGG&SO. Concrete IGAs that motivate more people are poultry and goat keeping activities by destitute and widowed women, and vegetable growing.

Before 2012 women were oppressed but the government and NGOs like CCGG&SO are raising the awareness of for instance cooperative administrators about women's role, who in their turn will inform the community. Young women now are increasingly allowed to become a member of saving associations when their spouses die.

These aforementioned changes in community involvement were observed in the first few months of 2012 when CCGG&SO introduced the second phase of the project in the new kebeles and started the identification of new beneficiaries.

However, due to the emergence of internal problems the SPO has not been in contact with any parts of the community for almost a year until the conducting of the end-line study.

Score: 0

1.3 Intensity of political engagement SPO

The SPO does not involve in any political activities. No change has occurred since the baseline.

Score: 0

2 Level of Organisation

2.1 Relations with other organisations SPO

CCGG&SO, together with 10 other NGOs, participates in the annual NGO forum convened by the government. However, these meetings do not allow for further cooperation between the NGOs, but are used by the government to set its own agenda and to ask participating NGOs to adhere to this agenda. These NGOs are for example Action For Development (AFD), working on water and sanitation and IGA such as collective soap making with aloe vera as a local resource; AMREF working on the health sector; Save the Children and; Mom Child working with Orphans and Vulnerable Children.

CCGG&SO also participates in an annual review meeting on health but the person in charge is left and no further information is available.

CSOs in the area prefer to work individually rather than communicating and collaborating with each other because the locations they work are very different. CCGG&SO's initial collaboration with RED Cross stopped after the first aid training and handing over of the ambulance financed by the SPO.

CCGG&SO does not maintain relations with the IGA groups and cooperatives it creates and trains. After their creation all responsibilities are handed over to the woreda government. The government failed to supervise the three cooperatives. The SPO's interventions are limited to providing training at individual target group level, kebele and zonal level.

Score: 0

2.2 Frequency of dialogue with closest civil society organisation SPO

Until February 2014, CCGG&SO managed to have regular meetings with the eight health insurance schemes, attended zonal health and education sector review meetings and hold meetings with community leaders in the 7 Kebeles. Due to internal problems the SPO did not continue these contacts as of February 2014.

Score: -1

2.3 Defending the interests of marginalised groups SPO

There is no evidence that CCGG&SO has been capable of defending the interests of its beneficiaries.

Score: 0

2.4 Composition financial resource base SPO

The three year ICDP project of 2010 – 2012 had a budget of €391,045 and the three year ICDP project of 2013 – 2015 has a total budget of €834,884, whereas Cordaid's share increased from €150,000 to €225,000.

This information indicates that CCGG&So's financial resource base has increased with regards to the implementation of its project in Hamar.

Score: +1

3 Practice of Values

3.1 Downward accountability SPO

No changes occurred with regards to downward accountability since the baseline. There are no formal accountability mechanisms in place to inform beneficiaries.

However CC-GGSO conducts meetings during which progress is reported from its side and from the community groups. The various CCGG&SO departments and offices are accountable to their managers who in turn report to the executive leaders. These are accountable to the development board of the church. However field staff and lower level managers are relatively autonomous in the implementation of the ICDP at field level.

The strength of CC-GGSO with regard to downward accountability is the fact that the framework for project interventions is set by the executive leaders which, helps share accountability and improve transparency. However, delay on decision making was seen as one weakness.

The church is highly involved in dispersing its values of downward accountability. It also practices a democratic way of implementing things.

Score: 0

3.2 Composition of social organs SPO

The composition of social organs did not change since the baseline assessment. According to the director of CCGG&SO the high illiteracy rates of communities makes their participation in the social organs of Catholic Church impossible.

Score: 0

3.3 External financial auditing SPO

After three fired staff members filed a complaint with the Hamar woreda government, this in turn imposed an audit of the first two months of 2014, because suspicion had risen of financial irregularities in 2013. This extra audit served the purpose of transparency and cleared unfounded suspicions on the part of government partners.

Apart from this extra audit, annual audits have been made by external auditors based on the preference of the donor partners who seat in the selection commission.

The evaluation team has however only seen an external audit of 2011.

Score: 0

4 Perception of Impact

4.1 Client satisfaction SPO

Food security component
Target groups that are satisfied are women who access the revolving goat scheme and the poultry scheme; individuals who learned to grow vegetables, and; those engaged in carpentry.

Until so far 144 women have received 432 goats which in the meanwhile have produced 48 other goats that were passed on to new beneficiaries. Nevertheless some women lost their goats whereas one woman is said to have been able to buy a cow after having sold her goats.

Vegetable groups are not functioning as a group, but individuals are said to have benefited from this activity. Between 2012 and 2014, 126 beneficiaries (67 men and 59 women) were trained in horticulture and organised in groups. Most groups only stay together for one season after which members continue growing vegetables on their own plot, apparently earning much more money: one group sold vegetables for an amount of 600 birr, another group sold green pepper for 60 birr and onions for 70 birr, but an individual sold tomatoes in two rounds for 4500 birr and green peppers for 1000 birr. This last person was able to send his three children to school and save money in the micro-finance institution. Other individuals have bought mobile phones to access market information, have established business relations with traders in town and were capable to rebuild their houses with the income earned.

Vegetable growing is a new livelihoods activity in the area of mainly pastoralist populations, which has been introduced by CCGG&SO who also provides transportation services to market their produce in the nearby town. Although CCGG&SO observed already in the 2010 -2012 period that group wise horticulture was not working, they did not change their approach.

Not all women were lucky with their poultry activities: some of them were able to improve their livelihoods, such as a woman who sold the eggs in the first place and later her chickens as a means to buy a goat. Another woman told the evaluators that her chickens were either stolen or eaten by a wild animal.

Carpentry has been a successful activity, but no more information is available.

The beekeeping activity did not satisfy beneficiaries because there were technical problems with the hives. The government provided technical assistance but it is not known if this was before the technical problems arose or after.

Social component
The progress reports learn that in the 2010 – 2012 period 4011 children and 2112 women have been vaccinated; that many nutrition demonstration sessions were held reaching 650 persons and that HEW and TBAs were trained. Furthermore CCGG&SO handed over one ambulance to the woreda health centre. Only one of the three ambulances in the woreda is still functioning and the other two are misused for other purposes. However child delivery at the health centre increased from 185 to 250 and 257 children in the 2011 – 2014 period. The only documented information from the 2013 – 2015 period is that now 80 children are fully vaccinated since the first semester of 2013.

Children's access to education continues to be a delicate issue because elders resist sending their children to school, fearing to lose their culture and identity. No accurate data are available that describe the current situation with regards to school enrolment. Some girls and boys have started class in two of the seven kebeles in the ICDP. Functional adult literacy programmes are existing (level of operation not known) and their attendance is good because people understand the importance of education. It is however noted that alternative basic education and functional adult literacy were highly formalised whilst they are considered as informal education.

Almost all of the changes observed on the end-line survey were through the interventions done before 2012. Specifically, for instance, the group approach for vegetable groups is not functioning as expected due to the nature and practice of the community. The people of the area do not function well when working in groups so CCGG&SO could have made these observations from the 2010-2012 groups and changed the approach to more individual based. Almost all of the vegetable groups have gotten dissolved after one round.

General changes
The general situation also slightly improved in Hamar woreda because since 2012 10 kms of road was constructed which helped to increase access to farm inputs and access to health facilities with the ambulance provided by CCGG&SO.

Conclusion observations
Although CCGG&SO's interventions have not reached many people and interventions in the 2013 – 2015 period are considerably lagging behind plans, some individuals have changed their mind sets because they understand the utility of income diversification. In particular the poultry and goat scheme have proven to be beneficial for widows and destitute women. These few successes inspire others to also diversify their livelihood strategies and some are said to have become change agents.

Negative unintended effects of the project however, are in the fields of the phase out strategy, high expectations by the community and the unknown effects of the project interventions on culture.

Score: +1

4.2 Civil society impact SPO

CCGG&SO created both health micro finance groups and saving and internal lending communities (SILCs): Those are meant to help those beneficiaries involved in income generating activities to save money.

According to the progress documents of the 2010-2012 period, eight health micro finance schemes with more than 820 members have been created were members can take out loans when being referred to higher level health facilities. According to the in-country evaluation team, another four schemes were created in four kebeles in 2013. Each scheme was given a start-up capital of 5000 birr and members are expected to contribute some 5-10 birr every two months. Money is kept by the treasurer of the group and books are kept. Apparently these schemes are highly appreciated and participation is high but no figures that show membership increase over the past years, loans given and returned, and neither the situation of those eight schemes that were created in the 2012 -2012 period.

Contrary to health micro finance groups, SILCs were not given any capital. The 2013-2015 project document mentions the creation of six SILCs that should be able to service 1050 members who have received support from CCGG&SO for income generating activities. One experiment in Dimeka in 2012 failed, but CCGG&S), another SILC started with 12 members in 2012 and has 34 members in 2014, of which 29 are female. Another new group started in 2013 which has seven members.[22]

SILC members have to safe money for one year, and at the end of the year they divide savings again. Savings are kept by the SILC treasurer and not interest rates are paid, whilst Ethiopia's inflation rate between 2006 and 2014 is estimated at 19 percent a year. Saving in the official micro finance

[22] Interview with SPO staff

institution is more beneficial because some interest is being paid and because people can withdraw money when needed.

None of the three cooperatives is functional. CCGG&SO organised two multipurpose cooperatives and one consumer cooperative which are supposed to help their members improve their lives. They claim to have stabilised the local inflation level and to prevent shortage of supplies by purchasing consumables from wholesale suppliers and selling these with a minimum of profit. The government cooperative promotion office who is in charge of supervising all three cooperatives fails to do so because they do not receive the financial support from the woreda administration. In addition, the government is unwilling to provide the cooperatives with working area, particularly in the Demeka area, which troubles their existence since they are not able to pay the rent.

Score: 0

4.3 Relation with public sector organisations SPO

CCGG&SO consults with community and the local government in its selection of beneficiaries for the various IGA groups. After the beneficiaries have been identified, trained and provided with necessary inputs the assumption is that the local government would provide a regular follow up and support which was also the risk observed since the local government is not following up and not cooperating or supporting these groups which is affecting their effectiveness aside from other factors.

The SPO also has contacts with government offices in the areas it is working on as it is necessary to involve these offices in putting in place the planned interventions. It is through the government offices in the different kebeles that the SPO is able to gather the community and distribute inputs. However, the outcome of this network is not as effective as it should be because of reasons like the high turnover of the Development Agents on sites, the lack of motivation of the Development Agents and hence the low follow up and the consulting service being provided.

Jinka FM Radio Station and Jinka Agricultural Research Centre (JARC) have been in technical collaboration with the SPO's health care & livelihoods improvement components. The Government Pastoralist Affairs Office has also provided the SPO with expertise in studying the potential and constraints of the beekeeping production in Hamar.

The government fails to support interventions by the CCGG&SO which they were supposed to take over: there are 26 cooperatives in the Hamar Woreda now which should be supervised by the cooperative promotion office financed by local government itself. No meetings are organised and the office acknowledges it is not doing as much as expected.

CCGG&SO's ambulance initially given to the Red Cross has been confiscated by the health office and is not always being used for the transportation of sick people.

The 2010-2012 report states that there is a high turnover of government staff and that 'the sudden changes in government policy made it very difficult for the project to adapt accordingly'. The six months closure of the program office by local government partners in Woreda/ Zone, was the lowest point in relations with the government since 2012.

Score: -2

4.4 Relation with private sector agencies SPO

Although CCGG&SO had started engaging in contractual agreements with private agencies and agricultural input suppliers such as local goat dealers, water well diggers, roof water harvesting facility makers, drip irrigation experts, boar goat breeding station, chicken breeding centre, field-crop seed multiplication centre & building contractors for its planned health centre establishment, the closure of the office in Demeka has suspended all these activities indefinably.

Score: 0

4.5 Influence upon public policies, rules, regulations SPO

Given the actual relation between the government and the SPO, possibilities to influence policies have considerably decreased.

Score: -2

4.6 Influence upon private sector agencies' policies, rules, regulations SPO

Score: not applicable

5 Environment

5.1 Coping strategies

A corrective management decision to fire three staff members in the Hamar program who broke regulations in January 2014 has resulted in unfavourable turn of events. The fired employees filed a complaint with the local government, leading to the closure of the office from March to July 2014. The former employees asked for an unconditional return and an investigation and audit of accounts. Meanwhile, the SPO did its best to hold talks with the authorities that ended up in deadlocks because nobody in local government was cooperative.

CCGG&SO reported the event to the Regional Bureau of Finance via its headquarters, the Vicariate of Soddo & the Ethiopian Catholic Secretariat (ECS), which recommended a mediation process between the local government office and CCGG&SO at the beginning of the dispute. Later, upon receipt of a letter of the zonal Administrator, an investigation was carried out. The investigation took place after a lapse of two months. Based on the findings of the investigators, a report was sent to the Federal Central Statistics Agency (CSA) which sent down a delegation to resolve the issue and accordingly it was agreed to open the office.

In its decision, the Federal CSA commended on the responsiveness of the SPO on five points out of the ten points reported by the Regional Bureau of Finance. The Bureau of Finance also cited weaknesses and measures to be taken by the CCGG&SO. Weaknesses of the local government were also been spelt out and advised not to repeat. As a result, the false allegations made against the church are clarified and the issues that need legal attention concerning the fired employees are referred to the labour court. It is agreed to get back to program implementation. The current position of the partnership with the government is similar to the way it was before.

However, the whole incident has created division, triggered confusion, and threats were made against fellow staff members. Additionally, false and disproportionate rumours about the leadership and its transparency were going around. As a result, staff composition has changed. The human resources administration and their manuals for job performance appraisal and supplies procurement are under review and reassurance was given to donors that system overhaul is being made.

Score: 0

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-035
ISSN 0000-0000

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

Education for Development Association (EfDA) end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]
Marloes Hofstede

Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

[1] Centre for Development Innovation, Wageningen UR
[2] International Food Policy Research Institute

Centre for Development Innovation
Wageningen, Month 2014

Report CDI-15-073
ISSN 0000-0000

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver D.C., Jacobs J., Hofstede, M.A., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *Education for Development Association (EfDA) end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-073. Wageningen.

This report describes the findings of the end line assessment of the Ethiopian Education for Development Association (EfDA) that is a partner of Edukans Foundation under the Connect4Change (C4C) Consortium.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses EfDA's contribution towards strengthening Civil Society in Ethiopia and it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which EfDA contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain EfDA's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2014 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-073 | ISSN 0000-0000 | ISBN/EAN 000-00-0000-000-0

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **7**

2 Context **9**

2.1 Political context 9
2.2 Civil Society context issues with regards to the MDG 9

3 Description of EfDA and its contribution to civil society/policy changes **11**

3.1 Background of EfDA 11
3.1 MFS II interventions related to Civil Society 11
3.2 Basic information 12

4 Data collection and analytical approach **13**

5 Results **14**

5.1 Results obtained in relation to intervention logic 14
5.2 Changes in civil society in the 2012-2014 period 14
5.2.1 Civic engagement 14
5.2.2 Level of organization 15
5.2.3 Practice of Values 16
5.2.4 Perception of Impact 16
5.2.5 Civil Society Environment 18
5.3 To what degree are the changes attributable to the Southern partners? 18
5.4 What is the relevance of these changes? 19
5.4.1 Relevance of the changes in relation to the Theory of Change of 2012 19
5.4.2 Relevance of the changes in relation to the context in which EfDA is operating 19
5.4.3 Relevance of the changes in relation to the policies of the Connect4Change consortium and ICCD. 19
5.5 Explaining factors 20
5.5.1 Internal factors 20
5.5.2 External factors 20
5.5.3 Relations EfDA and IICD/C4C 20

6 Discussion **21**

6.1 Design of the intervention 21

7 Conclusion **22**

References and resource persons **24**

Documents 24
Resource persons 25

Appendix 1 Civil Society Scores **26**

Appendix 2 Changes in civil society indicators between 2012 and 2014 **28**

1. Civic Engagement 28
   - 1.1 Needs of marginalised groups SPO 28
   - 1.2 Involvement of target groups SPO 28
   - 1.3 Intensity of political engagement SPO 29
2. Level of organization 29
   - 2.1 Relations with other organizations SPO 29
   - 2.2 Frequency of dialogue with closest civil society organization SPO 29
   - 2.3 Defending the interests of marginalized groups SPO 30
   - 2.4 Composition of financial resource base SPO 30
3. Practice of values 30
   - 3.1 Downward accountability SPO 30
   - 3.2 Composition of social organs SPO 31
   - 3.3 External financial auditing SPO 31
4. Perception of impact 31
   - 4.1 Client satisfaction SPO 31
   - 4.2 Civil society impact SPO 32
   - 4.3 Relations with public sector organizations SPO 32
   - 4.4 Relation with private sector agencies SPO 33
   - 4.5 Influence upon public policies, rules, regulations SPO 33
   - 4.6 Influence upon private sector agencies' policies, rules, regulations SPO 33
5. Environment 34
   - 5.1 Coping strategies 34

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We hope that this evaluation can support you in better positioning yourself in the Civil Society Arena of Ethiopia.

List of abbreviations and acronyms

ABE	Alternative Basic Education
BEA-E	Basic Education Association – Ethiopia
BEQIP	Basic Education Quality Improvement programme
BSI	Basic Capabilities Index
C4C	Connect for Change
CCRDA	Consortium of Christian Relief and Development Association
CDI	Centre for Development Innovation, Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisations
CMC	Centre Management Committee
CS	Civil Society
DEC	Development Expertise Centre
EfDA	Education for Development Association
EMIS	Educational Management and Information System
ESAP	Ethiopian Social Accountability Program
ETP	Education and Training Policy
GSTL	School of Teaching and Learning
GTP	Growth and Transformation Plan
HDI	Human Development Index
ICT	Information Communication Technology
IICD	International Institute for Communication and Development
IFPRI	International Food Policy Research Institute
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MOE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MFS	Dutch co-financing system
NeCSOO	Networks of Civil Society Organisations of Oromia
NFE	Non-formal education
NGO	Non-Governmental Organisation
PCF	Pestalozzi Children's Foundation
PIT	Programme Implementation Team
PTA	Parent Teacher Association
REB	Regional Education Bureaus
SERF	Social and Economic Rights Fulfilment Index
SMC	School Management Committee
SPO	Southern Partner Organisation
ToC	Theory of Change
TTC	Teacher Training Schools
Wageningen UR	Wageningen University & Research centre
5 C	Capacity development model which focuses on 5 core capabilities

1 Introduction

This report presents the civil society end line findings of the Education for Development Foundation (EfDA) in Ethiopia which is a partner of Edukans Foundation under the Connect4Change (C4C) consortium. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study EfDA is working on MDG 2, Education and the introduction of ICT in schools with IICD and ICCO.

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework that comprises five dimensions (civic engagement, level of organization, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of EfDA are the following:

- Communities have become more committed to and aware of the importance of education, as a consequence of which they have started to build new classrooms with their own effort.
- Communities are now said to request the government to improve the school education system in other schools than those supported by EfDA, as well as to provide internet services for improved teaching learning.
- School management boards are said to be satisfied with the support provided by EfDA
- An improved awareness of the district administration that "educating girls is educating households", has become the motto of many schools and communities.

Most changes reported in relation to the C4C project do not in the first place relate to changes in Civil Society. Where ICT is being introduced it has helped to introduce further active learning methods, improve school management, and provide student access to computers.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with EfDA, interviews with external resources persons working in civil society organisations are related to EfDA, and public or private sector agents.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch CFAs a selection was made of SPOs to be included in an in-depth process tracing trajectory and those to be included for a quick contribution assessment. EFDA was selected for a quick assessment.

Outcomes directly related to the introduction of ICT in schools are; improved learning teaching methodologies being used, improved school management and the use of computers by students, and: communities are said to request their local administration for ICT equipment in other schools. Apart from these, teachers have improved their competencies in using active-learning methods due to a combination of both the ICT and the education project. These outcomes do however not relate to changes in civil society.

More civil society related outcomes but not to be attributed to the C4C project consist of schools increasingly taking into account gender differences, and emphasise the importance of education for girls. Furthermore some communities have started to take ownership of the education project and start building their own class rooms, ask their local government for good quality education and ICT equipment for schools.

Relevance
Interviews with staff of EfDA with external resource person, with the liaison officer of ICCD, as well as contextual information helped to assess the relevance of EfDA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which EfDA is operating; the CS policies of C4C.

Changes attributed to the ICT project are not (yet) relevant in the light of the Theory of Change constructed in 2012, which aims at 'capacitating civil societies to have an active role in ensuring accessibility and quality of education for children'. This implies strengthening the school management board, Parent Teacher Associations and school clubs. Those structures have only benefitted to a limited extent of the C4C project.

With regards to the context in which EfDA is operating, we observe that support to the education sector is very relevant in the light of national policies but that uptake by the government for ICT in education is low because they do not have the financial means for ICT. Apart from this many schools do not have access to electricity and they have other conditions to be fulfilled before they can think of providing good quality education.

The changes achieved are not yet relevant for C4C who aims to contribute to civil society building by means of creating networks of local partners to influence policies in favour of ICT4Development.

Explaining factors
The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within EfDA, the external context in which it operates and the relations between EfDA and C4C and IICD.

The most important explaining factors that possibly explain the outcomes achieved are: EfDA's core business being education and in the second place ICT; its weak management and organisation capacity; conditions such as electricity and basic conditions for good education that need to be fulfilled before ICT can strengthen the quality of education, and; the increased trust between the SPOs involved in the C4C project and IICD, that enhanced mutual learning.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the Health sector that EfDA is working on. Chapter three provides background information on EfDA, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with Edukans. An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix 2 in the country report; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This paragraph briefly describes the context EfDA is working in. A description of the Civil Society Context assessed according to the CIVICUS framework is provided in appendix 3 of the country report for Civil Society.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015.[1] Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country[2]. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights.[3] This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

2.2 Civil Society context issues with regards to the MDG

The activities in the education sector are since 2010/11 directed by the fourth Education Sector Development Program (ESDP IV), which is part of a twenty-year education sector indicative plan, within the framework of the Education and Training Policy (ETP). The ETP was adopted in 1994 as the country´s new constitution became effective and among the important changes which came with it was that education administration was decentralized to the regional states (MOE 2010/2011). The Ministry of Education (MOE) has a coordinating role in the provision of education, and sets forward frameworks and policies while the regions are the main implementers and they control the financing of education.

[1] November 2010, *Growth and Transformation Plan 2011 – 2015,* Ministry of Finance and Economic Development, (November 2010), Federal Democratic Republic of Ethiopia

[2] February 2009, *Charities and Societies Proclamation (proc. no.621/2009),* Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

Primary education is the highest priority for the government and receives the highest share from the total estimated expenditure of ESDP IV (MOE 2010/2011). The federal ministry funds regional governments which allocate funds to Regional Education Bureaus (REBs) which in turn allocate funds to Zonal Education Bureaus (ZEB). Regions have a great deal of discretion in allocating funding to education and in choosing priorities and strategies. In a separate funding stream, the regional councils directly allocate funding to the woreda administrations through block grants and these also have a large amount of discretion in how to allocate these grants. The majority of the woreda block grants, ranging from 33 % to 66 %, usually go to education, with most of the resources being spent on teachers' salaries. The non-salary budget per student is small.

In recent years, the Ethiopian educational authorities, like governments in several other developing countries have embraced Alternative Basic Education (ABE) programs in an attempt to achieve Education for All. The ABE program is a condensed version of the first cycle of formal primary school (grades 1-4) and is a variation of Non-formal education (NFE) with features similar to the 'community school´ approach to education. In 2005/06 the Gross Enrolment Ratio in ABE was at least 5,5 % in Ethiopia and a steadily increasing share of the school age population is enrolled in the program[4]

In the last five years the number of primary school children has grown from 15,340,786 in 2007/08 to 16,989,784in 2011/12 showing an 11.0% growth over the same period of time for both boys and girls (MOE 2012). Despite the remarkable growth, the education system is challenged by significant dropout rates and high number of out-of school children. Reaching out the most marginalized out-of-school children which includes children who are in the remotest parts of the country, children from pastoral communities, children who are in food insecure and conflict prone areas and those children who are in difficult circumstance (such as children with disabilities, trafficked children, street children, victims of child labour, etc.) is the most challenging aspect of expanding primary education opportunities. Out-of-school children are found all over Ethiopia. According to the MOE (EMIS:2010), there were 3,015,350 out of school children in Ethiopia making 17.8% of the total primary school age children in the country.[5]

In an effort to reduce poverty and enhance decentralized public service delivery to the poor, the Government of Ethiopia, with the support of International Development Partners, embarked on a project known as the Protection of Basic Social Services in 2006. The PBS program piloted a social accountability initiative in 2006 that helped empower citizens to voice their needs and demands relating to basic public services. In the context of PBS, Social Accountability can be understood as the processes by which ordinary citizens, who are the users of public services, voice their needs, preferences and demands regarding public services; it also brings citizens into dialogue with local governments and service providers to contribute to improved quality public basic services through joint action plans. The Ethiopian Social Accountability Program 1 (ESAP 1) aimed to empower Ethiopia's poor so that they may voice their concerns and priorities over access to basic services – water, sanitation, health, education and agriculture. ESAP1 ended on June 30, 2009, and an independent evaluation was conducted as basis for a new phase. The evaluation revealed that use of appropriate social accountability mechanisms can work in Ethiopia and have beneficial outcomes for the actors involved as well as for the quality of basic services. As a component of PBS 2, the government launched the Ethiopia Social Accountability Program 2 (ESAP2) in February 2012. Working through civil society organizations, ESAP2 tries to bring local governments and service providers into dialogue with citizens and community organizations as an important step in working together in providing better quality public basic services.[6]

[4] https://www.duo.uio.no/handle/10852/31206

[5] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia

[6] http://esap2.org.et/

3 Description of EfDA and its contribution to civil society/policy changes

3.1 Background of EfDA

Education for Development Association (EfDA) is a national NGO established in 1999. Pestalozzi children's Foundation (PCF) was the primary supporter in the establishment of EfDA and some of the founders of the organization were staffs of PCF. Accordingly, most of the strategic objectives of EfDA are in line with that of PCF's.

Its vision is to see a literate, self-confident and productive community that is capable of solving their economic, social and environmental problems. For this to happen, EfDA wants to fill the gap in information, resources and technical skills that are needed to by communities to manage their own life and environment. As they work mostly in the field of educational activities, their main vision is to increase knowledge and skills of both teachers and students.

EfDA is working in Oromia Regional State in Jimma Horro, (East Wallaga Zone), Waliso (South West Shawa Zone) and Sululta (North Shawa). Apart from this state it is also intervening in Gumuz Regional State in Mao Komo Beneshangul (MK special Zone). It has project offices and training centres in Shambo and Woliso.

EfDA has accumulated good practices in the education sector and counts 40 staff members.

3.1 MFS II interventions related to Civil Society

The current project in which EfDA is involved with Edukans and IICD is "Improving the Teaching-Learning Processes and Educational Management through ICT (2011-2015)" in the Sululta district in Oromia state. This project is being coordinated by DEC (Development Expertise Centre), a local office for Edukans Foundation, and the Graduate School of Teaching and Learning (GSTL) of the University of Amsterdam (The Netherlands) in collaboration with the education line ministry and regional bureaus. A previous phase started in 2008 for three years with the name: 'Basic Education Quality Improvement programme (BEQIP)' in some selected primary schools in Amhara and Oromia Regional States in Ethiopia using digital video as ICT tools.

The general objective of the programme is to contribute towards quality in primary education through an improvement of teaching learning processes and enhancing educational managements. The programme has three components:

- Poverty alleviation, which aims to increase students' performance in schools and foresees interventions to improve the competencies of the teachers.
- Strengthening of CSO's, aiming to improve the leadership in 78 institutions, comprising Teacher Training Colleges, NGOs including EfDA and CBOs. These three categories are in charge of implementing the project.
- Persuasive Works, aiming to increase the awareness of a wide range of government officials from education offices at national regional, zonal and district level with regards to the use of ICT in education.

The programme initially was implemented by 4 NGOs, 3 Teacher Training Schools (TTC) and 4 CBOs in 3 regional states (Afar, Amhara and Oromia). Together these partners support 55 schools. EfDA is one of the NGOs and in charge of 5 schools. The programme is currently working with 75 schools and being implemented by 8 NGOs and the 3 TTCs and 4 CBOs, including those that are partnering in the Amhara cluster.

EfDA's main interventions in relation to civil society would relate to the third component, that of the persuasive works, which relates to the CIVICUS dimension 'perception of impact' and in particular that of collaborating and influencing public sector actors.

Another relation with civil society is the collaboration between the NGOs and the CBOs (and the Teacher Training Schools who are not part of civil society). This would refer to CIVICUS' dimension of 'level of organisation'.

Apart from this no other aspects relate to civil society.

3.2 Basic information

Table 1: basic information on EfDA

Name of SPO	Education for Development Association (EfDA)			
Consortium and CFA	Connect 4 Change, Edukans Foundation and IICD			
Project name	Improving the Teaching-Learning Processes and Educational Management through ICT			
MDG/theme on which the CS evaluation focusses	Education			
Start date of cooperation between the CFA and the SPO	October 2011			
Other donors if applicable	Pestalozzi Children Foundation Roger Federer Foundation			
Contracts signed in the MFS II period	**Period**	**# months**	**Total budget**	**Estimation of % for Civil Society**
First Phase of the project	October 2011 – December 2015	51	€ 576.714	27-34 %
Second Phase of the Project			€ 30.000	
Total			€ 606.714	

Sources: project documents

4 Data collection and analytical approach

The evaluation question concerning change was conducted without any methodological adjustment. The evaluation team was able to collect all relevant information through workshop, document review, and interviews both at the head office of the SPO as well as from various stakeholders in the field. Thus, the approach has not required methodological adjustments of any kind. The information obtained from the SPO which was attested by the stakeholders stressed that the SPO particularly operates and brought noticeable changes in civic engagement and networking civil society orientations. As a result the study analysed the changes occurred in these two dimensions.

The SPO formed a network with other NGOs through a cluster approach. The aim of doing so was to improve its capacity through experience and resource sharing as well as enhance its visibility among the various actors. Hence, this evaluation analysed to what extent the networking resulted in an improved capacity of the SPO and facilitated its activity. With regard to civic engagement EfDA engages with schools with the interest of creating access to quality education and improving the academic performance of targeted students. The evaluation examined how successful the SPO has been in these aspects. Generally speaking the SPO was collaborative in the whole process. But the presence of several meetings in the various public offices and poor documentation had challenged the data collection to some extent.

5 Results

5.1 Results obtained in relation to intervention logic

As mentioned in chapter 3, the objectives of the C4C programme are based on three strategies. In this section we will describe EfDA's contribution to these strategies and their achievements in this.

The first strategy is direct poverty alleviation. The objective of C4C here is to increase the academic performances of 37.500 students in 75 primary schools from 46% to 64% by the end of the programme. EfDA contributes to this objective together with the other 14 partners of the network. EfDA works in twelve schools in one district. No figures about enrolment rates and school dropouts have been found in the documentation made available. EfDA conducted a baseline data collection on the level of students in 5 schools. Also, they trained 30 teachers in ICT skills and continued to work with them to improve their knowledge.

The second strategy is the strengthening of CSO's. This should be done by improving the efficiency of leadership in 78 institutions. One important activity for this is awareness raising in the communities on using ICT in schools. Also, educational management in schools is to be improved by developing skills and knowledge about supervision of institutions. EfDA's contribution in this is the installation and training on Educational Management and Information System (EMIS) at the five target schools. In the Sululta district, EfDA equipped five schools with five computers each, and relevant staff was trained in basic ICT literacy and management. EfDA also held ICT trainings and continued to support the trained teachers. However, the number of participants that were trained in ICT is unknown and the progress documents are not providing information on this.

The last strategy is persuasive works. The main objective for this strategy is to train education offices staff to understand the importance of ICT for improved educational quality. The goal was to train 54 experts from the ministry and regional bureaus. The progress reports are not providing information on the contribution of EfDA for this activity.

5.2 Changes in civil society in the 2012-2014 period

Most changes reported below do not in the first place relate to changes in Civil Society. This is in particular valid for changes that relate to improved learning-teaching methods and the introduction of ICT at this moment of time. Those changes that relate to the community, to the Parent Teacher Associations, and interventions to lobby the government are more relevant for the evaluation of civil society.

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

The interests of the target groups are discussed with EfDA through community meetings and a School Management Committee, which is the primary link between EfDA and the community. Also, EfDA looks at school reports provided by the school management board. EfDA focuses its work mostly on marginalised groups such as girls, poor women, orphans and vulnerable children. The strength of the organisation is that they see the capacity of their target group, rather than seeing them as people in need. The activities on which EfDA will focus are determined by listening to the needs of the community and combining these with the capacities available. The people involved in the project contribute to the project in terms of labour.

EfDA supports income generating activities of schools and students by supplying seedling for horticulture and urban agriculture and providing training on tailoring and carpentry within the school compound. Students are engaged in school gardening by making them responsible for the gardens and they are encouraged to scale it up in their home.[7] In 2013, female teachers received a training on tailoring so they diversified their ways of generating an income and they cascaded their experience to students.[8] Schools are furthermore assisted by EfDA to manage school resources properly and think of ways to earn additional income by for example selling grass, trees, wood or coffee, or by assisting schools in approaching alternative donors (like USAID).[9]

The main change compared to the baseline situation is that the community is taking more ownership of the project: After EfDA constructed a school building with three classrooms communities started their own building projects and constructed two more of such buildings.[10] EfDA only contributed to the first intervention in terms of technical support and building materials. The other projects were fully supported by community effort. This is strengthened by involving local resources and community knowledge, which increases ownership by the local community. Outcomes of the project are being evaluated, which is a change since the start of the project.

Communities are now said to request the government to improve the school education system in other schools than those supported by EfDA, as well as to provide internet services for improved teaching methods. The education office mentions they are trying to scale up competence based tutorial classes and student-centred learning approaches, which were first introduced in EfDA schools, to non-intervention schools. [11]

The C4C programme in Sululta is a major component of the education programme and after the five schools that were equipped with computers and were staff was trained in 2011, ICT is being used for both active learning and data management. In the meanwhile students have started to use computers in school.[12]

In Shambu district however, that is also part of the General Education Improvement Program (GEIP) implemented by EfDA, the introduction of ICT in the school programmes is a supplementary activity. Of the twelve schools EfDA works with under GEIP, only five schools have access to electricity and have been equipped with computers accordingly. The five schools are at different levels of implementation: only two schools (Buna Abuna and Shambu model school) are using the ICT intensively for active learning, the other schools are only using ICT for data management such as keeping students records or to prepare worksheets.[13]

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.2 Level of organization

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

The first relationship which should be mentioned here is the membership of the C4C consortium. The interaction with C4C has not been done only at programme level, but more at the overall level of work by SPOs. For example, EfDA is only working with 5 schools for this specific programme but is working at many other schools for the rest of their work. The meetings of the consortium have been focused on learning from one another and implementing work also in other areas. EfDA has been a good example of how to involve school management boards, and to create community ownership[14]. The interaction with C4C at first was mainly initiated by IICD, however in a later phase became mutual

[7] Interview with Horo Woreda Education Office
[8] Interview with PTA representative
[9] Interview with PTA representative
[10] Interview with Cluster Resource Center (CRC)
[11] Interview with Horo Woreda Education Office
[12] Interview with Project Manager EfDA
[13] Interview with Project Manager EfDA
[14] Interview with Cluster Resource Center (CRC)

when the SPOs started to address questions which were also directed at the C4C members and they started to initiate more. This required a trust relationship to be established between the SPOs and IICD, and also between the SPOs and C4C.

EfDA is a member of the Consortium of Christian Relief and Development Association (CCRDA), the Basic Education Association (BEA-E), Pestalozzi Children's Foundation (PCF) partner's forum, and Oromia HIV/AIDS forum. This results in cooperation between many different organisations, mostly in terms of meetings. EfDA has attended 2 meetings with the CCRDA and 4 meetings with BEA-E in one year. Moreover, EfDA has become a founding member of the Network of Civil Society Organisations of Oromia (NeCSOO), which is helping them to attract more funding by joint fundraising. It has been confirmed by other organisations that EfDA has strong relations with other CSOs and that they are seen as the leader of the four NGOs working on ICT.

Another important cooperation EfDA is working on is meeting with different school boards. In an interview the school boards stated that they meet on average every two months with EfDA. Also, the district education office and school management attend trainings with EfDA twice a year. EfDA has organized and given different trainings for district office experts, School managements (directors, teachers, Parent Teacher Associations). The trainers are sometimes recruited from the district education office. The Kebele Education Training Board (KETB) stresses that the trainings given by EfDA has improved the networking and collaboration between KETB, PTA's and school management.[15]

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at such as transparency, democratic decision making, taking into account diversity that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

With regards to downward accountability the results for EfDA are contradicting. From interviews it becomes clear that some perceive EfDA's board as suitable and transparent and others do not think it is functioning as it should. In general EfDA is perceived as a transparent organisation which makes information available to whomever is requesting it. One important policy in this respect is that all stakeholders, upon need, should be able to explain the project. However, during assessments conducted by Edukans in 2009 and 2012 it became clear that the management is weak and lacking leadership, and that reports towards donors are missing. The recommendation was to change some board members and improve the dynamics of the board. According to the evaluation team this has been done, but it does not become clear to what extend this happened. Therefore, there is not enough information to conclude about the changes in this dimension.

Score baseline 2012 on an absolute scale from 0-3: 1
Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which the SPO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

EfDA has been working hard on ensuring the needs of their target groups. They are mainly working on skills development in teaching-learning including the integration of ICT. However, some schools have

[15] Interview with KETB

been requesting material rather than support in skill development. As a result EfDA has worked with these schools to show them the importance of knowledge. As mentioned before, EfDA as an organisation is working closely together with the community. By implementing the projects with the consent of the community they ensure that all target groups are on board. This has resulted in a high satisfaction rate about the projects, and some clear positive results. The main activities are capacity building trainings in student-centred learning and competency based learning, material provision and close supervision. The teacher training course supposedly resulted in better performance and a change in teaching methods, plus limiting their workload. Also, it is said that students are performing better and drop-out rates have decreased as a result of these interventions.[16]

The positive effects of active-learning teaching methods are supported by the following table, which shows improvements in teacher competencies in 2012 and 2013 as measured by the University of Amsterdam. EfDA is operational in Oromia in 5 schools out of the 35 schools selected for the introduction of ICT. The general tendency is that teacher competences have improved between 2012 and 2013, including those in Oromia. The yellow market boxes highlight the three most positive improvements in each region.

Table 2:

Average standard of teacher activities in 3 regions in 2012 and 2013. EfDA works in Oromia
Scale: 1=poor, 2=moderate, 3= sufficient, 4=good

Criteria	Afar		Amhara		Oromia		Total	
	2012	**2013**	**2012**	**2013**	**2012**	**2013**	**2012**	**2013**
Variety	1.08	1.71	1.41	2.44	1.49	2.21	1.43	2.21
Textbook	1.30	1.55	2.87	3.53	2.47	2.51	2.44	2.60
Textbook use	1.13	1.75	2.20	2.87	2.05	2.67	1.99	2.62
Active work	1.08	2.00	2.09	2.92	1.95	2.77	1.89	2.72
Planning	1.78	2.89	2.00	3.23	2.77	3.37	2.55	3.30
Real life	1.71	2.25	1.91	2.79	1.83	2.83	1.83	2.77
Subject matter	2.62	3.11	2.91	3.33	2.74	3.22	2.76	3.23
Questioning	1.56	2.05	1.66	3.00	1.96	2.87	1.87	2.82
Assessing	1.38	2.16	1.91	2.98	2.05	3.03	1.96	2.94
Encouraging	1.90	2.80	2.48	3.08	2.54	3.11	2.47	3.07
Management	1.97	2.84	2.14	3.15	2.01	3.06	2.03	3.06

Source: University of Amsterdam, Training Report 2012 and 2013, BEQUIP II

A similar trend is also observed by a teacher of one of the schools in Shambu district that also received ICT equipment and is actively using this, however is not part of the C4C project.[17]

School Management Committees (SMCs) and Parent Teacher Associations (PTAs) are said to be able to minimize student dropouts, increase awareness about the importance of education, and they play a role in community resource mobilization as they receive training on a yearly basis.[18]

Another important result of EfDA's work, in particular the education project has been the increased awareness on the importance of education for girls. EfDA has worked with the government to provide tutorials for low scoring students for subjects like English, maths and science. As a result the slogan used for this, "educating girls is educating households", has become the motto of many schools and communities. The tutorials are gender sensitive as girls get a separate and special tutorial and follow up.[19] Additionally, latrines were built for boys and girls separately.[20] This has resulted in an increased number of female students and a reduction in drop-outs of female students.[21]

EfDA works in line with existing regulations in the education sector. They collaborate with public sector organisations in terms of information sharing, especially on project implementation and evaluation. EfDA also works closely with the Woreda Education Office as they identify and prioritize schools that

[16] Interview with Horo Woreda Education Office
[17] Interview with teacher of the Bune Abuna primary school and representatives of a PTA
[18] Interview with PTA representative
[19] Interview with Horo Woreda Education Office
[20] Interview with PTA representative
[21] Interview with teacher of the Bune Abuna primary school

need support.[22] Until so far the collaboration with the local administration has been inconsistent and had limited influence on changing decision-making.

Score baseline 2012 on an absolute scale from 0-3: 1
Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how EfDA is coping with that context.

The 2009 Proclamation to Provide for the Registration and Regulation of Charities and Societies (CSP) and the related "70/30" regulation limit administrative costs for all charities and societies to 30% of their budgets. In consequence EfDA had to increase its search for additional funds and partners to ensure the existence of their administrative part. This is strongly linked with the high inflation rates, which caused prices for materials to increase. Also, EfDA had to invest a lot of time and energy in managing relations with government officials. This was mostly due to the high turnover and reshuffle of lower government officials.

However, there are also positive environmental forces to be identified. The eagerness and commitment of the community to implement education projects positively helped in achieving objectives and making the projects sustainable.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): 0

5.3 To what degree are the changes attributable to the Southern partners?

With regards to the C4C project the following specific outcomes have been reported in relation to the introduction of ICT:

- The C4C programme in Sululta is a major component of the education programme and after the five schools that were equipped with computers and were staff was trained in 2011, ICT is being used for both active learning and data management. In the meanwhile students have started to use computers in school.[23]
- In Shambu district, not part of the C4C programme, only five of the twelve schools that EfDA works with have access to electricity and were equipped with computers: two of the five schools us ICT intensively for active learning, the other schools are only using ICT for data management.[24]
- Some communities have started to ask their local administration to equip schools with computers and internet facilities, which should be interpreted as the awareness for ICT being raised.

Table 2 in paragraph 5.2.4 shows that teachers are increasingly using active-learning methods in the schools supported by both the education and the ICT project. Unfortunately the information provided in the table, does not allow assessing the added value of the ICT component in the improvement of the teacher activities. Therefore the enhanced competencies are to be interpreted as the result of a combination of the education project and the C4C project together.

More civil society related outcomes but not to be attributed to the C4C project are the following:
- The increased awareness on the importance of education for girls, whilst using the slogan "educating girls is educating households"; tutorials being gender sensitive as girls get a separate and special

[22] Interview with Horo Woreda Education Office
[23] Interview with Project Manager EfDA
[24] Interview with Project Manager EfDA

tutorial and follow up[25], and; separate latrines for boys and girls.[26] This has resulted in an increased number of female students and a reduction in drop-outs of female students.[27]
- Communities taking more ownership of the project and starting to build their own classrooms. Some have started to ask their local administration for quality education, mentioning the schools supported by EfDA as an example, as well as asking the local administration to provide internet services for improved teaching methods.
- EfDA's efforts to persuade local administrations to equip schools with ICT equipment.

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

During the baseline assessment EfDA identified the change which they wanted to achieve as 'capacitating civil societies to have an active role in ensuring accessibility and quality of education for children'. In order to achieve this change a number of conditions had to happen. The school management board and Parent Teacher Associations need to be strengthened as well as school clubs.

Generally speaking communities become aware of the importance of education for their children, as can be notified by their efforts to construct schools with their own resources. Apart from this there is some indication, not substantiated, that communities start to ask their kebele administration for good quality education services including the use of ICT.

The ICT project however did not foresee the strengthening of the capacities of parent teacher associations. The ICT project, but more in particular EfDA's efforts to strengthen education services are relevant in the light of the ToC.

5.4.2 Relevance of the changes in relation to the context in which EfDA is operating

Education is an important factor in the overall development of Ethiopia and the government has its 'education for all' policy in which EfDA's work on improving the education services fits, as well its activities to work with communities on education issues.

However until so far the public administration at different levels has not taken up the importance of ICT, mainly because they cannot afford these including the financing of internet facilities, and because many schools do not avail of electricity. Apart from these, schools have other priorities to improve their education quality, such as class rooms, blackboard, student desks and stationary. The EfDA programme coordinator confirms the priority given by school management boards on these issues instead of ICT and added that the selection of Shambu district is inappropriate for an ICT intervention. Other districts like Sululta where EfDA is intervening are more appropriate for the introduction of ICT.

Local administrations are working on digital record keeping but they are not yet where they should be. The main reason for this is that many schools do not yet have ICT materials and cannot keep their records digitally. The resource person of IICD believes that EfDA has been an enabling party in the integration of ICT in education. By providing ICT materials to schools, the local government can get a better view of the results of students. This in turn is helping to improve the overall educational system.

5.4.3 Relevance of the changes in relation to the policies of the Connect4Change consortium and ICCD.

IICD's Civil Society approach consists of providing their partners with support and information upon demand. This will then promote social innovation. Additionally, ownership is one of IICD's core

[25] Interview with Horo Woreda Education Office
[26] Interview with PTA representative
[27] Interview with teacher of the Bune Abuna primary school

principles whereby they focus on co-develop projects in line with the needs of the community. The increased involvement of the community in the project set-up therefore seems relevant.
In their Baseline study of Connect4Change[28], the alliances' contribution to civil society building consists of creating networks of local partners to influence policies in favour of ICT four Development.
With regards to the demand site we observe that the activities conducted by EfDA are in the first place still addressing major conditions to be fulfilled in schools before they can become receptive for ICT in the education system.
With regards to the policy influencing part we observe that activities have been carried out by EfDA to lobby the district government for ICT in the education sector, until so far with limited success. On the other side some preliminary information exists that communities themselves have started to ask their kebele administration for improved education and access to ICT.

5.5 Explaining factors

5.5.1 Internal factors

No internal factors within EfDA have been identified that possibly explain the low level of integration of ICT within the schools they are supporting. However it has been said that EfDA does not consider ICT their core business and that working on ICT issues.
An organisational assessment made in October 2012, concludes that EfDA's scores for 'management and organisation' are weak and require action, and that those of 'finances' and 'project management' are in the category of okay.

5.5.2 External factors

The local/ district level administration show commitment to support EfDA's interventions in the education sector, but their possibilities to finance the sector and in particular ICT at school are limited.

One very important negative external factor is the lack of electricity which was mentioned earlier. Especially in the Shamba district this is a problem, making the implementation of ICT materials in the schools there very challenging. EfDA has concluded that the needs of these schools are not purely ICT-related, and has shifted its work towards the needed services.

However in the Sululta districts, schools have access to energy and have fulfilled other conditions to ensure education, and showed to be ready for the ICT component.

5.5.3 Relations EfDA and IICD/C4C

Being a part in the C4C network is beneficial to the work of all NGOs involved in the ICT programme. Learning from each other and sharing knowledge are important factors which can contribute to the projects. The interaction with C4C has not been done only at programme level, but more at the overall level of work by SPOs. For example, EfDA is only working with 5 schools for this specific programme but is working at many other schools for the rest of their work. The meetings of the consortium have been focused on learning from one another and implementing work also in other areas. EfDA has been a good example of how to involve the school management in the projects, and the importance of ownership by the community. The interaction with C4C at first was mainly initiated by IICD. However, later on in the partnership the SPOs started to address questions to the C4C members. This required a trust relationship to be established between the SPOs and IICD, and also between the SPOs and C4C.

ICCD regularly meets with the technical teams of EfDA and they meet annually with the director of the organisation.

No factors were identified with regards to this relation that hamper of improve the introduction of ICT in the schools.

[28] Baseline study Connect4Change Alliance, 2011

6 Discussion

6.1 Design of the intervention

The ICT programme is an addition to the Basic Education Quality Improvement programme that EfDA it is implementing. The evaluation findings suggest that the district chosen for the integration of ICT in the school system is an important element for the success of the ICT project: Schools in Shambu do not all have access to energy, but the schools in Sululta do.

It is against this background that the evaluation team concludes that access to electricity, fully equipped schools, skilled teachers and good performing school management boards, are amongst the conditions to be fulfilled before a similar ICT project can be replicated.

7 Conclusion

Changes in Civil Society
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of EfDA are the following:

- Communities have become more committed to and aware of the importance of education, as a consequence of which they have started to build new classrooms with their own effort.
- Communities are now said to request the government to improve the school education system in other schools than those supported by EfDA, as well as to provide internet services for improved teaching learning.
- School management boards are said to be satisfied with the support provided by EfDA
- An improved awareness of the district administration that "educating girls is educating households", has become the motto of many schools and communities.

Most changes reported in relation to the C4C project do not in the first place relate to changes in Civil Society. Where ICT is being introduced it has helped to introduce further active learning methods, improve school management, and provide student access to computers.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with EfDA, interviews with external resources persons working in civil society organisations are related to EfDA, and public or private sector agents.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch CFAs a selection was made of SPOs to be included in an in-depth process tracing trajectory and those to be included for a quick contribution assessment. EFDA was selected for a quick assessment.

Outcomes directly related to the introduction of ICT in schools are; improved learning teaching methodologies being used, improved school management and the use of computers by students, and: communities are said to request their local administration for ICT equipment in other schools. Apart from these, teachers have improved their competencies in using active-learning methods due to a combination of both the ICT and the education project. These outcomes do however not relate to changes in civil society.

More civil society related outcomes but not to be attributed to the C4C project consist of schools increasingly taking into account gender differences, and emphasise the importance of education for girls. Furthermore some communities have started to take ownership of the education project and start building their own class rooms, ask their local government for good quality education and ICT equipment for schools.

Relevance
Interviews with staff of EfDA with external resource person, with the liaison officer of ICCD, as well as contextual information helped to assess the relevance of EfDA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which EfDA is operating; the CS policies of C4C.

Changes attributed to the ICT project are not (yet) relevant in the light of the Theory of Change constructed in 2012, which aims at 'capacitating civil societies to have an active role in ensuring accessibility and quality of education for children'. This implies strengthening the school management board, Parent Teacher Associations and school clubs. Those structures have only benefitted to a limited extent of the C4C project.

With regards to the context in which EfDA is operating, we observe that support to the education sector is very relevant in the light of national policies but that uptake by the government for ICT in education is low because they do not have the financial means for ICT. Apart from this many schools do not have access to electricity and they have other conditions to be fulfilled before they can think of providing good quality education.

The changes achieved are not yet relevant for C4C who aims to contribute to civil society building by means of creating networks of local partners to influence policies in favour of ICT4Development.

Explaining factors

The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within EfDA, the external context in which it operates and the relations between EfDA and C4C and IICD.

The most important explaining factors that possibly explain the outcomes achieved are: EfDA's core business being education and in the second place ICT; its weak management and organisation capacity; conditions such as electricity and basic conditions for good education that need to be fulfilled before ICT can strengthen the quality of education, and; the increased trust between the SPOs involved in the C4C project and IICD, that enhanced mutual learning.

Table 3

Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	8
The CS interventions were implemented as designed	8
The CS interventions reached their objectives	8
The observed outcomes are attributable to the CS interventions	7
The observed CS outcomes are relevant to the beneficiaries of the SPO	7

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and resource persons

Documents

Documents by SPO

Title	*Year*
Eat summary report EfDA October	*2012*
Formal School EfDA baseline data	?
Proposal final version August (DEC project)	2011

Documents by Alliance

Title	*Year*
C4C Budget Reports	2012
C4C Budget Agreement EfDA	2013
C4C Annual Report	2011
C4C Annual Report	2012
C4C Annual Report	2013
C4C 6 months progress report	2011
C4C 6 months progress report January – June	2013
C4C 6 months progress report July – December	2013

Other documents

Berhanu, W., Colman, D. & B.Fayissa (2005), 'Environment: A Case Study from Southern Ethiopia' *Journal of Development studies,* vol. 43 (5), pp. 871-889

Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia.February 2009. *Charities and Societies Proclamation (proc. No. 612/2009)*

Little, P.D. (2001), 'Income Diversification among East African Pastoralists' *Research brief of Global Livestock Collaborative Research Support Program, University of California*

Puddington Arch, Freedom in the World. 2013. *Democratic Breakthroughs in the Balance: Selected Data from Freedom House's Annual Survey of Political Rights and Civil Liberties.* Freedom House

Mati J.M., Silva F., Anderson T. April 2010. *Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010*. CIVICUS

Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia. November 2010. *Growth and Transformation Plan 2011 – 2015 (http://www.ethiopians.com/Ethiopia_GTP_2015.pdf)*

UNDP. January 2014. *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

United Nations General Assembly, Human Rights Council. 24 April 2013. *Report of the Special Rapporteur on the Rights to Freedom of Peaceful Assembly and of Association, Maini Kiai.*

Webpages

Author	*Title*	*Webpage link*	*date*
The International Centre for Not-For-Profit Law (ICNL)	NGO Law Monitor: Ethiopia	http://www.icnl.org/research/monitor/ethiopia.html	2014
Freedom House	Freedom in the World: Ethiopia	https://freedomhouse.org/report/freedom-world/2014/ethiopia-0	2014
Fund for Peace	Failed States Index	http://ffp.statesindex.org/rankings-2013-sortable	2013

Social Watch	Basic Capabilities Index 2011. The boom and the busted	http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf	2011
Social Watch	Social and Economic Rights Fulfilment Index	http://www.socialwatch.org/sites/default/files/SERF 2012_eng.pdf	2011
Transparency International	Corruption by Country: Ethiopia	http://www.transparency.org/country/#ETH	2014
Transparency International	Global Corruption Barometer: Ethiopia	http://www.transparency.org/gcb2013/country//?country=ethiopia	2014
Heritage	Economic Freedom Score: Ethiopia	http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf	2014
UNDP	Human Development Indicators Ethiopia	http://hdr.undp.org/en/countries/profiles/ETH	2013
World Bank	Governance Indicators: Country Data report for Ethiopia 1996-2013	http://info.worldbank.org/governance/wgi/pdf/c72.pdf	2013
Institute for Future Studies	World Values Survey Wave 5: 2005-2009	http://www.worldvaluessurvey.org/WVSOnline.jsp	2009

Resource persons

Name of key informant	*Organisation*	*Function in organisation*	*Relation with SPO*	*Contact details including e-mail.*
Guta Abdi	EfDA	Managing Director	Executive leadership	efda@yahoo.com
Temesgen Oljira	EfDA	M&E	Executive leadership	temesgengmd@gmail.com
Tucho Enkossa	EfDA	Project Manager	Staff	tuchoenkossa@yahool.com
Gemechis Tiruneh	EfDA	Programme Officer	Staff	Gemetiru03@yahoo.com
Ato Dessalenge	IWCIGA	Executive Director	Network	
Mulugeta Amana	NIVEA	Project coordinator	Network	
Olana Amenu	Horo Woreda Education Office	Officer	Education office	
Abebe Tirfesa	Bune Abuna primary school	Teacher	Teacher	
Regassa Shubo	KETB	Member	KETB	
Benti Feyisa	KETB	Chairman	KETB	
CRC Coordinator	CRC	Coordinator	Coordinating body	
Mossisa Gemeda	PTA	Chairman	PTA	
Muluma Dengela	PTA	Cashier	PTA	

Appendix 1 Civil Society Scores

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration

0 = no change occurred, the situation is the same as in 2012

+1 = slight improvement

+2 = considerable improvement

Dimension		Indicators	Question	Change
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+0
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+1
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	0
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	0
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	0
	10	External financial auditing	How regularly is your organisation audited externally?	0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	0
	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	0

	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	0

Appendix 2 Changes in civil society indicators between 2012 and 2014

1. Civic Engagement

1.1 Needs of marginalised groups SPO

EfDA takes the needs of the beneficiaries by holding meetings with the community and discussing major issues. There is also a School Management Committee that discusses community concerns with EfDA. The organization usually focuses on marginalized groups like poor women, orphans and vulnerable children. EFDA takes target groups not only as needy groups that should be given handouts but sees them as people who have the capacity to contribute towards their development. Taking the above into consideration, needs of the community are being collected through needs assessment, community conversations and requests by the community. When deciding on activities to be implemented, priority is set through discussion with the community and also taking into consideration what can be contributed by the target/marginalized groups. According to school managers and school board interviewed EfDA collects problems of schools by using checklists and the school reports.

The marginalized groups are purposely involved in all phases of project management in which they reflect their interest and use their right to comment in a slightly improved rate from the baseline. These changes are recognized through the contributions of actors and factors such as the local government, CBOs, Center Management Committee and the SPO using Dutch funding. Other funding organizations and existing government structure and system also contributed.

Score: +1

1.2 Involvement of target groups SPO

The target groups are involved in discussions held with the community and also through their representatives in the committee even though exact percentages cannot be given. Before undertaking any program activities, the SPO undertakes needs assessments and a situation analysis in which it identifies the need of the target group as the involvement of the target group is believed to be crucial for the success and sustainability of projects/programs. Nowadays the involvement of the target group in the whole cycle of project management is also becoming a requirement by donors. In addition the government is also becoming concerned with the involvements of the beneficiaries; hence more work is being done on it.

EFDA generally involves its target groups throughout the project cycle. During implementation target groups contribute resources, which in most of the cases are related to labour contribution (sometimes up to 50% of the cost of the project). Some of the challenges faced in following these procedures are the time taken to convince the community. Another challenge faced is that communities generally understand NGOs as aid providers instead of development partners. They tend to request more and more resources rather than mobilizing through their own efforts and try to change their status/lives.

When compared to the baseline there is a slight improvement as currently the community has realized that its involvement from the very beginning of the project is very important and community ownership in projects are one of the key elements of project implementation. Local resource contribution while constructing/renovating/ schools and community knowledge sharing to the teachers has improved and they are also evaluating the outcomes achieved. The community is now requesting the government to provide the same services as EfDA is delivering to schools that EfDA is not working with. For the schools supported by EfDA they are requesting the government to provide internet services for improved teaching learning.

On a different note, several external resource persons mentioned that the participation of beneficiaries in project analysis, planning, and evaluation is more or less fair but needs improvement. Still it was

confirmed that, within the project cycle, EFDA involves its target groups in the construction of school rooms, toilets etc. No evidence was found that beneficiaries participate in decision making processes.

Score: 0

1.3 Intensity of political engagement SPO

CSOs that receive foreign funding are not allowed to engage politically.

Score: 0

2. Level of organization

2.1 Relations with other organizations SPO

EfDA is a member of the Consortium of Christian Relief and Development Association (CCRDA), the Basic Education Association (BEA-E), Pestalozzi Children's Foundation (PCF) partners' forum, and Oromia HIV/AIDS forum. EfDA is also a founding member of Networks of Civil Society Organization of Oromia (NeCSOO), which is recently registered and got a full legal status. The SPO observes as a weakness that it plays a leading role in only limited networks and it wants this to be improved. But EFDA stated that leading the NeCSOO also helps to attract more funding. Advantages mentioned are the sharing of information and joint fund raising.

The relationship between EFDA and other organizations is very smooth and supportive. EfDA collaborates with organizations who share its vision and mission. The current environment from Funders encourages and demands organizations to create relations with each other. The interactions involve working together and experience sharing among network member NGOs, technical and material support and Experience sharing among school management committee has also become the new thinking and practice. Joint program planning, execution, monitoring, follow up, capacity building through training are also activities to be mentioned under this. The learning and experience mentioned above have paved a good ground for EfDA to join other similar cluster working on Ethiopian social accountability forum and by 2015 EfDA will take over the lead for five CSOs

EfDA is currently a lead organization for Oromia Cluster SPO to facilitate the financial and information flow from the donor to the cluster members and vice versa. Participatory monitoring among SPOs is also organized by the SPOs. The managing director of DEC confirmed that EfDA has strong relations with other CSOs, and that is actually a cluster leader of the 4 NGOs working on the ICT.

Score: +1

2.2 Frequency of dialogue with closest civil society organization SPO

EfDA has frequent meetings with different civil society organization such as with NeCSOO (two meetings in the last 12 months); the CCRDA) (two times); BEA-E (4 times a year) and with Oromia cluster of NGOs working on education (initiated by Edukans foundation) up to six times during the last 12 months. Most important agenda points are joint resource mobilization. According to a board member, EfDA had more than 6 meetings the past 12 months with CCRDA, Oromia Cluster, Basic Education Association -Ethiopia, Gender Forum, and NeCSOO. The DEC managing director stated that EfDA is one of them and if it cooperates with other CSOs and government organizations the outcome would be high.

Field staff added to this that without meetings and dialogue EfDA couldn't have achieved project results that are based upon joint planning and active participation of EfDA's target groups. One of the school boards stated that it meets on average every two months with EfDA and with the district education office and school management attend training twice a year with EfDA and the district education office at zone level.

Various useful dialogues have been underway as a result of the experience gained in due course. The relationship and teamwork for more result has significantly improved since 2012. The partners are inspired to the extent of sharing missions and the flow of information and support of each other have

improved. The programmatic approach, where NGOs are expected to form a cluster, motivated more cooperation at program level: Trainings, experience and exposure visits, learning and sharing events.

Score: +1

2.3 Defending the interests of marginalized groups SPO

EfDA staff states that the Ethiopian charities law under which it is registered, defending the interest of target groups is not possible in terms of doing lobbying and advocacy. However, it also mentioned that some organizations that give financial support attempt to defend interest of marginalized groups but also face limitations. As a result, it has become difficult to practice it.

Intermediate organizations supported by EfDA mentioned that EfDA, the school management, school board, youth clubs and Parent Teacher Associations are the most effective organizations in defending the interest of target groups. Economic empowerment of PLWHIV combating Harmful Traditional Practices that affect mainly girls and women, support of unemployed school dropout girls, economical support for the disabled have been done and also currently under way through different projects from other financial sources are some of the mentioned changes since 2012. No statistical information was provided by the SPO to support these said changes.

Score: 0

2.4 Composition of financial resource base SPO

In each project budget EfDA has a certain percentage of the total budget assigned to head office costs and this is generally accepted by donors. This budget is used for financing the organization's costs of general assembly meetings. The general assembly members are not given per diem as it is a voluntary membership. This also makes the budget spent for organizing the general assembly to be reasonably low. The institutional costs/ administrative costs/ mainly fall under the 30 percent part of the total budget, as per the set government regulation. There is no change observed in this indicator since the baseline.

Score: 0

3. Practice of values

3.1 Downward accountability SPO

EfDA is to some extent accountable to its board but this is not day-to-day practice. It was mentioned that their commitment is limited and that they also lack the capacity to ask for this. In general the organizational guidelines are being respected and there is a transparent financial system. According to a board member, EfDA works with the community, government line departments, the Board members, and the staff, from initiating project ideas up to its implementation. Its projects are open to all stakeholders including the cost allocation and budget utilization. It is the policy of EfDA that all stakeholders upon need could explain any project and there is no confidentiality regarding its programs. EfDA is accountable for all its operations to all stakeholders particularly to the community for which the resources are mobilized. EfDA feels and takes as its main working culture to use all project resources for the intended purpose of the project. Moreover, for effective service rendering at grassroots level it is strongly believed that, the field staff should be empowered to make participatory decisions at the spot in many important areas. In this regard, EfDA makes strong efforts in building capacity of its field offices in terms of manpower training, in establishing financial and administrative systems needed for the delegation of authority. This forms ground work for the future when more field offices will be set up together with program expansion.

According to the DEC managing director anyone can enquire on the tasks EfDA is doing and will get sufficient response, and that EFDA is very transparent and accountable. This year it is also participating in downward accountability test along with other organizations to see the community satisfaction.

However, assessments conducted by Edukans in 2009 and in 2012 concluded that EfDA's board is not dynamic; that management is weak and lacking leadership; that conventional accounting procedures are not respected; that a consolidated report of all donor funding is missing, which hampers consolidated financial reporting and; that financial and administrative procedure are in place but need to be actualized in relation to organizational changes.

As per the recommendation of Edukans, some board members are changed and replaced by others to improve the dynamism of the board. The SPO is also using updated peach tree software at the financial personnel coordination office still there is a high lack of documentation of interventions made and outcomes achieved.

Score: 0

3.2 Composition of social organs SPO

There is not much information available about the composition of EfDA's Board. A board member mentions that the participation of women as staff and as member of the association is very low but that EfDA is striving to improve the situation.

The composition of board members is almost proportional (male and female). Two of the five board members are women currently. It is also a progress that two female accountants are employed, one at the coordination office and the other at the project site. The previously available female staffs are maintained to serve the organization.

Score: 0

3.3 External financial auditing SPO

Annual external auditing is part of EfDA's organizational code of conduct and also required by the government, funding organizations etc. However, the organizational assessment by Edukans highlights that conventional accounting procedures are not respected. In response, to this training has been given to the finance staff and the SPO is using Peachtree however, there are still gaps in documentation of financial activities.

Score: 0

4. Perception of impact

4.1 Client satisfaction SPO

EfDA as well as public and civil society actors mentioned that the concerns of its target groups are related to improving the education situation in the project area. This relates to the provision of teaching aids; rehabilitating old schools; improving offices and facilities for teachers and students; and ensuring quality education. In addition, there are some target groups that are interested to be empowered to enable them to negotiate with local administrative bodies about the services they are supposed to receive.

In addition, EfDA mentioned that some target groups look in the first place for material support rather than support in skill development. To resolve this, EfDA keeps reorienting its target groups' needs by helping them see the benefit of skills development.

Parent Teacher Association representatives mentioned that the community is satisfied with the service it is receiving from EfDA. The way EfDA implements its projects has the general community confidence and acceptance. It also has the principle of planning and implementing together with the community which has been strengthened and improved over the years. Hence, involvement of the community in managing, running and renovation of schools has been improved in the target schools. Other schools in nearly kebeles have started to learn from the target schools. The ongoing primary education quality support is funded by ICCO to be implemented by EfDA in close collaboration with the local government and community. The major activities are capacity building trainings on the use of ICT in the education system, ICT material provision and close supervision. Trainings are being provided for the teachers,

the PTAs; material and capacity building for schools, school improvement activities are the major interventions done in the project site. These interventions are said to have resulted in better performance of students and better learning system of the teachers, according to external resource persons. However, data could not be found to support it. The high performance was said to have been observed because teachers are able to type their exams and lectures on computers and duplicate them instead of using type writes which is time consuming and of lesser quality. Teachers are also able to support their lectures with pictures which makes it more clear to students to understand the topics of discussion. However, EfDA's program coordinator confirmed the focus has not been on ICT: only a few desktop computers have been provided and some schools are still waiting for them. In addition, most of the schools do not have electricity and this troubles the implementation of ICT related activities. He stresses that in the Shambu infrastructural problems were more pressing than in and Sululta districts and hence the interventions focused on classroom building, the provision of training and material support like providing blackboards and school chairs. Other districts, like Wolisa, would have been more appropriate for ICT interventions.

Score: +1

4.2 Civil society impact SPO

EfDA contributes through its network and membership by dialogue and influencing the local and national executive bodies using different mechanisms like training, workshops, learning tours. The target area is large and the needs are being addressed as much as possible but still needs to disseminate.

It was stated by the SPO and confirmed by the interviewed resource persons that the teachers trained in ICT and computer skill showed much change in their teaching methods and minimized their work burden. CBOs are being trained on awareness creation by EfDA. During the past 12 months the effects mentioned consisted of; enabling the school management committees (CMC) and PTAs to minimize the student dropout rate and improve girl's participation in target schools; increasing the awareness of target groups about the importance of education, and interacting closely with government offices, communities and students during problem identification. One of the expected changes as a result of the "Improving the Teaching-Learning Processes and Educational Management through ICT (2011-2015)" was that the integration of ICT in the day to day school activities will not only change trainers' teaching methodologies in becoming student centered, but also aim at opening up the ICT system to a wider community. In 2011 all 5 schools in the Sululta district have received ICT equipment and relevant staff trained in basic ICT literacy and management. The available documents from the SPO do not provide information on the exact outcomes of this introduction of ICT.

Score: +1

4.3 Relations with public sector organizations SPO

According to a board member the collaboration between EfDA and public sector organizations is limited on the introduction of new laws, guidelines; program monitoring and evaluation because the government sector offices are mandated to follow the NGO. National laws, policies and guide lines of the government do not allow otherwise.

However, EfDA indicated that during the last 12 months it had continuous interactions with district and zone education offices, Oromia regional health bureau and Kebele administration offices on education, health and livelihood related issues. In addition, EfDA used the existing government programs as a reference in its program planning and implementation. The managing director of DEC also confirms that EfDA has a very strong relationship with the public sector from the Woreda to the Kebele. It was also mentioned that close collaboration between the public sector and civil society organizations is essential for improving the impact in the education sector.

The specific interactions included; getting information from public sector actors while EfDA conducted baseline studies, jointly preparing plans, jointly implementing and monitoring projects. With regard to this, one specific point that can be mentioned is that EFDA conducted a participatory project evaluation at one of the project sites with the woreda public sector officers. However, EfDA admits

that these interactions lacked consistency and had limited influence on changing public sector actors' decision.

Through the interventions of EfDA, teachers and education offices understand the importance and decisive role of computers in their work hence have reorganized their activity. All the target schools are provided with ICT materials oriented on how to make use of the materials and take care of them. Despite the fact being that these 5 target schools are a drop in an ocean, the local government has taken some points from these efforts by EfDA.

Similarly, the education board and the PTAs associated with EfDA mentioned the following as examples to show how EfDA influenced public practices; EFDA has negotiated with the public offices and facilitated the provision of tutorials for low scoring students and girls, for subjects like English, maths and science; and EfDA convinced public officers on the use of some sign boards used to create awareness. As a result of these, the words most used in signboards have become the mottos of the schools in the project areas. An example of this is "educating girls is educating households-has been become the motto of the schools and communities".

Score: +1

4.4 Relation with private sector agencies SPO

A board member stated that there is no direct collaboration between EfDA and the private sectors, because the CSO law prohibits NGOs from income generating activities for their own benefit, but accepts collaboration when ultimate beneficiaries are being targeted. EfDA does not collaborate with private sector organisations.

Score: 0

4.5 Influence upon public policies, rules, regulations SPO

EfDA engaged in a dialogue with zonal and district education offices to obtain their commitment for improved education and the role of ICT. Issues raised included class-student size, class arrangements in view of ICT equipment, and the need for internet services for teachers. Until so these discussions have not been conclusive.
EfDA stated that since they are building the capacity of community based organizations which they assume will in turn help to influence the current public policies. In addition, as mentioned in EFDA's July to September progress report, the training given to the Ministry of Education, regional education bureaus, zone and woreda education officers about ICT education has helped in building consensus about the important role ICT plays in the education sector.

One of the strategies used to influence policies is by first providing evidence of things that work in order to help the government to adopt rules and regulations that facilitate the further implementation of the innovations (Evidence based policy influence). The "Improving the Teaching-Learning Processes and Educational Management through ICT (2011-2015)" is still in its early stages, so far no change is observed from the baseline.

Score: 0

4.6 Influence upon private sector agencies' policies, rules, regulations SPO

According to a board member there are no ways to influence these bodies. This is partially because of the inexistence of a well-established relationship between the private sector and EfDA. Recently, EfDA has attempted to approach them in an informal way by inviting them on experience sharing visits like was done in the Wolegga and Illibabur zone and some slight way is paved through motivating them through lobby activities. There were some sessions and campaigns to lobby and convince the private sector agencies and also informal approaches from EfDA board members and management team for their involvement. Still no significant change in this perspective was observed. The attempt made did not work well for the desired results.

Score: 0

5. Environment

5.1 Coping strategies

The 2009 law on registration and regulation of charities and societies has (negative) consequences for the achievement of EfDA's objectives, e.g. the 30/70 rule, and that this system views/considers a NGO as supporter of opposing political parties.

High inflation rates caused the escalation of prices for materials to be supplied to schools. Another factor is that of the turnover and reshuffles of lower level government officials means that EfDA has to invest considerable time and human resources in managing its relations with these officials. To reduce the effect of these detractive external conditions, EfDA has attempted to implement different strategies such as looking for additional funds to increase funding for operational purposes to maintain the administrative part of the budget of the organization.

There were also conducive environments, such as eagerness and commitment of the community on the education projects comprising in particular the education part of it and to a lesser extent the ICT component which does not reach communities. This positively helped in achieving the program objectives. The change in the community confidence and interest to work with EfDA is an improvement but the change at the official level is still the same as before.

Score: 0

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-073
ISSN 0000-0000

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

EKHC end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]
Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

1 Centre for Development Innovation, Wageningen UR, Netherlands
2 IFPRI, Ethiopia

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-033

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver, D.C., Jacobs, J., Tefera, W., Getaw, H., Dereje Getu D., 2015, *EKHC end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-033 Wageningen.

Organisation Ethiopian Kale Heywit Church (EKHC) in Ethiopia is a partner of Tear Fund Netherlands under the ICCO Alliance.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses EKHC's efforts to strengthening Civil Society in Ethiopia and for this exercise it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which EKHC contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain EKHC's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-033|

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **7**

1.1 Changes in the civil society arena of the SPO 7
1.2 Contribution analysis 8
1.3 Relevance 8
1.4 Explaining factors 9

2 Context **10**

2.1 Political context 10
2.2 Civil Society context issues with regards to the MDG 10

3. EKHC and its contribution to civil society/policy changes **12**

3.1 Background of the SPO 12
3.2 MFS II interventions related to Civil Society 13
3.3 Basic information 13

4. Data collection and analytical approach **14**

4.1 Adjustments made in the methodology of the evaluation 14
4.2 Difficulties encountered during data collection 14
4.3 Identification of two outcomes for in-depth process tracing 14

5. Results **16**

5.1 Results obtained in relation to project logframe 16
5.2 Changes in civil society in the 2012-2014 period with particular focus on the relevant MDGs & themes in the selected country? 17
5.2.1 Civic Engagement 17
5.2.2 Level of Organisation 18
5.2.3 Practice of Values 19
5.2.4 Perception of Impact 19
5.2.5 Civil Society Environment 20
5.3 To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)? 20
5.3.1 Civic engagement 21
5.3.2 Strengthening Intermediate Organisations 25
5.4 What is the relevance of these changes? 29
5.4.1 Relevance of the changes in relation to the Theory of Change of 2012 29
5.4.2 Relevance of the changes in relation to the context in which the SPO is operating 29
5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA 30
5.5 Explaining factors 30
5.5.1 Internal factors 30
5.5.2 External factors 30
5.5.3 Relations Tear-EKHC 31

6. Discussion 32

6.1 Design of the intervention 32
6.2 Evaluation methodology 33

Conclusion 35

7.1 Changes in the civil society arena of the SPO 35
7.2 Contribution analysis 35
7.3 Relevance 36
7.4 Explaining factors 36

References and Resources 38

Appendix 1 Civil Society Scoring Tool 41

Appendix 2 Changes in civil society indicators between 2012 and 2014 43

2.1 Civic Engagement 43
2.1.1 Needs of marginalised groups SPO 43
2.1.2 Involvement of target groups SPO 44
2.1.3 Intensity of political engagement SPO 44
2.2 Level of Organisation 44
2.2.1 Relations with other organisations SPO 44
2.2.2 Frequency of dialogue with closest civil society organisation SPO 44
2.2.3 Defending the interests of marginalised groups SPO 45
2.2.4 Composition financial resource base SPO 45
2.3 Practice of Values 45
2.3.1 Downward accountability SPO 45
2.3.2 Composition of social organs SPO 45
2.4 Perception of Impact 46
2.4.1 Client satisfaction SPO 46
2.4.2 Civil Society Impact SPO 46
2.4.3 Relation with public sector organisations SPO 47
2.4.4 Relation with private sector agencies SPO 47
2.4.5 Influence upon public policies, rules, regulations SPO 47
2.4.6 Influence upon private sector agencies' policies, rules, regulations SPO 47
2.4.7 Client satisfaction CSO 48
2.5 Coping strategies in relation to context 48
2.5.1 Coping strategies 48

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution and the relevance of these partner organisations to creating a vibrant civil society. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making available background documentation. We also hope that this evaluation will help you in better positioning yourself in the Civil Society Arena in Ethiopia.

List of abbreviations and acronyms

AAC	Anti Aids Club
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BBBC	Bole Bible Baptist Church
CBO	Community Based Organisations
CCMD	Church and Community Mobilisation and Development
CDI	Centre for Development Innovation, Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
CLFZ	Child Labour Free Zones
CMC	Centre Management Committee
CRDA	Christian Relief and Development Association
CS	Civil Society
ECFE	Evangelical Church Fellowship of Ethiopia
EFM	Early Forced Marriage
EECMY-YDCS	Yemisrach Dimts Communication Services
EKHC	Ethiopian Kale Heywit Church
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HBC	Home Based Care
HEW	Health Extension Workers
HIV	Human Immune Deficiency Virus
HRH	Human Resources for Health
HTC	HIV Testing and Counselling
HTP	Harmful Traditional Practices
ICCO	Inter-church organization for development cooperation
IFPRI	International food Policy Research Institute
M&E	Monitoring and Evaluation
MA	Medan Acts
MDG	Millennium Development Goal
MoFa	Ministry of Foreign Affairs
MFI	Micro Finance Institutions
MFS	Dutch co-financing system
MKC-RDA	Meserete Kristos Church – Relief and Development Association
NGO	Non-Governmental Organisation
OSSA	Organisation for Social Services for AIDS
OVC	Orphans or Vulnerable Children
PLWHIV	People Living with HIV
PLWHA	People Living with HIV and Aids
PMTCT	Prevention of Mothers to Child Transmission
PTA	Parent Teacher Association
SHG	Self Help Group
SIM	Serving in Mission
SPO	Southern Partner Organisation
SRH	Sexual and Reproductive Health
SSI	Semi-structured Interview
ToC	Theory of Change
VCT centres	Voluntary Counselling & Testing centres
Wageningen UR	Wageningen University & Research centre
5C	Capacity development model which focuses on 5 core capabilities

1 Introduction

This report presents the civil society end line findings of the Ethiopian Kale Heywit Church in Ethiopia which is a partner of Tear Fund under the ICCO Alliance. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study, EKHC is working on the MDG 'Health'.

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch Co-Funding Agencies (CFA) and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with a particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework comprises five dimensions (civic engagement, level of organization, practice of values, perception of impact and contexts influencing agency by civil society in general). It has been used to orient the evaluation methodology.

1.1 Changes in the civil society arena of the SPO

In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the SPO are related to civic engagement and perception of impact. With regards to the first dimension we observe a slight increase since the baseline study in terms of more People Living With HIV (PLWHIV) and Orphans and Vulnerable Children (OVC). These are now being reached by Anti Aids clubs, girls clubs, grain banks, schools and the FBO forum and that these have contributed towards combating social exclusion. Most of these organisations, apart from the two new districts that were added to EKHC's intervention zone, were already established before the current programme started in 2011 and received continuous support by EKHC.

With regards to perception of impact (which also includes the increased outreach already mentioned under civic engagement), we observe that the Anti-Aids Clubs (AACs), the girls clubs and the FBO forum are better embedded into society. AACs increasingly requested to intervene when parents have problems with their children and they are engaging in other development activities in their community as well. In Arba Minch town the FBO forum which regroups Protestant, Catholic and Muslim congregations is attracting material and financial support from many sources and is engaged in a wide range of development activities. It has gained sufficient bargaining power to negotiate positive outcomes with the university and with local government.

Relations of both EKHC and the forum with local government representatives has become more formal and more regular and increasingly, private sector organisations support EKHC in the accomplishment of its objectives regarding HIV and AIDS.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with EKHC, and interviews with external resources persons working in civil society organisations that receive support from EKHC; other civil society organisations with whom the SPO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which the SPO is concentrating.

1.2 Contribution analysis

Based upon an analysis of the projects and programmes financed by the Dutch CFAs a selection was made of SPOs to be included in an in-depth process tracing trajectory and those to be included for a quick contribution assessment. EKHC was amongst those SPOs selected for in-depth-process tracing.

The first outcome that we looked at is the extent to which EKHC contributed to the reintegration of OVCs into the school community and to enhance their chances of becoming a full member in society. The pathway most likely explaining this reintegration consists in the first place of material support of diverse nature (food, school uniform, school contributions, etc) mobilised. The AACs, girls clubs and peer education groups are not able to sufficiently cater for these. Once these conditions have been met, counselling services by peers in the AACs, girls clubs and the education groups all do fulfil a meaningful role in the creation of solidarity by creating a level of trust and comfort with OVC that allows for more open discussions of sensitive topics. It remains difficult to disentangle the performance of the peer education system and that of the AACs, both implemented under the MFS II programme, because they overlap in terms of students taking part in both. EKHC's MFS II contribution consists of strengthening the performance of the above mentioned groups that seem to be socially sustainable because embedded in society but not in financial terms. Compared to the figures of OVCs and destitute children supported by the USAID program, also implemented by EKHC and reaching 2413 children with 260 volunteers (not only by counselling services but also by material support), the MFS II contribution seems to be rather limited.

The second outcome that we looked at is the capacity of the religious forum in Arba Minch town and the grain banks to ensure 'enhanced food and nutritional support for vulnerable groups'. The data available suggest that not only the religious forum and the grain banks provide food and nutritional support to vulnerable persons, but many other traditional and informal structures in society. There are multiple pathways that explain the outcome. The capacity of the FBO forum and the grain banks to deliver foods and nutritional support is limited; the first lacks a clear vision and mission in society, which might help it to concentrate on a few interventions rather than solving all problems in Arba Minch town. The grain banks suffer from the rampant inflation rate and cannot support more people and they are not capable of providing the food and nutrition requirements needed for PLWHIV under ART. EKHC's contribution to strengthening the performance of the forum and the grain banks is limited and most of these entities were already formed before the 2011 project started.

1.3 Relevance

Interviews with staff of EKHC, with external resource person, as well as contextual information helped to assess the relevance of EKHC's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which EKHC is operating; the CS policies of Tear Fund.

With regards to the 2012 ToC established with EKHC, the interventions and outcomes achieved are relevant to some extent because the AACs, the grain banks and the FBO forum have shown to be capable to fulfil a role of change agent in their community. The FBO forum lacks a clear vision and a position to take in society. Only the forum and the grain banks have proven to be capable of creating assets, whereas the AACs and the girls clubs are encountering difficulties. In particular the forum and the grain banks are based upon traditional institutions (idirs and churches) and have been able to take up new roles in society.

The changes introduced by EKHC seem to respond to the context and needs assessment conducted in 2010. However the information made available is not explicit on changes introduced on the two new project sites where EKHC intervenes since 2011.

With regards to the MFS II policies of the ICCO alliance the changes are relevant because they are based upon the networks of churches that increasingly need to play in development. Tears' approach of creating SHGs was not assessed in EKHC, but they are a sustainable and high return intervention. The relevance of the programmatic approach in which EKHC takes part is not evident, because not documented by EKHC.

1.4 Explaining factors

The information related to factors that explain the changes in CS, EKHC's contribution to these changes and the relevance of its interventions were collected at the same time as the data were gathered for the previous questions. Apart from searching for explaining factors related to these evaluation questions, the evaluation team was also informed about other important factors such as the organisational performance of EKHC, relations with Tear Fund that might have had an effect on its performance or external factors.

The most important internal factors that might explain failures in the implementation of the EKHC programme are the high transportation costs to join the new project sites and a high staff turnover. Apart from this considerable flaws exist in EKHCs financial and narrative reporting system.

The most external factors that may impact upon EKHC's performance are related to the 30/70 ratio for administrative versus operational costs imposed by the government; a high staff turnover in government offices and EKHC's approach regarding the creation of SHG that is different than the approach taken by other NGOs.

The relations between Tear and EKHC have become tenser since the co funding agency observed that EKHC's reporting and monitoring and evaluation standard does not provide quality. EKHC experiences difficulties with delays in budget releases and the annual contracts that delay the implementation of project activities and decrease EKHC's position to negotiate with the local government.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the governance issues EKHC is working on. Chapter three provides background information on EKHC, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with Tear Fund. An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix 2 of the country report; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This paragraph briefly describes the context EKHC is working in. A description of the Civil Society Context assessed according to the CIVICUS framework is provided in appendix 3 of the country report for Civil Society.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015[1]. Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country[2]. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights[3]. This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

2.2 Civil Society context issues with regards to the MDG

A 20-year Health Sector Development Programme consisting of a series of 5-year rolling programmes was established in 1997–1998. Currently, the Health Sector Development Program IV 2010/11-2014/15 is rolled out. The recently implemented Business Process Reengineering of the health sector has introduced a three-tier health care delivery system which is characterized by a first level of a Woreda/District health system comprising a primary hospital (with a population coverage of 60,000-100,000 people), health centres (1/15,000-25,000 persons) and their satellite Health Posts (1/3,000-5,000 persons) that are connected to each other by a referral system. A Primary Hospital, Health centres and health posts form a Primary Health Care Unit (PHCU) with each health centre having five

[1] November 2010, Growth and Transformation Plan 2011 – 2015, Ministry of Finance and Economic Development,(November 2010), Federal Democratic Republic of Ethiopia

[2] February 2009, Charities and Societies Proclamation (proc. no.621/2009), Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges, UNDP Ethiopia Working Paper Series No. 2/2014

satellite health posts. The second level in the tier is a General Hospital with a population coverage of 1-1.5 million people; and the third a Specialized Hospital that covers population of 3.5-5 million.

The current health program also introduced a strategy to prevent and control major infectious diseases and to increase its coverage in the rural areas with the appointment of Health Extension Workers. Despite this still categories in society are still not being reached, including street children and youth, commercial sex workers, people with disabilities, PLWHIV, OVCs, destitute women and people living in geographically marginalized areas. In response to this gap, a number of actors, in particular NGOs, are striving to focus on the vulnerable groups of the community with the main purpose of improving access, quality and sustainability of health facilities and health services[4].

The Ethiopian Health care system currently experiences a rapid expansion of private sector organisations and NGOs playing significant role in boosting the health service coverage and delivery of services through public/private/NGOs partnership. Health offices at different administrative levels from the Federal Ministry of Health to Regional Health Bureaus and Woreda Health Offices share decision making processes, decision powers, duties and responsibilities. The Federal and the Regional Offices are in charge of policy formulation and providing technical support whilst the Woreda Offices manage and coordinate the operation the district health system under their jurisdiction. The devolution of competencies to regional governments has resulted in a more decentralised decision making process.

Several reports indicate that Ethiopia the prevalence of HIV/AIDS has sharply decreased from 1.3 million persons in 2011 to 760,000 persons living with HIV/AIDS in 2013 (UNAIDS, 2013). However, the magnitude of socio-economic and psycho-social problems caused by the HIV/AIDS pandemic is still rampant: some 840,000 children lost one or both parents due to HIV/AIDS and were left behind without adequate parental care[5].

The Arba Minch Zuria & Mirab Abaya woredas are known for a high prevalence of HIV/AIDS, because they are a transit way for many tourists and are a commercial hub for fruits like bananas and mangos, attracting transporters and labourers. Apart from these Arba Minch hosts universities and colleges which attracts many youth which are easily exposed to HIV infected persons. Youngsters that come to town for their education are easily exposed unprotected sex. Indications exist that stigma related to HIV/AIDS have been reduced in the urban areas, and therefore might increase the number of people that are being tested.

Several reports indicate that Ethiopia the prevalence of HIV/AIDS has sharply decreased from 1.3 million persons in 2011 to 760,000 persons living with HIV/AIDS in 2013 (UNAIDS, 2013). However, the magnitude of socio-economic and psycho-social problems caused by the HIV/AIDS pandemic is still rampant: some 840,000 children lost one or both parents due to HIV/AIDS and were left behind without adequate parental care[6].

[4] Alemu E.,September 2014*, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (FinalReport),* Covenant Development Consult

[5] Alemu E.,September 2014*, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report),* Covenant Development Consult

[6] Idem

3. EKHC and its contribution to civil society/policy changes

3.1 Background of the SPO

History
The Ethiopian Kale Heywet Church was established in December 1927. The pioneers in the Church were native Ethiopians and Society of Integrated Missions (SIM). EKHC has a head office in Addis which comprises the Development Department and the Directorate General Secretary for Development works that are directly attached to the General Secretary of the church.

Vision:
EKHC's vision is to see a world where all the peoples of Ethiopia and beyond have heard the Gospel and become Christ's disciples and members of His Body – the Church, and actively involved in His service for holistic transformation.

Mission:
EKHC exists to serve God through proclaiming the Good News of Jesus Christ to the people of Ethiopia and beyond so that people may have eternal life, become Christ's disciples, and be fulfilled spiritually, socially, mentally, and physically so that they become salt and light for the glory of God.

Medan Acts (MA) is the Health/HIV department of the church at national level, and has 10 different programmes in different locations. Each location is quite independent, and may have a different approach. Different locations have often different donors and are different in strategy and activities. A characteristic of EKHC is that the structure is much compartmentalised, where different departments can work in a same area without much collaboration.

EKHC Medan Acts (MA) is being supported by Tear Fund for HIV related work in the Arba Minch area since 2005 and since 2006 under MFS I funding. The Head Quarter of Medan Acts is in Addis, and the programme office is in Arba Minch. Its main role with regards to HIV is on prevention and ensuring that People Living With HIV (PLWHIV) receive care and support through CBOs, FBOs and Anti AIDS Clubs. It completed its first phase in Jan, 2010 after which the project expanded to two new nearby woredas. In 2011 a one year pilot project was implemented in Arba Minchtown, six Kebeles of Arba Minchzuria woreda & seven Kebeles of Mirab Abaya woreda.

EKHC is one of seven Ethiopian partners in the Ethiopia Health Country Plan 2011-2015 of the ICCO Alliance. This Health HIV plan is the result of several consultations held in Ethiopia in 2010 and 2011, including a base line study implemented by local partners. It is the continuation of a new phase of cooperation between local partners in Ethiopia and Dutch partners of the ICCO Alliance.

The programme became operational in 2011 and evolved into a network of implementing partners that together and with other stakeholder draw lessons learned. Since 2012 the monitoring of the Ethiopia partners and the programme were decentralised to the ICCO Alliance Regional Office together with local staff of Dorcas, Red een Kind and Tearfund UK (called the Regional Working Organisation) that support the Ethiopian Health Program. Contracts are sent from the Netherlands after the ICCO office in Kampala has agreed.

With the support of the ICCO alliance, EKHC implemented two projects between 2012-2014, both part of the Health Sector Plan 2011-2015. The focus of this evaluation is on the project in Arba Minch called "Arba Minch Medan ACTS Comprehensive Community Based HIV Prevention & Control Project".

3.2 MFS II interventions related to Civil Society

The overall objective for the Arba Minch project is linked to the overall ICCO Alliance country level objective and is formulated as "improving the quality, accessibility and sustainability of the health system for the most vulnerable groups in Arba Minch town, Mirab Abaya, and Arba Minch Zuria woredas." Outcomes include: well-established accountability mechanisms in which civil society effectively calls the health system to account for the delivery of equally accessible basic health care, and; capacitated change agents through which civil society promotes the effective prevention of Sexual and Reproductive Health problems, HIV transmission and disabilities; and well-established HRH policies, strategies & activities that improve the quality, accessibility and sustainability of the health system.

The following relations exist between EKHC's interventions and the CIVICUS framework: between 2012 and 2014 the focus on capacitating AACs and gender clubs and training peer educators to reach vulnerable youth in the area relates to the dimension of Civic Engagement. Strengthening the FBO forum and forming self-help groups and grain banks to provide support services to the most vulnerable groups in society relates to the dimensions 'perception of impact' and/or 'level of organisation' in terms of strengthening civil society organisations. This evaluation therefore tries to focus on these two orientations.

3.3 Basic information

Table 3
Basic information

Topics	Answers
Name of SPO	EKHC
Consortium	ICCO Alliance
CFA	Tear Fund NL
Start date of cooperation	2007
MDG/theme	Health
MFS II project name 1	Arba MinchMedan ACTS comprehensive community based HIV prevention & control Project
Contract period	February 1, 2011 – January 31, 2015
Total budget Tear Fund	€ 376.354
Other donors if applicable	Other donor organisations that support EKHC are TearFund UK, EED, DORCAS AID International, Samaritan's Purse – Canada, Canadian International Development Agency (CIDA), and Society of Integrated Missions (SIM) Ethiopia. It is not known to what extent these organisations also contribute to this particular project.
Estimation of % of budget for Civil Society[7]	66 %

Sources: Project documents

[7] Costs that relate to civil society development or policy influence are those costs that possibly contribute to the development of the CIVICUS dimensions, excluding coordination and office costs; staff costs and financial reserves.

4. Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

The project document has been formulated at the ICCO Alliance level for a period of five years which implies that annual plans and report are not taking into account the specific context in which EKHC operates. Progress reports only partially match the objectives formulated in the annual contracts with EKHC and most often describe activities and outputs implemented without linking these to the outcome level. Reporting on progress does not match with the contract periods. Apart from this it was hardly possible to accumulate information from different progress reports into a comprehensive overview enabling the evaluators to track progress against targets. The terminology used from one report to another was not consistent, making it therefore difficult to link EKHC's interventions to the CIVICUS framework and to set an orientation for the contribution analysis. This was only possible after the first workshop with EKHC after which the team could follow the evaluation methodology as planned.

Most important difficulties also are related to the fact that no difference is being made with support given to already existing structures before 2011 and newly created structure. It is not possible to tell how many new structures (AACs, gender clubs, grain banks, FBO forums, SHGs) were created in the new project and what differential support was given to both.

Also with regards to budgets and expenditure reports, the following issues have been observed. In the first place the 3 year budget has a different set up than the financial reports, therefore making comparisons impossible. Some budget lines in the financial reports are not included in the initial budget such as a budget line for capital items 542.101 which explains nearly 25% of all expenses and which according to Tear NL was spend on a second vehicle but wrongly recorded. The 2012/2013 budget seems completely overspent. Similar unclarified issues exists with regards to the contributions given to the forum, the grain banks and the AACs and expenditures made for the purchasing of formal bylaws by SHGs that however did not receive official papers.

4.2 Difficulties encountered during data collection

The evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework. Whereas the project is being implemented by EKHC in the Arba Minch area, the objectives set were on ICCO Alliance level and no comparison between actual outcomes and objectives could be made.

4.3 Identification of two outcomes for in-depth process tracing

In relation to the CIVICUS framework four strategic orientations for contribution analysis were identified: Ensuring that more people from more diverse background are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations.

With regards to the efforts of EKHC this assessment looked at the extent to which EKHC helped to reintegrate OVC into the school community to enhance their chances of becoming a full member in society as a result of the peer education groups and the AAC and Gender clubs.

The second topic looks at the extent to which the FBO forum and grain banks are capable of providing food and nutritional support to vulnerable groups in society

5. Results

5.1 Results obtained in relation to project logframe

From the project documents we extracted the following information, which however has not been validated by EKHC or by the Co-Funding Agency. We reconstructed a logical framework based upon the annual contracts between Tear Fund NL and EKHC[8]. Results are covering the February 2011 – October 2013 period.

EKHC tries to reach its objectives by capacitating and supporting 15 (or 14 according to the budget) Anti Aids Clubs (AACs), 10 gender clubs, 15 schools, 63 SGH, between 22 and 25 grainbanks (numbers not clear), 1 CBO forum (which is the religious FBO forum of Arba Minch) and an unspecified number of volunteers. Community leaders, CBO- and FBO leaders are trained on numerous topics including lobby& advocacy, networking, entrepreneurial skills, community conversation skills. Peer educators are trained to inform youth on HIV related topics, to integrate vulnerable children into the school system and to decrease the number of drop-outs. EKHC furthermore initiated the religious FBO forum in the Arba Minch area in 2010, trained it and covered administrative costs between 2012 and 2014. Additionally, EKHC forms Self Help Groups (SHG) and grain banks to increase self-sufficiency in the area. Care and support services and referral of mothers to Prevention of Mother to Child Transmission (PMTCT) services is done via the FBO forum and volunteers. These volunteers receive training on adherence counselling and home based care services.

Objective 1: Well-established accountability mechanisms in which civil society effectively calls the health system to account for the delivery of equally accessible basic health care.

At this level no targets were formulated and we deduced from the report that 15 schools and 1 university, 10 gender clubs, 15 AACs, 1 CBO forum.

- Between 3200 and 3520 students were reached in 15 schools on HIV/AIDS, reproductive health and sexuality issues; the AACs reached 16977 persons and 7020 persons were reached by gender clubs. 544 pregnant women were linked to health institutions for PMCTC services; there is some indication that women become aware that female circumcision is a harmful practice;
- 60 female students received particular support in different schools through the peer education groups; 40 OVCs received educational material support because 6 schools generated income through their own agricultural plots;
- 66 CBO/FBO leaders and 240 idir[9] members (we do not know if CBO stands for idir) received training by peers on gender issues;
- One religious forum was established in Arba Minch town for care and support before 2011 and it is currently supporting 40 persons on a monthly basis. The idirs and churches support 30 vulnerable people in the new project areas and by October 2013, 129 PLWHIV received food support from grain banks;
- 1 kebele administration provided half an acre of land for the strengthening of the care and support activity. The beneficiaries are now growing bananas on the land. A newly established grain bank in Mirab Abaya woreda organised a fund raising conference on their local churches and collected more than 32,000 Birr and 200 kg of maize.

No progress seems to have been made on the establishment of similar CBO forums in Mirab Abaya, and Arba Minch Zuria woredas.

[8] Contract 2011046; 2012046 and 2012-2015 proposal

[9] Among the most enduring, universal, effective, and relevant socio-economic informal institutions Ethiopians have created are Iquib and Idirs are an informal institution in Ethiopia; they are associations established among neighbors or workers to raise funds that will be used during emergencies, such as death within these groups and their families. An idir can be characterized as a traditional financial association.

No examples have been documented that explain how these organisations collaborate with the health system and hold it accountable. We further observe that limited information has been reported with regards to the girls clubs.

Objective 2: Capacitated change agents through which civil society promotes effective prevention of SRH problems, HIV transmission and disabilities. At this level no targets were formulated and the figures are not reliable.

- Initially each AAC was supposed to organise 2 coffee ceremonies per month (180 coffee ceremonies per 6 months; this was downsized to 1 coffee ceremony per month per AAC as pf May 2013. On average, 84 % of the planned ceremonies took place.
- 8104 people have got voluntary counselling and testing services of which 3535 females (44%) and 68 (0.8%) PLWHIV were referred to health facilities for ART follow up.
- 22/25 grain banks are operational, representing a network of 75 CBOs and FBOs; 9 grain banks formed a union in Arba Minch, received a mill and are searching for legal recognition. The government has provided a house for the grain mill.
- 63 SHG have been established that support members in financial and in social terms

Objective 3: Well-established Human Resources for Health (HRH) policies, strategies & activities that improve the quality, accessibility and sustainability of the health system: No targets were formulated for this objective and from the reports no clarification was obtained about the nature of this objective: was it about the CBO forum or was it about coordinating interventions in the Health sector with other NGOs in the district as a means to prevent duplication of efforts.

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic Engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

Civic engagement only slightly increased since the baseline study, mostly by means of more PLWHIV and OVCs now being reached by EKHC's interventions.

The youth was mainly reached by using peer-education methods through anti-aids clubs. Between 2012 and 2014, 126 high school students and 75 university students were trained to lead discussion on HIV/AIDS, reproductive health and sexuality issues. These peer-educators reached between 3200 and 3520 students in 15 schools. Another 17000 persons received similar information by means of Anti Aids Clubs outside school and 7020 persons were reached by gender clubs. 544 pregnant women were linked to health institutions for PPTCT services; there is some indication that women become aware that female circumcision is a harmful practice[10].

- 63 SHGs were formed and are saving money that can be borrowed by individual members who want to start their own business. These SHG are also perceived by their members as a social safety net and as a platform to address issues as social exclusion[11].
- 22/25 grain banks are operational (9 in Arba Minch, 7 in Mirab Abay and 6 in Arba MinchZuria). Nine out of the existing grain banks in Arba Minch formed a union and received a grain mill from the government. By October 2013, 129 persons living with HIV received food support from grain banks.
- 8104 people received voluntary counselling and testing services of which 3535 females (44 %) and 68 (0.8%) PLWHIV were referred to health facilities for ART follow up.

These outcomes are the result of some 90 community volunteers providing care and support and counselling services, 75 university students engaging in peer education and 44 CBO and church leaders. (We are not sure about the numbers though).

[10] Interview with programme staff
[11] Interviews with SHG members

EKHC closely works with churches and idir leaders for its programming and implementation of activities which are mainly male, hence increasing the risk of not being able to represent the needs and interests of women.

Both EKHC and the groups it works with are engaging in a political sense.

Score baseline 2012 on an absolute scale from 0-3: 2

Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.2 Level of Organisation

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

EKHC is one of seven Ethiopian partners jointly implementing the Ethiopia Health Country Plan 2011-2015 of the ICCO Alliance. It is the continuation of a new phase of cooperation between local partners in Ethiopia and Dutch partners of the ICCO Alliance. At programme level a number of objectives were set that indicate how EKHC changed with regards to its engagement with other NGOs.

The programme has been instrumental for all partners to share experiences and to learn lessons through the organisation of mutual project visits that also included public sector staff, as well as exposure visits to other organisations. These visits have stimulated reciprocal learning amongst partners.

The alliance partners received courses on lobby and advocacy and a manual was developed that is suitable for the Ethiopian context. However no joint strategies were developed to influence public policies and practices as a coalition, some use the course lessons to hold the public sector accountable at their project sites, which is not the case with EKHC. Alliance partners developed new ways to include their churches into development efforts, such as is the case with EKHC, and some learned how to use the local media such as radio broadcasting (no indications found with EKHC).

As observed at the level of EKHC, also the coalition is missing a monitoring and evaluation systems that helps to track progress being made and to draw lessons for improving the programme's effectiveness and efficiency.

This coalition of partners is still financially dependent upon the ICCO alliance and did not undertake any initiatives to attract other financial resources. Apart from this the Head Quarters of the partners, because not foreseen in the organisational set up, are not providing the support needed to sustain the coalition[12].According to Tear NL this issue is currently being addressed.

A positive trend observed is that EKHC is increasingly engaging with other religious congregations and not only its own protestant church [13]. Since 2010, Arba Minch town has a religious forum established by EKHC together with the local government that regroups Catholic, Muslim, Orthodox, and Protestant leaders and that are increasingly being solicited by the local government to resolve local conflicts. The forum is now self-supporting and provides support to 50 vulnerable people.

The Forum has constituted an Executive Committee of six members representing Orthodox Church (2 representatives), Protestant Church (2 representatives), Catholic Church (1 representatives) and Moslem (1 representative). It has developed its own bylaw, standard of work procedure in the process of beneficiary selection, service delivery and monitoring of activities[14].

Score baseline 2012 on an absolute scale from 0-3: 1

Score end line 2014, relative change on a scale of (-2, +2): 1

[12] Alemu E.,September 2014, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report), Covenant Development Consult

[13] Field staff and the programme staff

[14] Alemu E.,September 2014, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report), Covenant Development Consult

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at such as transparency, democratic decision making, taking into account diversity that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

Hardly any changes occurred with regards to the baseline study. Most representatives in the social organs of EKHC are mostly from middle classes, and marginalised groups and women are underrepresented. However, since 2012 more disabled representatives take part in these organs.

The evaluation team observed many unclarified issues related to the project budget and real expenditures that require a further analysis by competent experts. At the same time EKHC's financial resource base from donors is declining.

Score baseline 2012 on an absolute scale from 0-3: 2

Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which the SPO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

Since the baseline slightly positive changes are registered with regards to the extent to which beneficiaries are satisfied with services delivered, the organisations supported by EKHC have proven to make a considerable contribution to the civil society arena and have engaged in satisfactory relations with government representatives and public services and with private sector organisations. No policies of public or private sector organisations were influenced.

In the first place we observe that no systems are in place that measure the extent to which EKHC's beneficiaries are satisfied with services and support delivered by the AAC, the grain banks, the SHGs, the girls clubs, the FBO forum in Arba Minch and the many volunteers and community leaders that have been trained. Some positive indications show us that the outreach of these entities has increased since 2012 and that SHG are successful in combating social exclusion. AACs increasingly are being seen as the structures to solve issues relating to children in schools and in society, and they are engaging in other development activities as well. However AAC members frequently shift from one place to another, and occasionally AAC face internal conflicts, both factors therefore weakening the performance of these clubs[15].

The 22 – 25 grain banks are capable to support some 125 vulnerable people (PLWHIV and OVCs, disabled persons), however an increase in their number is hampered by inflation rates and consequent rises in prices of staple foods. These grain banks are embedded in their community through the idirs and the church.

In Arba Minch town the FBO forum which regroups Protestant, Catholic and Muslim congregations is attracting material and financial support from both other NGOs, universities and the local government, which enable it to also support some 45 vulnerable people (PLWHIV and OVCs, disabled and elderly persons) on a regular base and engages in other less regular community activities. It has become self-sufficient. Upon invitation of the local government it is assisting in the resolution of conflicts and it has gained sufficient bargaining power to negotiate positive outcomes with the university and with local government.

According to the information made available no such forums have been established in Mirab Abaya, and Arba Minch Zuria woredas.

[15] Input-output analysis

Relations of both EKHC and the forum with local government representatives has become more formal and more regular. This made the process of linking the 30 additional SHGs with microfinance institutions, which are established and sometimes managed by the government, easier. The government provides office space to the forum and the AACs and regularly is consulted by EKHC during meetings. They receive the technical and material support from EKHC that is necessary to play their roles in development.

Increasingly, private sector organisations support EKHC in the accomplishment of its objectives regarding HIV and AIDS. They provide free of charge health services, pay school fees or support OVC by ensuring vocational training.

No explicit policy influencing takes place targeting the public and the private sector.

Score baseline 2012 on an absolute scale from 0-3: 1

Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.5 Civil Society Environment

It is very challenging to sign an agreement with government bodies for a project which only has a life span of one year. Yearly projects also mean that it is more difficult to adjust to the mandatory administrative/program budget ratio (30/70 ratio). Projects covering more years could probably solve this issue, providing more flexibility for EKHC. The regional Finance and Economic Development Bureau was strictly opposed to the initial starting date of the project set at February 2012, because at that moment EKHC was not capable to comply with the 30/70 ratio and was searching for additional funding. Finally, the official starting date was reported to May 2012 when additional funding was found with Help a Child. The 30/70 ratio also resulted in EKHC staff being underpaid.

The official agreement procedures with the government took a very long time and have delayed in particular those activities in the woredas (Mirab Abaya and Arba MinchZuria). High staff turnover in government offices explain these delays.

EKHC suffered from the absence of resource persons in Arba Minch that would be capable of providing courses on networking and lobby and advocacy which resulted in the postponement of these activities.

Score baseline 2012 on an absolute scale from 0-3: 1

Score end line 2014, relative change on a scale of (-2, +2): -1

5.3 To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?

This paragraph assesses the extent to which some civil society outcomes achieved can be "attributed" to EKHC. Starting with an outcome, the evaluation team developed a model of change that identifies different pathways that possibly explain the outcome achieved. Data collection was done to obtain evidence that confirms or rejects each of these pathways. Based upon this assessment, the evaluation team concludes about the most plausible explanation of the outcome and the most plausible relation between (parts of) pathways and the outcome. The relations between the pathways and the outcomes can differ in nature as is being explained in table 4.

Table 4

Nature of the relation between parts in the Model of Change

Nature of the relation between parts and other parts or outcome	
The part is the only causal explanation for the outcome. No other interventions or factors explain it. (necessary and sufficient)	
The part does not explain the outcome at all: other subcomponents explain the outcomes.	
The part explains the outcome but other parts explain the outcome as well: there are multiple pathways (sufficient but not necessary)	
The part is a condition for the outcome but won't make it happen without other factors (necessary but not sufficient)	
The part is a contributory cause it is part of a 'package' of causal actors and factors that together are sufficient to produce the intended effect.	

Sources: Mayne, 2012; Stern et al, 2012

The following paragraph assesses EKHC's contribution to two outcomes. Each paragraph first describes the outcome achieved and the evidence obtained to confirm that the outcome has been achieved. It then presents the pathways identified that possibly explain the outcomes, as well as present information that confirms or refutes these pathways. The last section concludes in the first place about the most plausible explanation of the outcome, followed by a conclusion regarding the role of the SPO in explaining the outcome.

5.3.1 Civic engagement

The evaluation team looked at the extent to which EKHC's interventions helped to reintegrate OVCs into the school community to enhance their chances of becoming a full member in society. According to our information 60 female students received particular support in different schools through the peer education groups; 40 OVCs received educational material support because 6 schools generated income through their own agricultural plots.

EKHC does this by means of forming peer education groups within schools and by capacitating AACs and gender clubs in order for them to provide psychological support to OVC. The assumption is that students are more inclined to be influenced by their peers than by their parents or teachers. The cascade system of peer education furthermore ensures a wide coverage. The government is also involved in the re-integration of OVCs into the school system via the provision of special IDs that allow OVC to enter schools without a uniform, by exempting OVCs from paying school contributions, and by paying part of their health expenses. Apart from this volunteers employed by NGOs like USAID might also explain the enhanced inclusion of OVCs: they provide care and support services and distribute school uniforms, school materials and food to OVC.

Pathway 1: Enhanced inclusion through the efforts of peer education groups

The first pathway that might explain the integration of OVCs into the school system is the formation of peer education groups. EKHC trains a total of 50 students per year as peer educators. These students then go to their respective schools and train 8 students each and those 8 teach 10 other students. Hence training one peer educator will result into 80 fellow students also becoming peer educators. The first 50 educators get training from EKHC for 10 days and in turn they train the 8 students for 5 days. The peer education members are in grade 5 or higher. Between 2011 and 2013, 126 out of the 140 planned peer educators were trained by EKHC.

The following information *confirms* the importance of the peer education groups in integrating OVC into the school system:

- Field staff believes peers of OVCs in schools know best their needs and hence can be instrumental in helping them. The peer educators furthermore conduct counselling of OVC school drop-outs and try to convince them to come back. The peer education system works well in identifying drop-outs. One of the peer educators mentions he was able to bring back three out of four OVC that dropped out in his school.
- A high school teacher interviewed underlines the positive effects of peer pressure to increase school attendance. An elementary school teacher adds that because the peer discussions are open to anyone and the topics are interesting, OVCs come to school to see their peers and to attend the peer discussions. Hence, the peer education groups increase the social cohesion between students.

- The peer educators interviewed highlight that students are more prone to listen to the advice of their peers than to the scolding of parents and teachers. Sensitive topics such as sexuality and sexual behaviour which are not addressed by parents are discussed in the peer education groups. This argument is valid for both the in- and out of school clubs.

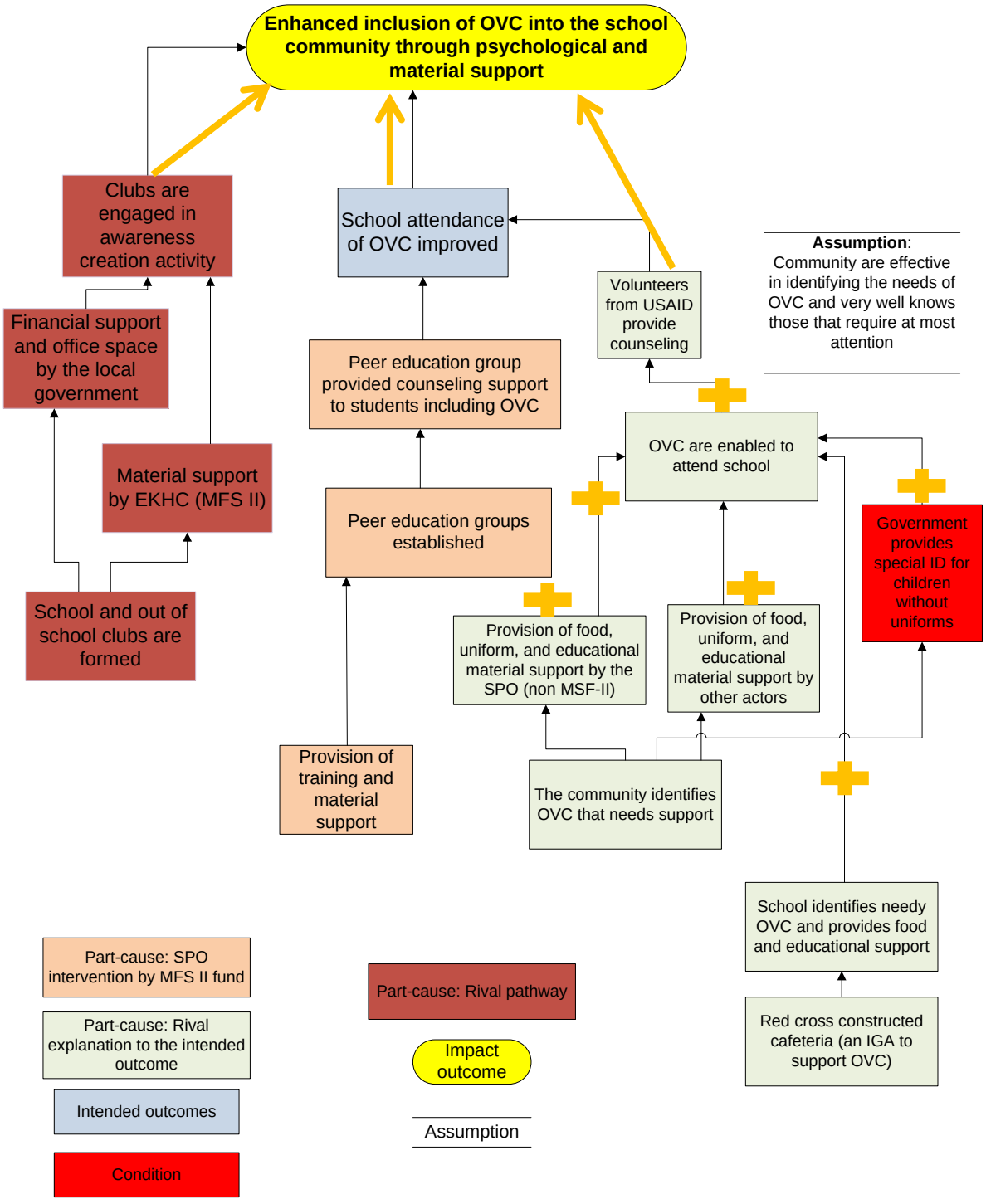


Figure 1: *Pathways that possibly explain outcomes and conclusions about the nature of the relations between pathways and the outcome, enhanced inclusion of OVCs into school community*

The following information collected highlights the fact that peer education groups *do not explain* the integration of OVCs into the school system:

- Though the cascade system looks promising in theory, the quality of the information transferred from peer educator to peer educator does not become clear from the data collected. The first educators are trained more extensively than their successors. Attendance rate of the students drops along the line: from the 10 students trained at the end only 60% finishes the full training[16]. The fact that peer educators need to be in grade 5 or higher means furthermore results in high succession rates. The peer educators who leave school recruit their successors. It does not become clear from the data collected how these successors are trained.
- The peer education groups focus mainly on awareness creation and they support OVCs through life skill advice. They do only have limited means to support OVCs with material or food support.

Pathway 2: Enhanced inclusion through awareness creation by AACs and gender clubs
The second pathway that might explain the inclusion of OVC into the school system is the awareness creation by AACs and gender clubs. These in- and out of school clubs conduct awareness creation sessions aimed at convincing communities not to socially exclude OVCs. They furthermore provide counselling services to OVCs, which mainly consist of psychological support but occasionally they provide financial and material support.

EKHC supported 14 AACs and 10 gender clubs between 2012 and 2014. The number of newly established AACs or gender clubs since the baseline and their location cannot be deducted from the documents. The AACs are said to have reached a total of 16,977 persons by means of coffee ceremonies, poetry presentations and 10 drama plays. Initially each AAC was supposed to organise 2 coffee ceremonies per month (180 coffee ceremonies per 6 months). This was however downsized to 90 coffee ceremonies since May 2013. On average 84 % of the planned ceremonies during that period took place[17].

The documents give the impression that 10 gender clubs have been created between 2012 and 2014, in charge of one coffee ceremony per month. No figures are available for the number of coffee ceremonies organised except for the May-October 2013 period: 85% of the planned coffee ceremonies were conducted during that period. The gender clubs were able to reach 7.020 persons via the coffee ceremonies.

The following information *confirms* the importance of AACs and gender clubs in integrating OVC into the school system:

- The AACs work together with the Kebele Children and Youth office and the school to reach children that are not going to school[18]. The AACs have easy access to the youth in the community via their members and they are able to approach the most destitute children.

The following information collected highlights the fact that AACs and clubs *do not explain* the integration of OVCs into the school system:

- The financial capacity of the clubs is limited: the members of the AAC interviewed emphasize that their club can only materially support a handful of OVCs. The sustainability of these clubs in terms of providing material support is low.

Pathway 3: Enhanced inclusion through support provided by the local government
A third pathway that might contribute to the inclusion of OVCs into the school system is based on the efforts of the local government. The local education office provides various exemptions to improve the school attendance of OVCs. For example, vulnerable students who cannot afford uniforms are given a special ID to enter the school premises without uniforms. Though government schools are free, OVCs are exempted from paying school contributions like for example renovation fees. Furthermore, the government covers their health expenses in the locality and works together with NGOs like the GamoGofa development association to provide food and material support.

[16] Based on attendance records of peer educator groups
[17] No information available for the other periods
[18] Interview with AAC member

The government is also working on bringing back school drop-outs. Kebele representatives are part of school committees that work together with Parent Teacher Associations (PTAs) to identify OVCs in town.

The following information *confirms* the importance of the local government in integrating OVC into the school system:

- The local government is willing to work together with different partners on the integration of OVCs. At Kebele level, the Children and Youth Office works with the AACs to identify OVCs and school drop-outs. At town level, the education bureau works together with school committees and PTAs to identify OVCs. After the selection process the government officials determine what support can be given via government services and through NGOs like PACT or the GamoGofa association.
- The local government has a broad strategy and support system like the exemption of admission fee and school contribution for destitute and OVC, OVC that can't afford to wear uniforms are given a specific ID where they are allowed to enter without uniform, and the Mayer's office covers a portion of health expenses from the regional annual budget.

The following information collected highlights the fact that the efforts of the local government *do not explain* the integration of OVCs into the school system:

- The local government takes a rather passive stance towards the implementation of their directive. As the interviewee of PACT confirms, actors need to approach the local education office to ask for support of identified OVCs. The local education office does not have a pro-active attitude towards supporting OVCs, but rather waits until NGOs approach them. The local government does not actively intervene although it has the mandate to do so. The education bureau confirms in an interview that their coverage of OVCs support is still rather low.

Pathway 4: Other actors and factors

The Red Cross constructed cafeteria in most of the schools in Arba Minch as a means to generate incomes to provide educational materials, uniform and sometimes food (maize) for destitute children. This initiative aims to ensure that students that are unable to attend class due to hunger or lack of learning materials can still integrate into the school system. NGOs like WFP, World learning also support these children with food and school materials, but these projects are phasing out.

EKHC is implementing an USAID project that provides school materials and food to destitute children (both OVC and otherwise). The USAID project also coordinates soft supports like tutorial and follows up on school attendance. This project works with 260 volunteers in and around Arba Minch, giving home based care, counselling and monitoring OVC's school performance. The project supports 2413 children of which 1297 have been linked with WFP and 38 have been linked to free technical and vocation education. Another actor supporting destitute children (OVC and others) is the local government that issues IDs for those children identified by the community so that they can attend school without the mandatory school uniform. The local government also has a monitoring system of school drop outs which is however not effective in bringing them back to school.

Conclusion

The most plausible explanation of the increased inclusion of OVCs into the school system is in the first place that they are being selected for an integration programme and that they receive material support like school uniforms, books, food and support in paying their school contributions. The peer education groups, AACs and gender clubs; NGOs like PACT and USAID that provided material and food support to 6,010 respectively 1,296 children; school cafeteria by the Red Cross, and: school gardens all are needed and are to be considered as a *condition* to enter the school system. This requires the coordination of multiple actors: In one kebele visited by the evaluation team, the local education office, the AAC, and the schools are working together and each fulfils a different role: the clubs have access to the most destitute OVCs and evidence exists that they can influence their peers; the school can guide the process of school integration; and the Kebele Children and Youth office can either involve a NGO to provide support needed or use their means available like providing an ID to exempt OVC from wearing school uniforms. All these are *conditions* that need to be in place before OVCs can actually start frequenting classes.

EKHC's peer education groups, the AACs and the girls clubs, as well as the 260 volunteers supported by USAID in and around Arba Minch, giving home based care, counselling and monitoring OVC's school

performance all do fulfil a role in the creation of solidarity by creating a level of trust and comfort with their peers that allows for more open discussions of sensitive topics. It remains difficult to disentangle the contribution of these social-cultural interventions: Both the peer education groups and AACs are involved in the prevention of drop-outs and they cover the same discussion topics. [19] Additionally, students tend to be members of more than one club or group which means the effect of the peer education groups cannot be separated from other in- and out of school clubs. The USAID volunteers also provide counselling services and monitor monitoring OVC's school performance. All three approaches seem to contribute to an increased integration of OVCs into the school system and therefore each constitutes a *sufficient but not necessary explanation*: the peer education system itself can increase school attendance and performance, but this can also be attributed to the AACs the girl clubs and the USAID volunteers.

EKHC's contribution

EKHC's most important contribution under MFS II therefore lies in strengthening the performance of peer education groups, AACs and gender clubs that play an important role in socially integrating the OVCs. This according to the information available led to 60 female students receiving support in different schools through the peer education groups and 40 OVCs receiving educational material support through agricultural plots in 6 schools. Though it could be argued these interventions are more sustainable, compared to the figures of OVCs and destitute children supported by the USAID program, also implemented by EKHC and reaching 2413 children with 260 volunteers (not only by counselling services but also by material support), the MFS II contribution seems to be rather limited. A major factor that might explain this consists of the fact that no material support is included in the support of OVCs under MFS II whereas the USAID program also provides these. The advantage of the MFS II interventions is that they are embedded in society. As psychological, social and material support are all needed, a combined interventions strategy is preferred. Appendix 6 provides more detailed information.

5.3.2 Strengthening Intermediate Organisations

In order to assess the impact of capacity building efforts by EKHC on intermediate organisations, the evaluation team looked at the capacity of the religious forum in Arba Minch town and the grain banks to ensure 'enhanced food and nutritional support for vulnerable groups'. The FBO forum is currently supporting 45 persons on a monthly basis and 129 PLWHIV receive monthly food support from the grain banks.

Pathway 1: Food and nutritional support through the FBO forum – MFS II

The first MFS II related pathway is that of capacitating the FBO forum that was initiated by religious leaders together with EKHC in 2010 with the objective of providing support to the most vulnerable groups in the community. Between 2012 and 2014, EKHC trained the administrators of this forum on community conversation, resource mobilization, lobby and advocacy, planning, counselling, and leadership skills. The forum furthermore received 10.000 birr from EKHC to facilitate training and meeting costs. Next to EKHC the forum receives contributions from mosques, churches and other NGOs (World Vision provided the forum with 50.000 birr to organise a discussion forum with the government). The university also paid the forum 40.000 birr for discussions held. The forum furthermore opened a grocery shop to generate an income.

With the mobilised resources the forum supports 40 beneficiaries (OVC, PLWHIV and elderly) on a monthly basis by giving them 250 birr per month. Ten more beneficiaries receive between 120 and 180 birr occasionally. With the support of American volunteers, the forum provides home based care to 10 people every 15 days and distributes teff, onion, shiro and oil to beneficiaries. Marry Joy donated 10,000 pairs of shoes of all sizes for both adults and children, which were distributed via the forum.

Information collected that *confirms* the contribution of the FBO forum in enhancing food and nutritional support to vulnerable groups is that the forum has a broad resource base that allows them

[19] Interview with peer educator

to provide structural support. The American volunteers seem to play an important role by providing the commodities to support the beneficiaries during home based care. The forum is furthermore well institutionalised and their influence in the community and with the local government is felt by the interviewees.

The following remarks can be made in relation to the contribution of the FBO forum in providing food and nutritional support:

- The forum itself says they are not able to provide as much support as needed as they are overburdened by the activities they are already performing. Their range of activities range from providing home based care to building and renovating homes for destitute families, to repairing latrines for handicapped people, to organising discussion forums with the government. This lack of focus results in a rather broad but shallow spectrum of support which makes their impact on food and nutritional support questionable.
- It does not become clear from the data collected how the beneficiaries for structural financial support are being selected; neither does it become clear whether they use the money to buy food. The selection of the people to be included in home based care activities can neither be deducted from the data. The provision of the commodities for both the grocery shop and the home based care activities by the American volunteers does not seem sustainable.
- Other actors such as idirs, clubs and community committees can also provide food and nutritional support (this has not been assessed by the evaluation team).

Pathway 2: Food and nutritional support through the grain banks – MFS II

A second pathway explains enhanced food and nutritional support via grain banks. Grain banks are formed by idirs and church representatives. EKHC started providing initial capital for grain banks in 2010 and two more grain banks per year after that. In 2014, EKHC provided start-up capital for a total of 22 grain banks (9 in Arba Minch, 7 in Mirab Abay, and 6 in Arba Minch Zuria). The nine grain banks in Arba Minch formed a union in 2013 and received a grain mill from the government.

After start up, the grain banks receive contributions from members on a monthly basis. Since the baseline the monthly amount has increased from 0.25 birr to 1 birr per month due to inflation and some grain banks have agreed to contribute up to 3 birr per month. There are also individuals who contribute more than the set amount and in the rural areas some members contribute in kind. EKHC supports the grain banks in their development by providing stationary materials and training on various subject like management skills (23 persons in 2013), planning, monitoring and evaluation (33 persons in 2013), and resource mobilisation (74 persons in 2013).

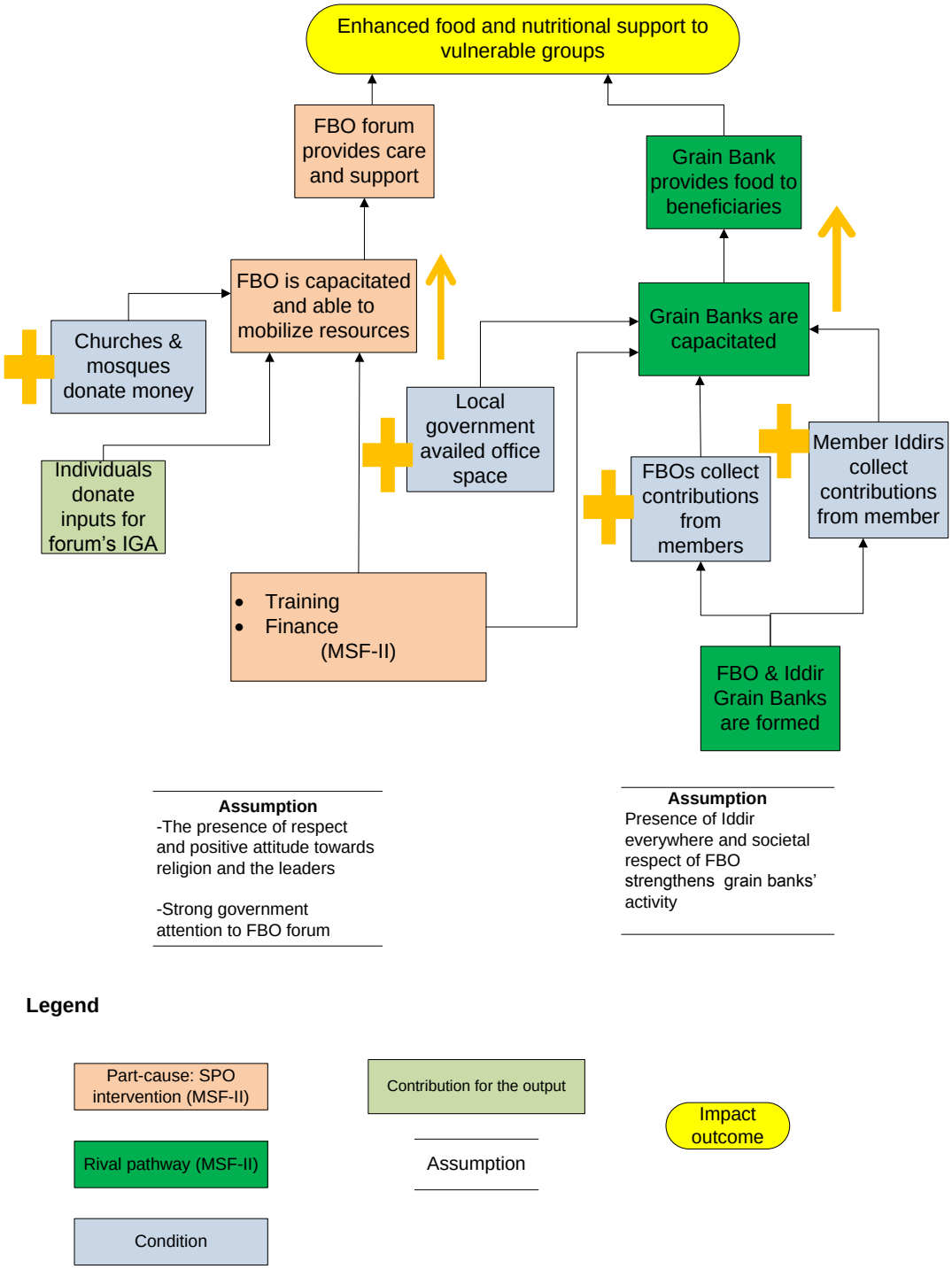
With the member contributions, the grain banks support 4-9 beneficiaries each which add up to around 125 beneficiaries in total. They mainly provide grain, oil, money and clothing to destitute people in the community. Besides food support, two or three volunteers of each grain bank conduct home based care at least two times a week. Some beneficiaries are also supported by the grain banks to engage in petty trade and saving activities.

Information that confirms that the grain banks increase food support to vulnerable groups is:

- The interviews give an indication that the food support given by the grain banks is structural, which is an indication of their effectiveness. The beneficiaries chosen to be supported are the most destitute in the community, mostly elderly and people with HIV/AIDS, which have no alternatives (like petty trade) to provide in their basic needs as they are physically impaired. The beneficiary interviewed receives food and oil on a monthly basis for the past three years. The grain bank members are well informed about the number of beneficiaries reached and the support provided and the grain bank union in Arba Minch was able to attain a grain mill. The social control of the members that provide care and support services is furthermore high. However, the documents received do not provide sufficient data on the financial and organisational performance.
- The grain banks try to increase food security in multiple ways: they provide direct food and nutritional support to OVCs, PLWHIV and elderly, but also give beneficiaries the opportunity to be involved in petty trade or saving activities. There is also a plan to invest the savings to build a store where larger volumes of grain, bought at a cheaper price, can be stored and there are plans to invest in opening up a store.

The following information collected highlights the fact that the efforts of the grain banks *do not explain* an increased provision of food and nutrition security.

- The food support given consists mainly of the same products being grain or oil. The nutritional value of these products is not sufficient in terms of the preferred nutrition needed in combination with ART.
- Even though the grain banks have increased their member's contribution they could not increase the



number of beneficiaries due to the inflation rate.

- Other actors such as idirs[20], clubs and community committees can also provide food and nutritional support (this has not been assessed by the evaluation team).

Pathway 3: Food and nutritional support through the Health Extension Programme

A third pathway explains increase food and nutrition security consists of the public health extension workers (HEW) who are assigned by the local government to extend the health service from the health

[20] Idirs provide food to individuals occasionally, but not on a structural basis

centres to the community. This approach exists for 3-4 years and is based upon the 1:5 approach adopted from the agricultural extension programme: one model family visited by the HEW has to pass a message along to 5 other families. Some 15-17 public messages have to be extended to households, comprising amongst others pre/post-natal care, PPTCT awareness creation, hygiene and sanitation, child nutrition, vaccination, reproductive health, male involvement in family planning, STD, environment protection, giving family planning pills and injection. During their household visits, these HEW could probably intervene by means of referring destitute people to those instances that are capable to provide the food and nutritional support needed.

Information that *confirms* the role of the HEW in providing food and nutritional support is the following: The HEW visit 8-10 households each per week and have the possibility to refer malnourished persons to public hospitals, PLWHIV to those organisations capable of providing food and nutrition supplies and support the local government in identifying these persons[21].

Information that *rejects* their role in providing food and nutritional supplies is given by the Health Office and HEW themselves, telling that they are not engaging in this type of activity. Another informant also states that the extension system is not performing and that any services that is supposed to be delivered free of charge, including free ART, needs to be requested at the office.

Pathway 4: Food and nutritional support through other actors
As mentioned earlier, USAID support 2413 children of which 1297 have been linked to the World Food Programme and ONG PACT provides food support to 6,010 children. However the intervention structure is not known and this contribution analysis focusses in particular on the capacity of intermediate organisations to cater for food and nutrition support. Therefore we did not assess this pathway further.

Conclusion
The data available support the idea that vulnerable groups are easily identified and reached by the FBO forum and the grain banks which, based upon FBOs and idirs are grounded in society. Apart from these idirs that do not collaborate in grain banks, clubs and community committees also provide food and nutrition support to destitute persons.

The capacity of the FBO forum and the grain banks to deliver foods and nutritional support is limited in the following terms. Though through the forum a platform is created for actors to come together and decide on actions, the forum itself is being seen as the solution to all problems and lacks a clear vision and mission in society, which might help it to concentrate on a few interventions rather than solving all problems in Arba Minch town. The Grain Banks suffer from the rampant inflation rate that constrains them to support more people. Other actors that explain an increase in food and nutritional support are women groups, the WFP, PACT etc. Critical issues to look into when targeting PLWHIV under ART are in the first place the nutritious quality of the food supplies. Support provided by the grain banks does not meet these criteria.

All these different actors each explain an increase in the provision of food and nutrition supplies, implying that there are multiple ways that explain the outcome *(sufficient but not necessary explanation of the outcome.*

When taking into account the particular food and nutrition requirements for PLWHIV, the contribution of these pathways needs to be further assessed in terms of the quality of support given.

The role of EKHC
EKHC's role with regard to the outcome of increased food and nutritional to vulnerable groups support via the FBO forum and the grain banks is not convincing. EKHC's main contribution in relation to the FBO form is that of capacity building. No conclusions can be drawn with regards to the long term effectiveness of this intervention. Its intention to enhance food and nutritional support through the formation and support of grain banks is only partly successful in terms of food security since the low variety in food provided does not ensure enough variety in nutrients for PLWHIV and under ART.

[21] PACT and HEW

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

In its 2012 ToC EKHC formulated its overall objective with regards to civil society as "empowered civil societies that comprises of agents of change for the self-sufficiency of their surroundings." In order to reach this objective four conditions need to be in place: capacity building of CBOs; asset based community development through SHGs and cooperatives; promoting indigenous knowledge, and; strengthening networks among CBOs.

The progress reports highlight an impressive list of courses being given to various target groups, but the links between these courses and the performance of the AACs, girls clubs, grain banks, SHGs and the forum has not been documented. Those entities all have showed some progress in terms of becoming change agents as has been documented in paragraph 5.1. AACs play an important role in the integration of OVCs in the school system and in society, and they are also being solicited by parents and by the community, grain banks are capable of providing food and nutrition support and the FBO forum has gained a bargaining position that enables it to influence local institutions, including the local government and it is being solicited by the local government to manage conflicts. However it lacks a vision that will clarify its position into society; service provider, addressing issues with government services or addressing community conflicts?

With regards to asset based community development, some progress has been made and in particular at the level of the grain banks and the forum resources are being mobilised. Asset creation by AACs remains minimal as the AACs generate only a small income via organising activities for students such as table tennis tournaments or movie nights. The probability that AACs will be able to provide material support in large quantities seems unrealistic, as students have no income yet. Asset creation by the SHGs is unknown.

With regards to the promotion of indigenous knowledge we observe that especially the grain banks, established and managed by idirs or churches ensure that these are embedded in the existing institutions, however also assigning new roles to these institutions. The CBO forum is another example where existing institutions are now combining forces to make a change in society.

Apart from the forum in Arba Minch town we have not found evidence of networks being formed in the other woredas.

5.4.2 Relevance of the changes in relation to the context in which the SPO is operating

The need assessment conducted at the end of 2010 in Arba Minch Zuria and Mirab Abaya woredas revealed that the infection rate and impact of HIV is still high in the intervention area, especially among the adolescents coming to Arba Minch from the surrounding rural kebeles who go to secondary school or to the university. There is also a high-risk group of young immigrants, mainly females, coming from the rural areas to Arba Minch for casual labour such as household maid. These youth tend to live in overcrowded rooms which leaves room for casual and unprotected sex and hence the spread of Sexually Transmitted Infections and HIV[22]. The need assessment study furthermore concluded that awareness on HIV/AIDS and care and support services provided is higher in terms of quality, quantity and coverage in Arba Minch town as compared to Arba Minch Zuria and Mirab Abaya. Based on these findings EKHC determined to expand its activities to the rural areas as of 2011.

The progress reports however do not describe what the exact changes in these new areas are.

[22] EKHC Arba Minch project proposal 2012-2015

5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA

Tear believes civil society is best strengthened by using the networks of churches. In the past, the churches did not fulfil a role in bringing people together in society next to religious gatherings. By forming and supporting NGOs and SHGs, Tear believes churches can play an important role in building civil society.

Tearfund helped introduce the SHGs approach to Ethiopia via EKHC in 2002. The first five SHGs were started by 100 women in Nazareth (Adama); today the number of SHGs as part of Tearfund funded programmes has increased to well over 12,000 across Ethiopia, impacting over 1 million people. The growth in numbers of SHGs has been primarily because local churches have embraced it and replicated it using their own resources. According to Tear forming self-help groups is a sustainable and high return intervention as was concluded in a cost-benefit study on SHGs in 2013[23].

One of the goals formulated in the Ethiopian Thematic Country Plan 2011-2015 was the programmatic cooperation between ICCO Alliance partners [24].It is believed that due to its size, the ICCO Alliance partners in Ethiopia would be able to link up with other health partners, and also identify issues which they can address together, e.g. in dealing with the government. It is furthermore stressed that since the issue of access to and quality of health care is complex, the ICCO Alliance wants to work from its strength of partnerships with large community organisations (FBOs), which have gained experience over a number of years. This will improve the local organisational strengths of communities, to make them more relevant. Within these local organisations there will be a provision that marginalised local groups will be especially targeted. By the possibilities of linking and learning, the results of different Partner Organisations can be brought to a higher level, where systemic issues can be addressed as an Alliance. Feedback provided by Tear to EKHC on the 2013 annual report however mentions no reporting on collaboration between EKHC and the other ICCO Alliance Partners.

5.5 Explaining factors

5.5.1 Internal factors

EKHC reports that the new implementation sites increased their transportation costs significantly. Additionally, their turnover of high skilled manpower is high without explaining why this is the case.

The financial reporting of EKHC lacks coherence: the 2 year budget over 2012-2013 shows a different set-up than the budget reported in the financial reports (the original budget for this period was Birr 1.836.790, the new budget given is Birr 1.757.608); there are items in the budget which were not included previously; and the annual budget is overspent with 20%. It is furthermore unclear how the budget is spent as the contributions for CBOs and expenses of trainings do not add up: the SPO gives 10,000 birr per year for the FBO forum and only gave initial capital for the 22 grain banks. After the first batch only one or two grain banks are formed per year and they are given initial capital of around 30,000 birr.

5.5.2 External factors

EKHC is supported by many donors next to Tear[25]. In order to align with the 70/30% procedure they pay staff from different programmes. EKHC mentions it has become more difficult to raise funding in recent years due to the economic crisis. Since the 2012-2015 budget was submitted to the

[23] In October 2013, Tearfund UK and Tearfund Ireland funded a cost-benefit analysis of the SHGs in Ethiopia. The results of this study indicate the SHG intervention has a very high return, as much as £173 for every £1 spent, and is demonstrating transformational change[23]. They however question the (long-term) effectiveness of peer-to-peer education, the grain banks and the FBO forum.

[24] Ethiopia Thematic Country Plan 2011-2015, ICCO alliance, update 2013.

[25] The Arba Minch Medan ACTS programme has only Tear as a funder

government, it is not custom to deviate from the original budget and EKHC struggles to gather funds for to comply with the original budget.

EKHC mentions a high staff turnover in government offices delayed the implementation of some project activities. The project agreement with the government took a very long time and has pulled back some activities from schedule, particularly those in the new rural project woredas (Mirab Abaya and Arba MinchZuria). It is very challenging to sign an agreement with government a project which has a life span of one year. With a lower budget it was difficult to adjust the administrative/program budget ratio (30/70 ratio). The regional Finance and Economic Development Bureau was strictly opposed to the starting date of project implementation (February 2012), because more than 3 months elapsed as EKHC was searching for additional funds. As a result EKHC had to postpone the starting date to May 2011.

One other challenge is the lack of commitment among church leaders to engage with the programme. This seems however to contradict with the success of the FBO forum mentioned in annual reports.

EKHC looked for consultants in Arba Minch to provide training on lobby and advocacy and networking, but suitable candidates were not available, leading to the postponement of these activities.

EKHC's approach with regards to the creation of SHGs is based upon the creation of internal savings. Other NGOs that have the policy to provide their SHGs with an initial capital are interfering in EKHCs approach, because they create false expectations of those persons that like to form a SHG under the guidance of EKHC.

5.5.3 Relations Tear-EKHC

Tear provided EKHC with serious feedback on EKHC's 2013 annual report by stating that all feedback given by Tear during previous periods was not addressed properly, implying that EKHC is not following up the feedback and is not taking appropriate measures accordingly. They furthermore state that observed that the monitoring and evaluation system in place does not help to relate inputs to outputs, that no gender disaggregated data are provided and that EKHC does not report on its collaboration with other NGOs and other projects it is implementing with other donor organisations.

A delay of the budget release from Tear has pushed forward the project activities for four months[26].

[26] This delay was caused by mistakes in the financial and audit reports, which first needed clarification before EKHC decided to release the budget.

6. Discussion

6.1 Design of the intervention

Peer education programs are based on the rationale that peers have a strong influence on individual behaviour (Medley, Kennedy, O'Reilly, and Sweat, 2009). As members of the target group, peer educators are assumed to have a level of trust and comfort with their peers that allows for more open discussions of sensitive topics (Campbell & MacPhail, 2002). Similarly, peer educators are thought to have good access to hidden populations that may have limited interaction with more traditional health programs. Peer education programs may be empowering to both the educator (Milburn, 1995; Strange, Forrest & Oakley, 2002) and to the target group by creating a sense of solidarity and collective action (Campbell & Mzaidume, 2001).

The above confirms EKHC's project design in terms of working with peer education and clubs to reach vulnerable youth groups and bring about behavioural change. Whereas the peer educators play a role in getting a message across to the vulnerable youth in society and convincing them of the importance of education, the clubs involve and inform the youth via coffee ceremonies. However, the selection procedures in place to identify peer educators are essential to program success. Similarly, how peer educators are recruited can determine how they are perceived by the target population. For example, peer educators chosen by their peers might be expected to be more popular, but less motivated than volunteers, or less skilled than peer educators chosen by program staff. Training and supervision of peer educators is also likely to be an important factor in intervention effectiveness. Retention of trained peer educators is crucial to program effectiveness and sustainability. Peer education is often believed to be more cost-effective than other interventions because it uses volunteers, or minimally paid peers to deliver information (Milburn, 1995).

The training along the chain of peer-educators, the high turnover rate among peer educators and the quality in training of successors in EKHC's programme questions the programme's effectiveness. The selection and the extent to which EKHC manages to motivate these young people (beyond material motivation) is not well documented and hence no conclusions can be drawn on this issue.

In 2011, Tear supported a Master thesis on the impact of SHGs on the capacities of the people in Meta Robi, Ethiopia[27]. This thesis stresses that although a lot of effort and time goes to encouragement and convincement, attitude change can take place when visible impact is reached. New SHGs will emerge when husbands and other outsiders get convinced of the usefulness of the group. Therefore in newer groups more attention is to be paid to education and training, instead of encouragement and convincement. It is expected that others will follow when only a few start to cooperate initially. The interviews conducted with SHGs reveal a positive stance towards the usefulness of self-help groups and their contribution. In this thesis the crucial role of a capable and committed facilitator who helps in the early formation of a cluster level association (CLA)[28] to enhance independency after one or two years is furthermore highlighted. From the documents it could not be retrieved whether SHGs are facilitated well.

The grain banks managed by idirs and churches are to be considered as a long standing community based self-help system as well as the youth clubs such as the AACs and the girls clubs.

[27] Thesis Klaas Evers "Many hands make light work? The impact of self-help groups on the capabilities of people in Meta Robi, Ethiopia" (2011)

[28] Above SHGs, Cluster Level Associations (CLAs) are formed to represent and monitor a number of SHGs on village level. Per SHG 2 members are part of the CLA. Developed CLAs monitor the groups, initiate the formation of new groups and represent the interests of the SHGs to local governments and other relevant institutions (like Micro Finance Institutions (MFIs) and Banks).

With regards to replicability we observe that EKHC is using traditional institutions like the AACs, girls clubs, and grain banks that are being managed by idirs or churches that take up new roles assigned to them that orient them into development issues. Also other organisations like OSSA and MKC-RDA are making use of these existing institutions. Information and data are lacking with regards to EKHC's performance in supporting these structures to respond to these new roles and therefore it is difficult to conclude about the replicability of the project.

The creation of the religious forum is a promising intervention that helps to organise civil society at a level beyond idir and congregation. Similar experiences exist with OSSA and with JeCCDO. The vision and the mandate of such new structures need to be clear before these organisations become effective. Their potential lies in their capacity to hold public services accountable for good quality service. In terms of replicability we observe that the possibility of establishing such forums goes beyond the average project duration and largely depends upon the capacity of congregations or idirs willing to cooperate and the capacity of the SPO to create such a civil society space.

6.2 Evaluation methodology

A methodology was design to conduct this evaluation – see appendix 2. The methodology in itself provides enough guidance to conduct a Theory Based Evaluation, although the process tracing methodology requires substantial understanding of the different steps to take.

Generally speaking we observe that the CIVICUS framework has never been used for evaluation purposes, and that the period between the baseline and end line study hardly covers two years, whereas the entire MFS II period covers 5 years. Furthermore, we observe that the interventions by the SPOs do not distinguish interventions that relate to Civil Society or Policy influencing from other interventions. This makes it occasionally difficult to obtain a clear focus for the civil society evaluation.

Critical steps in the evaluation methodology are the following:

1. Linking project interventions from the SPO to the CIVICUS framework. The project documents do not provide this information and are based upon the interpretation by the evaluation team in the Netherlands.
2. The extent to which the project documentation enables the Dutch team to understand the in-country realities. If the quality of the reports is weak, then the guidance provided to the in-country evaluation team is weak. Therefore deciding upon the outcomes to be selected for in-depth process tracing was sometimes hampered by incomplete and un-clear project documents.
3. After the workshop with the SPO, the in-country team had to decide upon which outcomes they will focus on for the in-depth process tracing. There was a tendency to selecting positive outcomes achieved.
4. Designing the model of change that explains the outcome achieved, followed by the inventory of rival pathways to explain that outcome has also proven to be a critical and difficult step. In this phase it is critical that the evaluation team works together to brainstorm on alternative pathways. A major challenge is that in-country teams at this moment of the evaluation have obtained a lot of information from the SPO, and not from other NGOs or resource persons, which possibly might strengthen their bias in favour of attributing change to the SPO.
5. The following step of identifying the information needs to confirm or reject these pathways and to identify the method of collecting the information needed. Also this step has most chances to be successful when the evaluators work together.

Information gathering to assess the relevance of the changes in civil society and the explaining factors generally speaking was not challenging.

Critical conditions for this evaluation methodology are:

1. Project documents and progress reports need to be available in time, and they need to systematically report not only on outputs but also on effects on the changes in peoples livelihoods (civic engagement), and at least the performance of organisations that received support from the SPO. None of the SPOs in the sample have an M&E system in place that measures the organizational capacity of the organisations they support.

2. The evaluation team needs to have a thorough understanding of the CIVICUS framework and the interpretation of the indicators used for this evaluation.
3. The evaluation team needs to understand how process-tracing works and the in-country evaluation teams need to develop a critical stance towards the interventions of the SPO that enables them to identify rival explanations for the outcomes achieved and to identify the appropriate questions to confirm or reject pathways. Because this is a new methodology, much depends upon the team's previous experiences of theory-based evaluations.
4. The methodology developed and in more generally terms theory-based evaluations are more time-consuming than randomized control trials.
5. The process-tracing methodology requires a continuous process of analysis of information obtained and identification of further information needs to be able to make a plausible contribution claim. This capacity of critical reflection is one of the core capacities needed to successfully conduct a theory-based evaluation like process-tracing.

Conclusion

7.1 Changes in the civil society arena of the SPO

In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the SPO are related to civic engagement and perception of impact. With regards to the first dimension we observe a slight increase since the baseline study in terms of more People Living With HIV (PLWHIV) and Orphans and Vulnerable Children (OVC). These are now being reached by Anti Aids clubs, girls clubs, grain banks, schools and the FBO forum and that these have contributed towards combating social exclusion. Most of these organisations, apart from the two new districts that were added to EKHC's intervention zone, were already established before the current programme started in 2011 and received continuous support by EKHC.

With regards to perception of impact (which also includes the increased outreach already mentioned under civic engagement), we observe that the Anti-Aids Clubs (AACs), the girls clubs and the FBO forum are better embedded into society. AACs increasingly requested to intervene when parents have problems with their children and they are engaging in other development activities in their community as well. In Arba Minch town the FBO forum which regroups Protestant, Catholic and Muslim congregations is attracting material and financial support from many sources and is engaged in a wide range of development activities. It has gained sufficient bargaining power to negotiate positive outcomes with the university and with local government.

Relations of both EKHC and the forum with local government representatives has become more formal and more regular and increasingly, private sector organisations support EKHC in the accomplishment of its objectives regarding HIV and AIDS.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with EKHC, and interviews with external resources persons working in civil society organisations that receive support from EKHC; other civil society organisations with whom the SPO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which the SPO is concentrating.

7.2 Contribution analysis

Based upon an analysis of the projects and programmes financed by the Dutch CFAs, four orientations strategic for civil society development were identified: Ensuring that more people from more diverse backgrounds are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations. For Ethiopia the focus was initially on the intermediate organisations and on the position of SPOs in their respective networks. The Ethiopian team however concluded that there is little room for networking amongst NGOs that receive foreign funding in Ethiopia, and that NGOs mainly collaborate with each other by instigation of the government to come to a division of labour per district and region. Therefore the second strategic orientation for most SPOs is now focussing on civic engagement.

Based upon an estimation of the percentage of the MFS II project budget related to interventions that are relevant for civil society, those SPOs whose absolute budgets for civil society were most important were selected for in-depth process tracing on two outcomes. The evaluation team conducted a quick assessment on contribution for the other SPOs. EKHC was amongst those SPOs selected for in-depth-process tracing.

The first outcome that we looked at is the extent to which EKHC contributed to the reintegration of OVCs into the school community and to enhance their chances of becoming a full member in society.

The pathway most likely explaining this reintegration consists in the first place of material support of diverse nature (food, school uniform, school contributions, etc) mobilised. The AACs, girls clubs and peer education groups are not able to sufficiently cater for these, which is understandable as the activities they organise only generate a small amount of income and hence they can only provide in stationary material for a limited amount of children. Once these conditions have been met, counselling services by peers in the AACs, girls clubs and the education groups all do fulfil a meaningful role in the creation of solidarity by creating a level of trust and comfort with OVC that allows for more open discussions of sensitive topics. It remains difficult to disentangle the performance of the peer education system and that of the AACs, both implemented under the MFS II programme, because they overlap in terms of students taking part in both. EKHC's MFS II contribution consists of strengthening the performance of the above mentioned groups that seem to be socially sustainable because embedded in society but not in financial terms. Compared to the figures of OVCs and destitute children supported by the USAID program, also implemented by EKHC and reaching 2413 children with 260 volunteers (not only by counselling services but also by material support), the MFS II contribution seems to be rather limited.

The second outcome that we looked at is the capacity of the religious forum in Arba Minch town and the grain banks to ensure 'enhanced food and nutritional support for vulnerable groups'. The data available suggest that not only the religious forum and the grain banks provide food and nutritional support to vulnerable persons, but many other traditional and informal structures in society. There are multiple pathways that explain the outcome. The capacity of the FBO forum and the grain banks to deliver foods and nutritional support is limited; the first lacks a clear vision and mission in society, which might help it to concentrate on a few interventions rather than solving all problems in Arba Minch town. The grain banks suffer from the rampant inflation rate and cannot support more people and they are not capable of providing the food and nutrition requirements needed for PLWHIV under ART. EKHC's contribution to strengthening the performance of the forum and the grain banks is limited and most of these entities were already formed before the 2011 project started.

7.3 Relevance

Interviews with staff of EKHC, with external resource person, as well as contextual information helped to assess the relevance of EKHC's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which EKHC is operating; the CS policies of Tear Fund.

With regards to the 2012 ToC established with EKHC, the interventions and outcomes achieved are relevant to some extent because the AACs, the grain banks and the FBO forum have shown to be capable to fulfil a role of change agent in their community. The FBO forum lacks a clear vision and a position to take in society. Only the forum and the grain banks have proven to be capable of creating assets, whereas the AACs and the girls clubs are encountering difficulties. In particular the forum and the grain banks are based upon traditional institutions (idirs and churches) and have been able to take up new roles in society.

The changes introduced by EKHC seem to respond to the context and needs assessment conducted in 2010. However the information made available is not explicit on changes introduced on the two new project sites where EKHC intervenes since 2011.

With regards to the MFS II policies of the ICCO alliance the changes are relevant because they are based upon the networks of churches that increasingly need to play in development. Tears' approach of creating SHGs was not assessed in EKHC, but they are a sustainable and high return intervention. The relevance of the programmatic approach in which EKHC takes part is not evident, because not documented by EKHC.

7.4 Explaining factors

The information related to factors that explain the changes in CS, EKHC's contribution to these changes and the relevance of its interventions were collected at the same time as the data were

gathered for the previous questions. Apart from searching for explaining factors related to these evaluation questions, the evaluation team was also informed about other important factors such as the organisational performance of EKHC, relations with Tear Fund that might have had an effect on its performance or external factors.

The most important internal factors that might explain failures in the implementation of the EKHC programme are the high transportation costs to join the new project sites and a high staff turnover. Apart from this considerable flaws exist in EKHCs financial and narrative reporting system.

The most external factors that may impact upon EKHC's performance are related to the 30/70 ratio for administrative versus operational costs imposed by the government; a high staff turnover in government offices and EKHC's approach regarding the creation of SHG that is different than the approach taken by other NGOs.

The relations between Tear and EKHC have become tenser since the co funding agency observed that EKHC's reporting and monitoring and evaluation standard does not provide quality. EKHC experiences difficulties with delays in budget releases and the annual contracts that delay the implementation of project activities and decrease EKHC's position to negotiate with the local government.

Table 5

Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	7
The CS interventions were implemented as designed	6
The CS interventions reached their objectives	6
The observed outcomes are attributable to the CS interventions	5
The observed CS outcomes are relevant to the beneficiaries of the SPO	6

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and Resources

Documents by SPO

Title	*Year*
Budget Plan 2011-2013	2011
ArbaMinch budget plan 2012-2014	2012
ArbaMinch budget plan 2013	2013
Budget Plan 2011-2015	2011
Arbaminch project proposal 2013	2013
Project Proposal Arba Minch 2011-2015	2011
Progress report February 2011- July 2011	2012
Progress report August 2011 – January 2012	2012
Progress report May 2012- October 2012	2012
Progress report November 2012-April 2013	2013
Progress report May 2013 – October 2013	2013
Financial report January-June 2011	2011
Financial report 2012	2012
Financial report 2013	2013

Documents by CFA

Title	*Year*
Contract February 2011-January 2012	2011
Contract March 2012-February 2013	2012
Contract March 2012-February 2014	2013
Memo EKHC Arba Minch 2013	2013
Proposal Assessment 2013	2013
Assessment of EKHC 2012 HIV proposal	2012
Answers for the comments on proposal	2013
Arba Minch report review feedback	2013
Travel report related to EKHC	2013
Arba Minch Revised selected results & indicators that contribute to the ICCO alliance objectives	?
Transfer Document for project 2012046	?

Documents by Alliance

Title	*Year*
ICCO Alliance Progress Report 2011	2011
ICCO Alliance Progress Report 2012	2012
ICCO Progress Report 2013 Narrative	2013
ICCO Progress Report 2013 ANNEXES	2013
Rapportage Kerk in Actie en ICCO	2014

Other documents

Alemu E. September 2014*. Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report),* Covenant Development Consult

Campbell, C. and MacPhail, C. 2002. Peer education: gender and the development of critical consciousness: participatory HIV prevention by South African Youth. *Social Science and Medicine,* vol.55 (2): 331-345

Campbell, C. & Mzaidume, Z. 2001. Grassroots Participation, Peer Education, and HIV Prevention by Sex Workers in South Africa. *American Journal of Public Health,* vol.91 (12): 1978-1986

Medley, A., Kennedy, C., O'Reilly, K. and Sweat, M. 2009. Effectiveness of Peer Education Interventions for HIV Prevention in Developing Countries: A Systematic Review and Meta-Analysis. *AIDS Educ Prev,* vol. 21 (3): 181-206

Milburn, K. 1995. A critical review of peer education with young people with special reference to sexual health. *Health Educ. Res.,* vol 10 (4): 407-420
Strange, V., Forrest, S., and A. Oakley. 2002. Peer-led sex education- characteristics of peer educators and their perceptions of the impact on them of participation in a peer education programme. *Health Educ. Res.,* vol. 17 (3): 327-337.
Thesis Klaas Evers "Many hands make light work? The impact of self-help groups on the capabilities of people in Meta Robi, Ethiopia" (2011)

Webpages

International Center for Not-For-Profit Law (ICNL),NGO Law Monitor: Ethiopia, http://www.icnl.org/research/monitor/ethiopia.html,2014
Freedom House, Freedom in the World: Ethiopia, https://freedomhouse.org/report/freedom-world/2014/ethiopia-0, 2014
Fund for Peace, Failed States Index, http://ffp.statesindex.org/rankings-2013-sortable, 2013
Social Watch, Basic Capabilities Index 2011. The boom and the busted, http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf, 2011
Social Watch, Social and Economic Rights Fulfillment Index, http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf, 2011
Transparency International, Corruption by Country: Ethiopia, http://www.transparency.org/country/#ETH, 2014
Transparency International, Global Corruption Barometer: Ethiopia, http://www.transparency.org/gcb2013/country//?country=ethiopia, 2014
Heritage, Economic Freedom Score: Ethiopia, http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf, 2014
UNDP, Human Development Indicators Ethiopia, http://hdr.undp.org/en/countries/profiles/ETH, 2013
University of Oslo, Students´ and guardians´ views and experiences with the Alternative Basic Education (ABE) program in the Amhara, National Regional State of Ethiopia, https://www.duo.uio.no/handle/10852/31206, 2009
VNG International, GOPA &YCI, Enhancing basic delivery through social Accountability initiatives: I am accountable, are you? http://esap2.org.et/about-us/objectives/, 2012
World Bank, Governance Indicators: Country Data report for Ethiopia 1996-2013, http://info.worldbank.org/governance/wgi/pdf/c72.pdf, 2013
Institute for Future Studies, World Values Survey Wave 5: 2005-2009, http://www.worldvaluessurvey.org/WVSOnline.jsp, 2009

Resource persons consulted

Name of key informant	***Organisation***	***Function in organisation***	***Relation with SPO***	***Contact details including e-mail.***
Asres Abera	Arba Minch Grain Bank Union	Union Chair person	Receives support to work with beneficiaries/ households	Tel: +251 912 411 031
Bahru Chemesha	Arba Minch Health Office	HIV/AIDS Officer	Is collaborating with SPO	-
Lamlak Mulu	Religious Forum	Finance Head	Receives support to work with beneficiaries/ households	-
Pastor Yaekob	Religious Forum	Deputy Chair	idem	-
Tarikua	Kalehiwot AAC and Gender Club	GC Chair Person	idem	-
Deginet Dejene	Kalehiwot AAC and Gender Club	AAC Chair person	idem	-
Mahlet Gebre	Yibeltal SHG	Chair person	idem	-
Aberash Adare	Yibeltal SHG	Member	idem	-
Edlu Beriba	Mirab Abaya Grain bank	Social worker	idem	-

Ermias Fola		GB Deputy chair person	idem	-
Assan Julu	Kebele (Arbaminch zuria)	Kebele Admin	Support the GB	-
Ermias	Kebele	Kebele Head Spokes person	Support the GB	-
Ayelech Dache	Beza Gender	Secretary	Receives support to work with beneficiaries/ households	-
Nigist Jerso	Beza Gender	Casher	idem	-
Asamenech Esayas	Beza Gender	Member	idem	-
Eyasu Monturi	Raiy AAC	Casher	idem	-
Chilo Chelbo	Raiy AAC	Deputy Chair	idem	-
Deginet Dejene	Kale Hiwot AAC	Chair	idem	-
Temesgen	Kale Hiwot AAC	Member	idem	-
Desalegn	Kale Hiwot AAC	Member	idem	-
Tarikua	Kale Hiwot Gender Club	Chair	idem	-
Amsalu Asefa	Chamo GB/in school AAC focal person	Finance	idem	Tel. +251 916 341 732
Mahibere Kebede	Hayat GB	Volunteer	idem	-
Etagegn Taye		PLWHIV-beneficiary	idem	Tel: +2510923 471 405
Biniam		Peer Educator	idem	-
Mihret Tekalegn		Peer educator	idem	-
Abebe Haile	PACT	HVC Project Coordinator		-
Abebech	Health Office	HEW	Is collaborating with SPO	-
Alemayehu W/Giorgis	Health Office	Multi Sectoral/HIV response Coordinator	Is collaborating with SPO	-
Sister Yenenesh Eshete	Health Office	HEW	Is collaborating with SPO	-
Wondmagegn Urgessa	EKHC-Arbaminch	Project officer		wondeurgessa@gmail.com
Selamawit Dagne	EKHC-Arbaminch	Project Manager		selamtheo@yahoo.com
Temesgen Geta	EKHC-Arbaminch	Social Worker		
Befekadu Dawit	EKHC-Arbaminch	Social Worker		befekadudawit@gmail.com
Sintayehu Yohannes	EKHC-Arbaminch	Social Worker		
Merkineh Mitiku	EKHC-Arbaminch	HCBC and CED Coordinator		
Melaku Mamo	EKHC-Arbaminch	IEC/BCC Coordinator		
Caspar Waalewijn	Tear	Horn of Africa Programme Coordinator SHG/Food Security Coordinator		cwaalewijn@tear.nl

Appendix 1 Civil Society Scoring Tool

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration
0 = no change occurred, the situation is the same as in 2012
+1 = slight improvement
+2 = considerable improvement

Dimension		Indicators	Question	Change in the indicators in the 2012 – 2014 period
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+0
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	+0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+0
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+1
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	+0
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	+0
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	+0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	+0
	10	External financial auditing	How regularly is your organisation audited externally?	+0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1

	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	+1
	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	+0
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	+0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	-1

Appendix 2 Changes in civil society indicators between 2012 and 2014

2.1 Civic Engagement

2.1.1 Needs of marginalised groups SPO

Score: +1

As of 2011 the project has expanded to two new nearby woredas and it has been implementing a one year pilot project in Arba Minchtown, six Kebeles of Arba Minchzuria woreda & seven Kebeles of Mirab Abaya woreda.

- Between 3200 and 3520 students were reached in 15 schools on HIV/AIDS, reproductive health and sexuality issues; the AACs reached 16977 persons and 7020 persons were reached by gender clubs. 544 pregnant women were linked to health institutions for PPTCT services; there is some indication that women become aware that female circumcision is a harmful practice;
- 60 female students received particular support in different schools through the peer education groups; 40 OVCs received educational material support because 6 schools generated income through their own agricultural plots;
- One FBO forum for care and support was established before 2011 and is supporting 45 vulnerable persons including OVCs; The idirs and churches support 30 vulnerable people in the new project areas and by October 2013, 129 PLWHIV received food support from grain banks; 1 kebele administration provided half an acre of land for the strengthening of the care and support activity. The beneficiaries are now growing bananas on the land. A newly established grain bank in Mirab Abaya woreda organised a fund raising conference on their local churches and collected more than 32,000 Birr and 200 kg of maize.
- 84/120 Community Conversation sessions were organised on stigma and social exclusion due to aids, disabilities and sexual and reproductive health have been conducted by FBOs, CBOs and clubs and reached 750 people
- 8104 people received voluntary counselling and testing services of which 3535 females (44 %) and 68 (0.8%) PLWHIV were referred to health facilities for ART follow up.
- More than 42 CBO and church leaders received training on lobbying and advocacy, on networking which led to the establishment of a town level FBOs care and support forum in the first semester of the project.
- 9 grain banks formed a union in Arba Minchand received a mill from EKHC. They are still searching for legal recognition as a union. The government has provided a house for the grain mill. 22/25 grain banks received office furniture and stationeries. Each grain bank supports 4-9 beneficiaries and in total there are more than 120 beneficiaries.
- 63 SHG have been established. The group members are engaged in saving and any one of the members that is interested to engage on business borrows the money and latter return it with interest payment. The SHGs are also used as platform for the members to help one another and discuss health issues particularly HIV and social discrimination. SHG members also believe that they are a living proof of the changes seen through the effort of EHKC as they had nothing before and now they are coordinated and working together.

These outcomes are the result of some 90 community volunteers providing care and support and counselling services, 75 university students engaging in peer education and 44 CBO and church leaders. (We are not sure about the numbers).

2.1.2 Involvement of target groups SPO

Score: 0

No changes occurred since the baseline. EKHC closely works with churches and Idir leaders which are mainly male, hence implying a risk of taking into account the needs and interests of women. Working with the community has showed to increase their ownership for the project and the approach has increased the involvement of communities in care & support activities for PLWHIVs. The active participation of Anti Aids clubs in social mobilization has increased the voluntary counselling uptake. Two review meetings have taken place with volunteers in the period August 2011 – January 2012 and 6 review meetings between November 2012 and April 2013.

2.1.3 Intensity of political engagement SPO

Score: 0

EKHC is not engaged in political activities

2.2 Level of Organisation

2.2.1 Relations with other organisations SPO

Score: 0

EKHC is, together with Ethiopia Muluwongel Believers Church Relief and Development Organization – MKC-RDA, Evangelical Church Fellowship of Ethiopia (ECFE), and EECMY one of the Ethiopian coalition partners in the Ethiopia Health Country Plan 2011-2015 of the ICCO Alliance. The program has started implementing activities since 2011 and developed into a network in which lessons are learned from each other and from other important stakeholders. We do not have any information to be able to assess changes in the intensity of collaboration within this network.

There is no sexual and reproductive health alliance in Arba Minch to coordinate activities in the sector. However EKHC is a member of the USAID CORHA (Consortium of Reproductive Health Associations) but the intensity of collaboration is unknown.

The Medan Act project has sought a relationship with the urban ministries' department in Arba Minch in support of the creation of 30 SHG in Arba MinchZuria and Mirab Abaya woreda. The project is also working with CBOs, FBOs, AAC and schools, 22 grain banks, 15 AAC and 16 schools.

2.2.2 Frequency of dialogue with closest civil society organisation SPO

Score: +1

EKHC is increasingly engaging with non-protestant churches and with the Muslim community, and it is to be observed that Arba Minch town forum is a religious forum of Catholic, Muslim, Orthodox, and Protestant congregations.

EKHC organized Church and Community Mobilisation and Development (CCMD) quarterly meetings where members enhance and provide some experiences and gather ideas on approaches to various issues. EKHC also mobilises additional expertise required for the implementation of its programme through its network. Since the 2012 baseline engaged more frequently with other NGOs and the religious forum of which it is a member. In its capacity as a member of the religious forum, EKHC engaged in a dialogue with government offices and NGOs to enhance cooperation regarding a number of social issues.

2.2.3 Defending the interests of marginalised groups SPO

Score: 0

The only way in which EKHC is defending the interests of marginalised groups is through its community based interventions. Though EKHC collaborates with the government on program implementation, no traces have been found of EKHC defending the interests of these groups vis-à-vis local government or at higher administrative levels. By increasing the capacity of the FBO forum and the grain-banks EKHC indirectly defended the interests of PLWHIV and OVCs than EKHC itself.

2.2.4 Composition financial resource base SPO

Score: -1

Other donor organisations that support EKHC are Tear Fund UK, EED, DORCAS AID International, Samaritan's Purse – Canada, Canadian International Development Agency (CIDA), and Society of Integrated Missions (SIM) Ethiopia. It has become difficult to find funding in recent days which may be due to the economic crisis in many countries but the fact has affected the schedules of the SPO delaying its interventions.

2.3 Practice of Values

2.3.1 Downward accountability SPO

Score: 0

No changes occurred with regards to downward accountability.

EKHC's policies, procedures, administrative manual are well designed and give room for the General Assembly and the board to take corrective measures. However EKHC's monitoring and evaluation system need to be strengthened. At the project site stakeholders are informed about decisions taken in a transparent way. The quality of decisions taken may sometimes lack quality because those who are in the general assembly or in the board are elected based upon their role in church and not upon their professional competency. EKHC projects are accountable to community committees to which they report semi- annually or quarterly[29].

2.3.2 Composition of social organs SPO

Score: +1

EKHC's federal board consists of 4 representatives from each of 9 regions, 1 representative from each of four areas (areas are locations that are not large enough to be regions like Bale area, North area), 4 representatives of national youth association, 4 representatives of national female association and 4 implementers. This board is in turn accountable to the General assembly which consists of 2 representatives of each of the 95 to 100 assemblies and those in the board.

Even though most of the social organ groups of the Ethiopian Kale Heywet church are from middle classes, there are representatives from marginalized groups, but their presence is limited. In addition, women participation is low because of culture and social system. Since 2012 more disabled representatives take part in these organs.

[29] Baseline report 2012

2.3.3 External financial auditing SPO

Score: 0

As it is a set regulation by the government of Ethiopia for organizations unless stated otherwise have to report on their whole budget and expenditure activity there is no change seen on this indicator.

Also the FBO forum and grain banks are audited annually as required by law but AACs don't get audited which was the case also in the baseline.

2.4 Perception of Impact

2.4.1 Client satisfaction SPO

Score: +1

No systems are in place to measure the extent to which beneficiaries are satisfied with services and support delivered by the AAC, the grain banks, the SHGs, the girls clubs, the FBO forum in Arba Minch and the many volunteers and community leaders that have been trained. Only indications exist with regards to the following issues:

The CBO forum, grain banks, AAC and gender clubs increased their outreach since 2012. Motivation of the many community members is ensured by EKHC in terms of providing technical support and material – financial support to these organisations. Occasionally the government also provides office space or land. Churches provide moral support and material support if possible and organised a HIV testing session in church.

The 63 SHGs are also used as a platform for the members to help one another and discuss health issues particularly HIV and social discrimination. SHG members also believe that they are a living proof of the changes seen through the effort of EHKC as they had nothing before and now they are coordinated and working together.

The AACs organise community conversations on HIV and related health issues. Those clubs in school coordinate drama and poems on how to engage with OVCs in order to prevent social exclusion taking place. Out-of-School clubs do the same but reach youngsters in their respective kebeles. Parents have started sending children with problems to the AACs for counselling that in their turn also start to counsel others when they have resolved their own problems. Occasionally the AAC help resolve conflicts amongst children that grow out of hand at school or in the community. Apart from addressing health issues they increasingly engage in road and housing maintenance for destitute persons.

Grain banks are supporting destitute and PLWHIV on a monthly basis. Compared to the baseline almost all grain banks have added at least one regular beneficiary than what they started with. Since the baseline membership contribution has increased from 0.25 birr to 1 birr per month and some idirs/CBOs have agreed to contribute up to 3 birr. In the rural areas members also contribute in kind. The collected money is used to buy maize and oil. Each beneficiary gets 20-25kg of maize, 1 litter of oil and 10 birr for milling per month. There are also individuals who contribute more personally. With these contributions, the grain banks support 4-9 beneficiaries each- around 125 beneficiaries in total. However the number of beneficiaries does not increase very quickly due to high inflation rates. Representatives from the Idirs and church form its management committee and are accountable to the churches and Idirs that constituted the grain banks.

2.4.2 Civil Society Impact SPO

Score: 1

The FBO forum in Arba Minch town is well embedded in civil society and solicited by the local government to address community issues such as conflicts. The forum cooperates with other NGOs like Mercy Corps, Mary Joy, World Vision and also with the Arba Minch University in providing services to beneficiaries. It is able to deliver food, education, and clothing support to the elderly, OVC, and PLWHIV and currently supports 45 beneficiaries (OVC, PLWHIV and destitute) on a monthly basis

against the 15 persons during the baseline. On a more irregular basis it refers women for health treatments, reconstructs houses, constructs latrines, arranges free education for OVCs and feeds homeless people on holidays. Upon invitation of the local government the forum is helping to resolve conflicts. The forum also gained in its capacity to influence decisions made by the university to accept or not OVCs as students and through the discussion platforms it regularly organises with government officials.

Its financial resource base has increased since the baseline and sources have become more divers and it has become self-sufficient.

There is no relation between the FBO forum and the Grain Banks; both are supporting vulnerable people on their own way after having received the same technical support by EKHC.

EKHC's work on HIV/Aids related issues is now accepted by the church and they have started to support AACs and even coordinated a HIV testing session in church.

According to the information made available no such forums have been established in Mirab Abaya, and Arba Minch Zuria woredas.

2.4.3 Relation with public sector organisations SPO

Score: +1

During The Medan Act project EKHC established a regular and more formal collaboration with the urban government office in Arba Minch. As a result, support was given to the SHG approach and the local government supported the creation of 30 SHGs. EKHC furthermore participated in several meetings held with government offices and NGOs to discuss existing social issues and ways to addres these. The provision of office space by the government for the forum and other CBOs EKHC is working with is an expression of good relationships between EKHC and the government offices. On the other side government officials receive trainings and material support that enable them to play their role in the programme and participate in meetings organised by EKHC.

EKHC not only has good relations with Arba Minch local government, but also with kebele administrators, health extension workers, schools, woreda finance offices and other related bodies.

There is no information available that describes how EKHC is collaborating with local government and publics services in Mirab Abaya, and Arba Minch Zuria woredas and the kebeles under their supervision.

2.4.4 Relation with private sector agencies SPO

Score: +1

Private sector organisations contribute to the grain banks to support destitute people. EKHC also engaged with the private sector to ensure medical care for OVCs by private health centres, to ensure exemption of the payment of school fees, and to ensure that older OVCs receive vocational training. Networking discussions continue to take place since the baseline study.

2.4.5 Influence upon public policies, rules, regulations SPO

Score: 0

There is good collaboration with the public sector at the project location, but no policy influencing takes place.

2.4.6 Influence upon private sector agencies' policies, rules, regulations SPO

Score: 0

Not applicable

2.4.7 Client satisfaction CSO

Score: +1

2.5 Coping strategies in relation to context

2.5.1 Coping strategies

Score: -1

It is very challenging to sign an agreement with government bodies for a project which only has a life span of one year. Yearly projects also mean that it is more difficult to adjust to the mandatory administrative/program budget ratio (30/70 ratio). Projects covering more years could probably solve this issue, providing more flexibility for EKHC. The regional Finance and Economic Development Bureau was strictly opposed to the initial starting date of the project set at February 2012, because at that moment EKHC was not capable to comply with the 30/70 ratio and was searching for additional funding. Finally, the official starting date was reported to May 2012 when additional funding was found with Tear Fund UK. The 30/70 ratio also resulted in EKHC staff being underpaid.

The official agreement procedures with the government took a very long time and have delayed in particular those activities in the woredas (Mirab Abaya and Arba MinchZuria). High staff turnover in government offices explain these delays.

EKHC suffered from the absence of resource persons in Arba Minch that would be capable of providing courses on networking and lobby and advocacy which resulted in the postponement of these activities.

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-033

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

Ethiopian Rural Self-Help Association (ERSHA) end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Marloes Hofstede[1]

Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

[1] Centre for Development Innovation, Wageningen UR
[2] International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-072

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver, D.C., Hofstede, M.A., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *Ethiopian Rural Self Help Association (ERSHA) end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-072. Wageningen.

This report describes the findings of the end line assessment of the Ethiopian Rural Self-Help Association (ERSHA) that is a partner of ICCO and IICD under the Connect4Change (C4C) Consortium.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses ERSHA's contribution towards strengthening Civil Society in Ethiopia and it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which ERSHA contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain ERSHA's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-072

Contents

Contents 3

Acknowledgements 5

List of abbreviations and acronyms 6

1 Introduction 7

2 Context 10

2.1 Political context 10
2.2 Civil Society context issues with regards to the MDG 10

3 Description of ERSHA and its contribution to civil society/policy changes 12

3.1 Background of ERSHA 12
3.1 MFS II interventions related to Civil Society 12
3.2 Basic information 13

4 Data collection and analytical approach 14

5 Results 15

5.1 Results obtained in relation to project logframe 15
5.2 Changes in civil society in the 2012-2014 period 16
5.2.1 Civic engagement 16
5.2.2 Level of organization 16
5.2.3 Practice of Values 17
5.2.4 Perception of Impact 17
5.2.5 Civil Society Environment 18
5.3 To what degree are the changes attributable to the Southern partners? 18
5.3.1 FMOs have the capacity to serve their members. 18
5.3.2 Increased network to access financial services and access to markets 19
5.4 What is the relevance of these changes? 19
5.4.1 Relevance of the changes in relation to the Theory of Change of 2012 19
5.4.2 Relevance of the changes in relation to the context in which ERSHA is operating 19
5.4.3 Relevance of the changes in relation to the policies of Connect4Change 20
5.5 Explaining factors 20
5.5.1 Internal factors 20
5.5.2 External factors 20
5.5.3 Relations CFA-SPO 21

6 Discussion 22

6.1 Design of the intervention 22

7 Conclusion 23

References and resource persons 25

Documents 25
Resource persons 26

Appendix 1 Civil Society Scores **27**

Appendix 2 Changes in civil society indicators between 2012 and 2014 **29**

1. Civic Engagement 29
   - 1.1 Needs of marginalised groups SPO 29
   - 1.2 Involvement of target groups SPO 29
   - 1.3 Intensity of political engagement SPO 29
2. Level of organization 29
   - 2.1 Relations with other organizations SPO 29
   - 2.2 Frequency of dialogue with closest civil society organization SPO 30
   - 2.3 Defending the interests of marginalized groups SPO 30
   - 2.4 Composition of financial resource base SPO 30
3. Practice of values 30
   - 3.1 Downward accountability SPO 30
   - 3.2 Composition of social organs SPO 30
   - 3.3 External financial auditing SPO 30
4. Perception of impact 30
   - 4.1 Client satisfaction SPO 30
   - 4.2 Civil society impact SPO 31
   - 4.3 Relations with public sector organizations SPO 31
   - 4.4 Relation with private sector agencies SPO 31
   - 4.5 Influence upon public policies, rules, regulations SPO 31
   - 4.6 Influence upon private sector agencies' policies, rules, regulations SPO 32
5. Environment 32
   - 5.1 Coping strategies 32

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We hope that this evaluation can support you in better positioning yourself in the Civil Society Arena of Ethiopia.

List of abbreviations and acronyms

BSI	Basic Capabilities Index
C4C	Connect for Change
C6NGOs	Network of 6 NGOs
CCRDA	Consortium of Christian Relief and Development Association
CDI	Centre for Development Innovation, Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisations
CS	Civil Society
CSP	Proclamation to Provide for the Registration and Regulation of Charities and Societies
DPPC	Federal Disaster Prevention and Preparedness Commission
ERSHA	Ethiopian Rural Self Help Association
FMO	Farmer Markets Organisations
GTP	Growth and Transformation Plan
HDI	Human Development Index
IICD	International Institute for Communication and Development
ICT	Information Communication Technology
IFPRI	International Food Policy Research Institute
IO	Intermediate Organisation
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoFA	Ministry of Foreign Affairs
MFS	Dutch co-financing system
NGO	Non-Governmental Organisation
PANE	Poverty Action Network Ethiopia
PPP	Public Private Partnership
SERF	Social and Economic Rights Fulfilment Index
SPO	Southern Partner Organisation
ToC	Theory of Change
Wageningen UR	Wageningen University & Research Centre

1 Introduction

This report presents the civil society end line findings of the Ethiopian Rural Self-Help Association (ERSHA) which is a partner of ICCO and IICD under the Connect4Change (C4C) consortium. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study ERSHA is working on MDG 1, Agriculture.

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework that comprises five dimensions (civic engagement, level of organization, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place with regards to the level of organisation and the perception of impact dimension of CIVICUS.

ERSHA's Farmer Market Organisations (FMOs) became more independent since the baseline. Eight of these, having access to electricity, were equipped with ICT tools to conduct digital transactions, which helped some of them to improve their bargaining position when negotiating with traders and gain more trust of their members. In the meanwhile they became a member of the Oromia Cooperatives Association. More women are said to take leadership positions in the FMOs, and female membership increased slightly from 27 % since the baseline to 27-30 %.

The union, endorsed by the government, managed to diversify its financial resource base. In the meanwhile it adhered to the Federation of Oromia Cooperative Unions.

ERSHA itself became a member of the East African Food Security Network of ICCO partners and engaged with their Kenya partners on ICT.

With regards to perception of impact, in particular the relations with the woreda administration are constructive: both the administration, the FMOs, the Union and ERSHA together explore how they can access potential market chains. Apart from this the local administration gave a clearance to the 14 MFOs to create their own union: officially only one union per district is allowed, but when the existing union refused the adhesion of the FMOs, these were allowed to create their own union. Additionally ERSHA has worked to link the union to different stakeholders such as the financial sector and to the Federation of Oromia Cooperative unions. In particular the relations with the Bank helped the union to diversify its financial resource base and to do investments that help the further marketing of agricultural produce.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with ERSHA, and interviews with external resources persons working in civil society organisations that receive support from ERSHA; other civil society organisations with whom ERSHA is collaborating; public

or private sector agents and; external resource persons capable of overlooking the MDG or theme on which ERSHA is concentrating.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch CFAs a selection was made of SPOs to be included in an in-depth process tracing trajectory and those to be included for a quick contribution assessment. ERSHA was selected for a quick assessment.

The first outcome achieved that the evaluation team looked at was the increased capacities of the FMOs to serve their members: at least 6 of the eight FMOs are said to have improved their performance. The most plausible explanation of this outcome consists of both projects implemented by ERSHA and the other members of the C6NGO consortium; an ICCO funded project to create value chains and create FMO and Unions and; the ICT project implemented with IICD and the Connect4Change Alliance. Both together seem to provide a sufficient and necessary explanation of the outcome. The ICT component helps FMO leaders to track their financial situation, to more easily obtain price information to negotiate better prices and to increase relations of trust between FMO members and the management. However the enabling environment provided by the local government is to be seen as a condition to this success.

A second outcome achieved consists of the wider network in which the FMOs and the Union currently engage. These networks have both a business character (access to finance and to markets) and a civil society character (membership of the Federation of Oromia Cooperative unions and of the Oromia Cooperatives Association). Also in this case both project contributed to the outcome.

Relevance
Interviews with staff of ERSHA, with external resource persons, with ICCD as well as contextual information helped to assess the relevance of ERSHA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which ERSHA is operating; the CS policies of ICCO and IICD.

With regards to the baseline ToC, the interventions and outcomes achieved are relevant because FMOs have been capacitated in terms of skills and knowledge of ICT, but also in taking ownership of their work and forming a union. In terms of the second condition ERSHA has not increased the networking much. This is largely due to the fact that they are already regularly meeting with the C6NGOs network. The largest change in this respect is the effort to form a partnership with Kenya. The area where ERSHA is lacking behind is the organisational development. The issues which were identified during the baseline have not been resolved.

The changes identified helped to increase farmers' trust in cooperative structures and to make access to markets easier to some extent and therefore are relevant; however their relevance would increase with the availability of a full-fledged market information system. The fact that one FMO, not on the power grid, managed to mobilise contributions from his members as a means to run a generator for electricity is to be interpreted as an indicator of the relevance of ICT as perceived by farmers.

With regards to IICD's and C4C's policies the changes are relevant because they contribute to its social innovation policy, in particular with regards to the creation of trust amongst stakeholders and increased connectivity.

Explaining factors
The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within ERSHA, the external context in which it operates and the relations between ERSHA and ICCO/IICD.

Most important internal factors that explain the findings consist of a positive level of motivation of staff, but field staff missing the experiences necessary to engage with the private sector.
The most important external factor that explains the findings is that market information available is not always relevant, because only the Ethiopia Commodity Exchange provides regular information only in relation to export commodities. Access to internet facilities is generally low in Ethiopia, as well as having access to electricity; yet with the expansion of the mobile network access will improve over time.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to MDG 1 that ERSHA is working on. Chapter three provides background information on ERSHA, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with ICCO. An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix of the country report; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This paragraph briefly describes the context ERSHA is working in. A description of the Civil Society Context assessed according to the CIVICUS framework is provided in appendix 3 of the country report for Civil Society.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015.[1] Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGOs and CSOs have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country.[2] This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights.[3] This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

2.2 Civil Society context issues with regards to the MDG

ERSHA is a member of a consortium of six NGOs which is working on market access strategies for poverty alleviation of small-scale farmers. As part of the consortium, ERSHA has been supporting and strengthening farmers marketing organizations (FMOs) as well as forming and strengthening unions of FMOs. The activity includes linking FMOs and unions with chain actors, introducing of new high value crops, and integrating ICT to the FMOs and unions activity. It aims at increasing agricultural production, increasing household income, and enhancing the capacity of the target community.

[1] Growth and Transformation Plan 2011 – 2015, Ministry of Finance and Economic Development, (November 2010), Federal Democratic Republic of Ethiopia

[2] February 2009, Charities and Societies Proclamation (proc. no.621/2009), Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges, UNDP Ethiopia Working Paper Series No. 2/2014

ICT can play a crucial role in benefiting the resource-strapped farmers with up to date knowledge and information on agricultural technologies, best practices, markets, price trends, and weather conditions. The experiences of most countries indicate that rapid development of ICT, which facilitates the flow of data and information, has tremendously enhanced the knowledge management practice in agriculture. However, in Ethiopia the use of ICT for the accumulation and dissemination of knowledge and information is still low. The major challenges inhibiting the use of ICT in disseminating agricultural knowledge and information primarily is the availability of relevant information and the low access level of access to ICT infrastructure and services.

Thus, the low level of ICT infrastructure in Ethiopia is believed to have hindered the agriculture sector from realizing its potential. It has inhibited the effectiveness of farmers training centres that are available at Kebele (i.e., the lowest administrative unit) level. The centres aim at closely supporting smallholder farmers in creating and delivering agricultural knowledge to increase productivity and production and to enhance efficiency. But, in most places, these training centres are not connected to modern ICT infrastructure and services. As a result, research-extension-farmer linkages are weak and costly as such linkages have to be fostered through physical contact such as training, field demonstration, field day program and visits. The low level of access to ICT infrastructure is also believed to have slowed the sharing and exchange of knowledge and information generated from research centres at national and regional levels. The contribution of access to ICT also includes the benefit of obtaining production and market information that help farmers sell their produce at the right price, moment and places. It also improves competitiveness of the actors involved through adding efficiency and effectiveness. But the fact that access to ICT service is low has limited the performance of farmers and the cooperatives they created.

3 Description of ERSHA and its contribution to civil society/policy changes

3.1 Background of ERSHA

History

Ethiopian Rural Self Help Association (ERSHA), is a national, Non-Governmental, not for profit development organization (NGO), registered under the Federal Ministry of Justice in October 1997 and has operational agreement with the Federal Disaster Prevention and Preparedness Commission (DPPC) and project agreements with different concerned Regional Bureaux.

ERSHA started its operations in January 1998 and implements projects in different parts of rural Ethiopia. The organization is involved in the implementation of rural development programs and is governed by a Board of Directors and a General Assembly.

Vision and mission:

Vision: To see a poverty free Ethiopia where men and women equally enjoy dignified life
Mission: ERSHA aims to support the rural community with special emphasis on the poor households in their efforts to attain food security by implementing gender sensitive and sustainable development programs, through active participation of stakeholders.

Main strategic actions:

ERSHA supports gender equality promotion, HIV/AIDS mitigation, natural resource development and environmental protection and indigenous capacity efforts as cross cutting development themes.
The values of ERSHA include solidarity with the poor and marginalized people, justice and equality, respect for the rights of women and children, integrity and partnership.

3.1 MFS II interventions related to Civil Society

ERSHA is one of the members of the Consortium of six NGOs (C6NGOs) that implement the 'Integration of ICT in Agricultural Commodity Value Chain' project with support of ICCO and the Connect for Change Alliance. Other members of C6NGOs are ADAA, CDI, ERSHA, FC, HUNDEE and OSRA.

The C6NGOs are responsible for the implementation of two projects with the support of the ICCO. One project focuses on organizational support for FMOs and their Unions for which ICCO is the responsible Dutch NGO and which is part of the ICCO alliance[4] (see Report MFSII Joint Evaluation C7), while the above mentioned ICT project is being implemented under the responsibility of IICD as a member of the Connect for Change Alliance. This last project consists of the provision of ICT infrastructure for the involved FMOs, their Unions and the NGOs supporting these farmers' organizations."

[4] Farmers Competitiveness on Agricultural Commodity Value Chain with the ICCO alliance

ERSHA's project sites for the two projects are West Shoa, Ambo area - Gosu (100 km from Addis Ababa) and Altufa (106 km from Addis Ababa). It will reach 14 out of 115 Farmers Marketing Organisations, 1400 – 1800 farm households (11% of all households), and 2700 indirect beneficiaries (11 %) of the entire project implemented by C6NGOs. ERSHA's general operations in Ambo have ended by September 2014 except the ICT activities as reported by the former program manager Mr. Olika Belachew on 25.10.2014.

The main interventions of the ICT project consist of capacitating Farmers Market Organisations (FMOs) and their members and the established unions in the area of ICT. This should improve their access to market information and would ultimately improve their efficiency and professional work.

3.2 Basic information

Table 1: basic information on ERSHA

Name of SPO	Ethiopian Rural Self Help Association (ERSHA)			
Consortium and CFA	ICCO/IICD Connect4Change (C4C)			
Project name	Integration of information and communication technologies on agriculture value chain commodities			
MDG/theme on which the CS evaluation focusses	1 – Agriculture			
Start date of cooperation between the CFA and the SPO	September 2011			
Other donors if applicable	Not specified by documents			
Contracts signed in the MFS II period	**Period**	**# months**	**Total budget**	**Estimation of % for Civil Society**
First Phase of the project	September 2011 - 2013	28	€525,000 Euro for C6NGOs, of which €81,900 earmarked for ERSHA.	5 %

Sources: project documents

4 Data collection and analytical approach

The data collection aimed at answering the question of change was conducted as planned. All relevant information were collected through discussion and document review from the SPO's head office in Addis Ababa as well as from various stakeholders in the field located in Guder. The field visit has not required methodological adjustments of any kind.

The two impact outcome orientations chosen for the evaluation were strengthening intermediate organizations (IO) and networking. Three management members including the executive manager have been consulted at the head office level and the filed officer, the Woreda cooperation officer, the union leader and FMO leaders are consulted at the field level.

Both, the management staff and the field staff confirmed that ERSHA is contributing a lot to change the livelihood of the farmers by strengthening the farmer organizations. A continuous training, financial and material supply with the associated follow up is ERSHA's model of change. Similarly, respondents confirm that ERSHA's effort in creating a better networking is becoming fruitful.

In this data collection, we observed that the project coordinator is no longer in his position and we face a minor challenge in collecting some hard copy documentations. But, the other project staffs located in the project site were very cooperative and facilitated the data collection activity effective.

5 Results

5.1 Results obtained in relation to project logframe

The planned outputs and outcomes for the project 'integration of ICT in Agricultural Commodity Value Chain' are focused on the C6NGOs network. ERSHA's work is mainly based in Gosu and Altufa, and plans to reach 14 out of 115 Farmer Markets Organisations (FMOs). This leads to a total of 1400-1800 farm households and 2700 indirect beneficiaries reached. Unfortunately it is impossible to check the progress with regards to these numbers as the progress reports do not mention numbers or are inconsistent about them.

Three outputs are being mentioned in the progress reports and proposal. The first output is to 'establish a management information system at C6NGOs level through the use of ICT and improve networking and collaboration among consortium members and other stakeholders for learning and information sharing'. ERSHA's contribution to this is to enhance the efficiency and effectiveness of 14 FMOs for the promotion of value chain development using ICT. Basically this output can be seen as the foundation for the whole project as most activities are developed to enhance the ICT skills of the C6NGOs members. It was decided that a needs assessment would be done by every member of the consortium, and that staff members would be trained on ICT tools for communication and development, and website development. Progress reports mention that these activities all have been done, but are inconclusive about the number of participants. Also, new ICT tools were bought for the NGOs in order to capacitate them in their work.

The second output, 'establishing interactive market information system through the use of ICT', focuses on enhancing competitiveness of FMOs in the decision making process of their member households through accessing relevant and reliable market information. For ERSHA this means that they focus on 14 FMOs and 1075 member households. The main activities for this output are to train FMO leaders on ICT tools, mobile phone use and market information management. Other activities include facilitating training centres and providing FMOs with ICT materials. According to data sheets provided by IICD in 2013 and in 2014, 13718 FMO staff and members (of which 16 percent women) were trained by C6NGOs, however no detailed records were available for ERSHA. Progress reports further mention that the ICT training centre at the Ambo site was established by ERSHA and equipped with materials. Also, 8 of the 14 FMOs were equipped with ICT tools, the six remaining not having access to electricity. A last important step consisted of establishing a collaboration between Apposit and C6NGOs in 2013 to discuss data collection for the market information system during the project and in the future. Apposit is a private IT firm which develops software to collect market information. The initial plan was that the Union would collect market information themselves and distribute it to FMOs through this software. However, the software proved to be too expensive for the Union which caused them to doubt the added value of using it[5]. Apposit started collecting market information in Ambo and other places, but neither ERSHA nor the Union were involved in the process and until so far data were not made available.

According to the progress reports made available (those of 2012 and 2013) the following outcomes were reached:

- 5781 (1292 women) small-scale producers and entrepreneurs use ICT to access production and market information;
- More than 1111 farmers (142 women) are receiving wheat market information from Ethiopian Commodity Exchange (ECX) because of skills and experience gained from the project. However, this can only tell the trend of wheat prices rather than national market price information. They also use their computers to write letters to their customers in order to notify them the official grain prices

[5] Information obtained from ERSHA after the first feedback round

and the existing stocks. The usage of ICT has simplified the communication systems with their customers. This has saved time, energy and money they spent in communication;
- More than 1265 (231 women) farmers have obtained mobile phone user skill and experiences
- The FMO's in ERSHA's target area formed an Union;
- 28% of the FMO's in ERSHA's target area graduated after fulfilling all steps and requirements to integrate ICT in the way they are doing business. This is said to have enhanced communication at different levels of the chain using mobile short messages i.e. communication between unions and FMO leaders and between FMO leaders and members. This further improved members' satisfaction and trade performances';
- FMOs which are exchanging information have increased their turnover rate;
- Most FMOs attracted new members and membership increased by 1142 (7%) with female membership increasing by 580 (11%);

The third and last output is 'enhanced efficiency and effectiveness of ICT services'. This output focuses on improving household productivity. The planned activities to achieve this are creating awareness on ICT in the community at large, deploying social media for knowledge sharing and discussion, developing audiovisual on improved agricultural technology. The progress reports state that several NGOs (not ERSHA) of the network have collaborated with research centres to develop learning materials whilst ERSHA has created general awareness on ICT usage.

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

ERSHA's main target group consists of 1400-1800 small-scale households and 2700 indirect beneficiaries. These are divided over 14 Farmer Market Organisations, of which some have formed a union. Unfortunately it does not become clear how many members this union has. The average FMO member is a small scale farmer. Between 27 and 30 per cent of the FMO members are women in 2014, compared to 27 % in 2011. Their participation is promoted in the bylaws of the FMOs. Since the baseline, the number of women taking leadership roles in FMOs has increased, although the total percentage of women has not increased. However, not all FMOs are including more women in their management committees and some are not including marginalised groups as they should be. Women are represented at the consortium level as they are part of the FMO management committee.

The total score for this dimension is +1, and this is mainly due to the increased involvement of women at a leadership level. The total number of women members in FMOs has not increased, although this was already identified as an issue during the baseline. Also, the total number of households and beneficiaries has not increased since the baseline.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.2 Level of organization

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

Like during the baseline, collaboration between ERSHA and the other members of the C6NGOs consortium remained constructive as well as relations with the CCRDA and the Poverty Action Network Ethiopia (PANE). The same applies for ERSHA's relations with the FMOs and the Union that was formally established in 2012. A new East African Food Security Network with ICCO partners is currently being created and ERSHA engaged with their Kenya partners on ICT.

Since the baseline the FMOs and the union are increasingly taking the responsibility to defend the interests of their members. These structures have become more independent from ERSHA. In the meanwhile ERSHA's financial resource base has deteriorated with two donors ending their partnership.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at such as transparency, democratic decision making, taking into account diversity that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

ERSHA's executive leader is accountable to the General Assembly and the Board of Directors, which is unchanged since the baseline. During the baseline evaluation it was indicated that these bodies are less frequently informed than the government or donor organisations. Nothing changed in this respect. The FMOs and union leaders indicated that they are being informed by ERSHA about the project and phase out.

The Board of Directors is currently comprises four men and one woman. During the baseline there was no information available about the composition of the Board of Directors. Consequently it is not possible to indicate any change for this indicator. The same applies to the financial auditing, which is still done annually by an external firm. There is no information available on these audits.

Score baseline 2012 on an absolute scale from 0-3: NA
Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which the SPO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, and has influenced public and private sector policies.

Since the baseline FMO members have obtained better access to markets and to market information and became a member of the Oromia Cooperative Association. At the same time the union has diversified its resource base by taking a share in the Oromia Cooperative Bank and built a store and an office. The Union is now better connected to other stakeholders such as the Federation of Oromia Cooperative Unions.

Six of the 8 FMOs that accessed ICT equipment are now able to keep records of transactions made which helps them to set the sales price and with their mobile phones they can reach out to more traders and negotiate better prices. Two of the eight FMOs equipped still have a weak performance.

Relations with the public sector at district level are constructive: together with the district cooperative promotion office, FMOs, the Union and ERSHA address their common concern of market access. Although the regulations in place currently allow the presence of only one union per district, the FMOs obtained the clearance to establish their own union after the one existing union refused their membership.

ERSHA has made attempts to link the FMOs to flour and oil factories, but the organization lacks the necessary capacities at field level to connect the FMO to promising value chains. The organization is currently negotiating with an organization who knows how to supply market information via SMS, but an agreement on the intellectual property rights has not been fulfilled. In the meanwhile the FMOs and the union work with private sector organisations to sell their produce or to buy inputs.

Score baseline 2012 on an absolute scale from 0-3: 1
Score end line 2014, relative change on a scale of (-2, +2): 2

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how ERSHA is coping with that context.

The 2009 Proclamation to Provide for the Registration and Regulation of Charities and Societies (CSP) and the related "70/30" regulation that limits administrative costs for all charities and societies to 30% of their budgets. This has resulted in a delay in the start of the ICT project as new administrative arrangements had to be taken by ICCO.

Also there is a lack of reliable and responsive private sector work in the area of ICT. Market information is not yet fully available and is not always accurate. So far only ECX (Ethiopia Commodity Exchange) provides information on a regular basis, yet this is only from the central trade market in Addis and considers only export commodities.

Score baseline 2012 on an absolute scale from 0-3: 1
Score end line 2014, relative change on a scale of (-2, +2): 0

5.3 To what degree are the changes attributable to the Southern partners?

5.3.1 FMOs have the capacity to serve their members.

According to the interviews, some but not all FMOs improved their services to their members. In the first place this is reflected by the fact that they function according to their bylaws, calling a general assembly two times a year, record transactions which are audited, and using their ICT equipment. FMOs have obtained the trust of their members who in consequence increased their sales volumes through the FMO. In addition, members have started to use improved seed varieties and started to grow cash crops to ensure a better access to markets. On their turn, some of the FMOs are said to have increased their sales volumes considerably, which gives them a better bargaining position on the market. As a member of the union, FMOs have further expanded their services to their members, by means of making available consumer goods.

The integration of the ICT component in the operations of the eight selected FMOs had the following contribution to this outcome: In the first place FMOs started recording their daily transactions in excel, which helped them to easily and effectively track their financial status which also helped in the auditing of each cooperative. In the second place FMO management started to use mobile phones and more easily obtain price information from many traders, also from other towns. This has increased their possibility to compare different traders and to negotiate better prices, implying that their bargaining power has increased. In the third place ICT is said to have helped increase the transparency of the FMO management towards their members and particular with regards to the payment of dividend.

Not all eight FMOs that were equipped with ICT tools improved their performance: two FMOs do not have the educational level, do not show commitment and do not take initiative and have high staff turnover. On the other side another FMO that does not have access to electricity mobilised contributions from its members to use a generator which then helped the FMO to access the ICT tools.

The most plausible explanation for this outcome consists of the technical support provided by ERSHA through both the ICCO alliance Value Chain Program and the ICT program. This is a sufficient and necessary explanation of the outcome. However the enabling environment provided by the local government, meaning Woreda level, is to be seen as a condition to this success.
It has however not been possible to assess exactly what the contribution has been of the ICT introduction and that of the value chain development project. Both interventions need to be seen as a causal package. ICT is mainly being used to improve processes and access to information.

5.3.2 Increased network to access financial services and access to markets

The second outcome achieved consists of the FMOs and the unions having increased their networks which led to improved access to financial services, in particular the Union being linked to the cooperative bank of Oromia in which it took a share and obtained a loan. This loan is said to be used by FMOs to pay their members upon delivery of agricultural produce because the Union transfers a sufficient amount of money to the FMOs as a means to manage their cash flows. Other network outcomes are that more sharing of lessons takes place amongst FMOs of C6NGOs; the Union becoming a member of the Oromia Cooperative federation, and; FMOs being able to sell produce to consumer cooperatives after conflicts had been resolved.

ERSHA's contribution consisted of facilitating experience sharing, providing technical assistance to the Union to engage with Oromia Cooperative Bank and Oromia cooperatives federation. Those contributions are to be attributed to both projects implemented by ERSHA and the C6NGOs. ERSHA, UNION, Oromia Cooperative bank and Oromia cooperatives federation play an important role. ICT interventions are contributing to this outcome as it helps to improve connectivity. As a result of ICT interventions it becomes possible to access information about stakeholders, but also to share information and documentation. Moreover, the technical assistance provided by ERSHA entailed providing a better membership overview which was a result of ICT interventions. ICT thus helps to connect between organisations, stakeholders, traders etc.

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

The ToC of 2012 states that the overall objective of ERSHA is to become an innovative and efficient civil society organisation that serves its clients. There are three conditions to reach this objective: 1) strengthening material and technical capabilities of FMOs and their members, 2) networking and partnership development and 3) strengthening ERSHA's organisational capacity to meet clients' and partners' needs.

The changes achieved as described in paragraph 5.2 show that progress has been made to meet all three conditions.

5.4.2 Relevance of the changes in relation to the context in which ERSHA is operating

The relevance of the changes in relation to the context has two components: that of organising farmers in value chains and supporting these chains with market information systems and ICT for the management of FMOs and Unions.

A differentiation needs to be made between the FMO business oriented cooperative structures and the government supported multi-purpose cooperatives that aim to support consumers and vulnerable households. Past governments have used cooperative structures for their Marxist policies, which in consequence has led to a distrust of farmers in any new cooperative structure. If the FMOs manage to increase the trust of farmers in their services as well as help farmers to sell their produce at a higher price, than the change is very relevant.

ICT services are an important factor in making the agricultural sector efficient. However, in Ethiopia the availability of ICT tools and services is limited. The ICT tools necessary for receiving information are not available everywhere and are difficult to come by. Moreover, the knowledge and skills of farmers in the area of ICT is very limited. ERSHA has worked on improving the knowledge and skills of FMOs in working with ICT tools. This has worked for 6 of the eight FMOs, the two remaining facing difficulties related to amongst others low education levels.

However market information for agricultural commodities is only limited to export crops and the collaboration with Apposit to collect market information for the FMOs and the Unions until so far has not been successful. Although some indications exist that sms-services help farmers and FMOs to collect market information and to improve their bargaining position, the absence of a market information system partially questions the relevance of the ICT project in relation to market access.

The changes identified helped to increase farmers' trust in cooperative structures and to make access to markets easier to some extent and therefore are relevant; however their relevance would increase with the availability of a full-fledged market information system.

5.4.3 Relevance of the changes in relation to the policies of Connect4Change

IICD's approach is that of social innovation and their Civil Society policy is that of providing their partners with support and information after having received a request for support. According to IICD ICT has shown to increase the trust between farmers and their FMOs because it helps to increase the transparency of the management of sales which is to be considered as a major contributor to social innovation.

The work of ERSHA has been relevant as the agricultural sector is not very organized when it comes to access to information. In this project IICD trained ERSHA to introduce the ICT in the FMOs and ICCO provided the necessary funding. ERSHA was the leading party to implement it in FMO practices. They have also taken an important role in creating awareness of the importance of this information for the farmers. They have raised awareness to a level where farmers are willing to pay a small price for receiving accurate information which can be used at their farm. They have started to realize that this can improve their livelihood.

5.5 Explaining factors

5.5.1 Internal factors

Despite the fact that ERSHA mentioned in its 2012 ToC that its own organisational performance needed to be addressed, only limited efforts have been taken until so far.
One of the areas that needs further attention – not related to the market information system however – is that staff at field level strengthens its capacities to engage with private sector actors as a means to integrate the FMOs in promising value chains. The staff is highly motivated in this organisation.

5.5.2 External factors

As mentioned above, only market information for export commodities is available in Ethiopia and a market information system to inform the farmers with whom C6NGOs are working and who are delivering on domestic markets is not yet available. Making the ICT tools available is a first step, however the second step of providing the FMOs and farmers with market information did not yet materialise.

The government of Ethiopia is increasingly looking at ICT as an important tool for development. The five year government plan under implementation, called Growth and Transformation Plan, argues that embracing ICT is essential to creating new jobs, new business opportunities, to education and to improving the effectiveness of government administration and service delivery. Nonetheless, it was found out that the Ethiopia's ICT initiatives have not been taken up by the private sector and therefore reliable statistics are not as easily available as in some other African countries that have been strategically ramping up their local ICT industry (Lixi and Dahan, 2014).[6]
According to International Telecommunication Union Key Global Telecom Indicators released in 2014[7], Ethiopia registered improvement in the ICT growth. Nonetheless the performance of Ethiopia remained very low compared to other counties in Africa as well as other developing countries. The following figures show how Ethiopia performed in some of the key indicators:

- Percentage of individuals using internet improved from less than 0.2 in 2004 to about 1.5 percent in 2012,

[6] Marc Lixi and Mariana Dahan. 2014. ICT as an Enabler of Ethiopia. World Bank
[7] http://knoema.com/ITUKGTI2014/international-telecommunication-union-key-global-telecom-indicators-2014?location=1000670-ethiopia

- Fixed broadband subscription per 100 inhabitants increased to 0.045 in 2012 from 0.005 in 2010,
- Mobile cellular subscription per 100 inhabitants reached close to 24 from a figure that was well below 5 in 2008. As a result mobile subscription surpassed 23 million.

The International Telecommunication Union classified Ethiopia as one of the least performing in terms of ICT Development Index (IDI), which measures the level of ICT advancement in 166 countries by combining 11 indicators that focus on three areas – ICT access, ICT use and ICT skills. The result showed that Ethiopia stood 162 both in 2012 and 2013. The four countries that performed less than Ethiopia in both years were Eretria, Chad, Niger, and Central African Republic.
Price and affordability of ICT services is one of the challenges that is affecting access to the services in Ethiopia. If we take the cost of an entry-level fixed-broadband subscription as an example the performance was that in 2012 it cost Ethiopia USD 23.70 to access fixed broadband internet (ITU, 2013)[8]. The cost was higher than what several countries charged for the same service. In addition, the cost in Ethiopia was one of the most expensive in terms of gross national income per capita which amounted to 71 percent. As a result Ethiopia ranked as 18th most expensive country out of 169 countries in total.

This ICT context explains the difficulties that the C6NGOs have in negotiating the provision of market information with ICT businesses like Apposit.

5.5.3 Relations CFA-SPO

In September 2014 the field office of ERSHA was closed because of funding problems. In consequence the value chain project that helped to create the FMOs and the unions was closed, but the ICT project will continue until the end of 2015. As of that moment IICD only engages with the headquarters of ERSHA and lost contact with the field.

[8] ITU. 2013. Measuring the Information Society. Geneva Switzerland

6 Discussion

6.1 Design of the intervention

The intervention is designed for the entire C6NGOs consortium which makes the goals and activities applicable to all involved organisations. ERSHA works with a limited number of FMOs but has been successful in implementing the programme. The FMOs and their members report that they feel better capable to perform in their business and use ICT in their work. The introduction of the ICT in the first place helps to keep data, but in the second place helps to negotiate better prices.

An important component that would be worthwhile to explore consists of a more systems approach oriented intervention that would, apart from the technical devices, also ensure that market information becomes reliable. This would improve the project design.

7 Conclusion

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place with regards to the level of organisation and the perception of impact dimension of CIVICUS.

ERSHA's Farmer Market Organisations became more independent since the baseline. Eight of these, having access to electricity, were equipped with ICT tools to conduct digital transactions, which helped them to improve their bargaining position when negotiating with traders. In the meanwhile they became a member of the Oromia Cooperatives Association. More women are said to take leadership positions in the FMOs, and female membership increased slightly from 27 % since the baseline to 27-30 %.

The union, endorsed by the government, managed to diversify its financial resource base. In the meanwhile it adhered to the Federation of Oromia Cooperative Unions.

ERSHA itself became a member of the East African Food Security Network of ICCO partners and engaged with their Kenya partners on ICT.

With regards to perception of impact, in particular the relations with the local administration are constructive: both the administration, the FMOs, the Union and ERSHA together explore how they can access potential market chains. Apart from this the local administration gave a clearance to the 14 MFOs to create their own union: officially only one union per district is allowed, but when the existing union refused the adhesion of the FMOs, these were allowed to create their own union. Additionally ERSHA has worked to link the union to different stakeholders such as the financial sector and to the Federation of Oromia Cooperative unions. In particular the relations with the Bank helped the union to diversify its financial resource base and to do investments that help the further marketing of agricultural produce.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with ERSHA, and interviews with external resources persons working in civil society organisations that receive support from ERSHA; other civil society organisations with whom ERSHA is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which ERSHA is concentrating.

Contribution analysis
The first outcome achieved that the evaluation team looked at was the increased capacities of the FMOs to serve their members: at least 6 of the eight FMOs are said to have improved their performance. The most plausible explanation of this outcome consists of both projects implemented by ERSHA and the other members of the C6NGO consortium; an ICCO funded project to create value chains and create FMO and Unions and; the ICT project implemented with IICD and the Connect4Change Alliance. Both together seem to provide a sufficient and necessary explanation of the outcome. The ICT component helps FMO leaders to track their financial situation, to more easily obtain price information to negotiate better prices and to increase relations of trust between FMO members and the management. However the enabling environment provided by the local government is to be seen as a condition to this success.

A second outcome achieved consists of the wider network in which the FMOs and the Union currently engage. These networks have both a business character (access to finance and to markets) and a civil society character (membership of the Federation of Oromia Cooperative unions and of the Oromia Cooperatives Association). Also in this case both project contributed to the outcome.

Relevance
With regards to the baseline ToC, the interventions and outcomes achieved are relevant because FMOs have been capacitated in terms of skills and knowledge of ICT, but also in taking ownership of their work and forming a union. In terms of the second condition ERSHA has not increased the networking much. This is largely due to the fact that they are already regularly meeting with the C6NGOs network. The largest change in this respect is the effort to form a partnership with Kenya. The area

where ERSHA is lacking behind is the organisational development. The issues which were identified during the baseline have not been resolved.

The changes identified helped to increase farmers' trust in cooperative structures and to make access to markets easier to some extent and therefore are relevant; however their relevance would increase with the availability of a full-fledged market information system. The fact that one FMO, not on the power grid, managed to mobilise contributions from his members as a means to run a generator for electricity is to be interpreted as an indicator of the relevance of ICT as perceived by farmers.

With regards to IICD's and C4C's policies the changes are relevant because they contribute to its social innovation policy, in particular with regards to the creation of trust amongst stakeholders and increased connectivity.

Explaining factors
Most important internal factors that explain the findings consist of a positive level of motivation of staff, but field staff missing the experiences necessary to engage with the private sector.

The most important external factor that explains the findings is that market information available is not always relevant. Access to mobile data networks is generally low in Ethiopia, as well as having access to electricity.

Design
The design of the intervention is replicable for other FMOs that have access to electricity, whose managers have the appropriate educational background and whose organisational performance is strong. Apart from this, similar interventions need to take into account the quality of the data entered into the market information system.

Table 2
Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	8
The CS interventions were implemented as designed	7
The CS interventions reached their objectives	7
The observed outcomes are attributable to the CS interventions	7
The observed CS outcomes are relevant to the beneficiaries of the SPO	6

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and resource persons

Documents

Documents by SPO

Title	*Year*
ERSHA annual project update	*2012*

Documents by CFA

Title	*Year*
Partnership agreement P1=6	
Project C5 C4C EcoDev proposal final	2011

Documents by Alliance

Title	*Year*
ICT consortium annual report	2012
ICT terminal report	2013
ICT donor biannual update	2013
ICT 1st quarter report	2014
ICT 4th quarter report narrative	2013

Other documents

Berhanu, W., Colman, D. & B.Fayissa (2005), 'Environment: A Case Study from Southern Ethiopia' *Journal of Development studies,* vol. 43 (5), pp. 871-889

Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia.February 2009. *Charities and Societies Proclamation (proc. No. 612/2009)*

ITU. 2013. Measuring the Information Society. Geneva Switzerland

Little, P.D. (2001), 'Income Diversification among East African Pastoralists' *Research brief of Global Livestock Collaborative Research Support Program, University of California*

Lixi M. and Dahan M. 2014. ICT as an Enabler of Ethiopia. World Bank

Puddington Arch, Freedom in the World. 2013. *Democratic Breakthroughs in the Balance: Selected Data from Freedom House's Annual Survey of Political Rights and Civil Liberties.* Freedom House

Mati J.M., Silva F., Anderson T. April 2010. *Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010*. CIVICUS

Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia. November 2010. *Growth and Transformation Plan 2011 – 2015 (http://www.ethiopians.com/Ethiopia_GTP_2015.pdf)*

UNDP. January 2014. *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

United Nations General Assembly, Human Rights Council. 24 April 2013. *Report of the Special Rapporteur on the Rights to Freedom of Peaceful Assembly and of Association, Maini Kiai.*

Webpages

International Center for Not-For-Profit Law (ICNL),NGO Law Monitor: Ethiopia, http://www.icnl.org/research/monitor/ethiopia.html,2014

Freedom House, Freedom in the World: Ethiopia, https://freedomhouse.org/report/freedom-world/2014/ethiopia-0, 2014

Fund for Peace, Failed States Index, http://ffp.statesindex.org/rankings-2013-sortable, 2013

International Telecommunication Union Key Global Telecom Indicators, 2014. Available at http://knoema.com/ITUKGTI2014/international-telecommunication-union-key-global-telecom-indicators-2014?location=1000670-ethiopia

Social Watch, Basic Capabilities Index 2011. The boom and the busted,

http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf, 2011
Social Watch, Social and Economic Rights Fulfillment Index, http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf, 2011
Transparency International, Corruption by Country: Ethiopia, http://www.transparency.org/country/#ETH, 2014
Transparency International, Global Corruption Barometer: Ethiopia, http://www.transparency.org/gcb2013/country//?country=ethiopia, 2014
Heritage, Economic Freedom Score: Ethiopia, http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf, 2014
UNDP, Human Development Indicators Ethiopia, http://hdr.undp.org/en/countries/profiles/ETH, 2013
University of Oslo, Students´ and guardians´ views and experiences with the Alternative Basic Education (ABE) program in the Amhara, National Regional State of Ethiopia, https://www.duo.uio.no/handle/10852/31206, 2009
VNG International, GOPA &YCI, Enhancing basic delivery through social Accountability initiatives: I am accountable, are you? http://esap2.org.et/about-us/objectives/, 2012
World Bank, Governance Indicators: Country Data report for Ethiopia 1996-2013, http://info.worldbank.org/governance/wgi/pdf/c72.pdf, 2013
Institute for Future Studies, World Values Survey Wave 5: 2005-2009, http://www.worldvaluessurvey.org/WVSOnline.jsp, 2009

Resource persons

Name of key informant	***Organisation***	***Function in organisation***	***Relation with SPO***	***Contact details including e-mail.***
Eshetu Yimer	ERSHA	Executive Director	Executive leadership	eshetuyimer@yahoo.com
Tibebe Alemayehu	ERSHA	Program Director	Executive leadership	ersha@ethionet.et
Kuri Mersha	ERSHA	Finance and Administration director	Executive leadership	ersha@ethionet.et
Aynaddis Abebe	ERSHA	Gender and Social Service Coordinator	Staff	ersha@ethionet.et
Fikadu Gebeyehu	ERSHA	Planning, monitoring, evaluation and knowledge management coordinator	Staff	
Digafe Eyana	Union	FMO and union secretary		
Dereje Teressa	Toke Kutaye Wereda cooperative office	distribution process leader Input supply and		
Mr. Jifara Workingeh	Bedasa Former Marketing Organization	Chair person		
Mr. Muleta Jujuba	Bedasa Former Marketing Organization	Secretary		
Jadelte Terressa	Bedasa Former Marketing Organization	Treasurer		
Olaf Erz	Interview Olaf Erz IICD			

Appendix 1 Civil Society Scores

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration

0 = no change occurred, the situation is the same as in 2012

+1 = slight improvement

+2 = considerable improvement

Dimension		Indicators	Question	Change in the indicators in the 2012 – 2014 period
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+1
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+1
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	+2
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	-1
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	+0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	0
	10	External financial auditing	How regularly is your organisation audited externally?	0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+2
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+2
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+2
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	+1

	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	+2
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society?	0

Appendix 2 Changes in civil society indicators between 2012 and 2014

1. Civic Engagement

1.1 Needs of marginalised groups SPO

The ultimate target groups of the ICT project with the C6NGOs are 16,440 small holders and their households. Those of ERSHA are 14 FMOs, including one Union, 1400-1800 small scale households and 2700 indirect beneficiaries. 27-30% of FMO members are women and their membership is promoted by bylaws within the FMOs. According to ERSHA it takes the considerations of women and that of children in other projects into account in its project cycle. This was confirmed by the Union; FMO members are small farmers, including women, who face problems of market access due to lack of market information, in ability to use mobile phones and some other constraints. The same Union however observes that due to its early stage of formation, it has itself not yet engaged sufficiently enough with the 14 FMOs and their members. Since the baseline period an improvement in the number of women's in leadership of FMOs has observed.

Score: +1

1.2 Involvement of target groups SPO

Stakeholders' participation was the main feature of the project design cycle where by all members of the C6NGO consortium, government officials, and technical advisors from donor and other organizations are represented. In the process, farmers are represented by the FMO leaders. Women's are also represented through the women at the FMO management committee. Similarly, the union has the same structure to represent women. In general, more women take leadership positions during the end line as compared with the baseline. This is not true for all the FMOs, rather some FMOs are lagging behind in the inclusion of marginalized groups like women.

Score: +1

1.3 Intensity of political engagement SPO

SPOs that get funding from external donors are not allowed to engage in politics of the country.

Score: 0

2. Level of organization

2.1 Relations with other organizations SPO

Since the baseline period ERSHA has been actively collaborating with members of C6NGOs. It also took part in other civil society networks, such as the Consortium of Christian Relief and Development Association (CCRDA), Poverty Action Network Ethiopia (PANE), Sustainable Land use Forum. Effort has been made to create partnership with NGOs working particularly in Kenya and Uganda where by the outcome is to form an East Africa food security network (East African ICCO Partners network). The executive director and one technical team member of ERSHA went to Kenya to collaborate on areas of ICT which enabled ERSHA to learn more and share their best experiences too.

Score: +1

2.2 Frequency of dialogue with closest civil society organization SPO

ERHSA indicated that in the last 12 months it had 6 meetings with the C6NGO consortium. In addition the organization is closely interacting with the FMOs at least once in a month. The bi annual meeting is continued to be held as well.

Score: +1

2.3 Defending the interests of marginalized groups SPO

Since the baseline ERSHA and consortium are effective in defending the interests of the target groups. But these days the FMOs and the Union are capacitated to take over the role of ERSHA through their Union, so that they can defend the interest of their members. They are now even more capable in defending the interest of the member farmers since they became a member of the Oromia Federal Cooperatives Union.

Score: +2

2.4 Composition of financial resource base SPO

Despite the frequent efforts to diversify the funding base, ERSHA is not successful in doing so. Rather, ERSHA lost its former donors such as Oxfam Novib and Help a Child.

Score: -1

3. Practice of values

3.1 Downward accountability SPO

Similar to the baseline situations the executive leader of ERSHA is accountable to the General Assembly and the Board of Directors. However, these are less frequently informed than the government and donor organizations. It is also reported by the FMO and the Union leaders as they are informed about the projects and the project phase out.

Score: 0

3.2 Composition of social organs SPO

Like during the baseline two farmers are members in the general assembly of ERSHA. Currently, there are four men and one woman in ERSHA's Board of Directors.

Score: 0

3.3 External financial auditing SPO

ERHSA has continued to be audited annually by an external audit firm.

Score: 0

4. Perception of impact

4.1 Client satisfaction SPO

A union leader has mentioned that, ERSHA has given them several management and accountancy training and which enables them to be capacitated and to be successful. The same is true for the FMOs. Hence, these target beneficiaries are satisfied by ERSHAs efforts. Compared to the pre intervention period, members get a better access to market and market information. In addition, ERSHA has tried to link the union with different stakeholders. Currently, to diversify its financial

source, the "*Torban kutaye"* union purchased share from Oromia Cooperative Bank. It is also a member of Federation Oromia Cooperative unions to get loans and other services. The program also supported around 1.16 million Eth birr to construct a store and a office; at present construction of both store and office is finalized. Beyond storing union and FMOs inventory, the store is expected to generate additional income to the union as they can rent it to other organizations.

Score: +2

4.2 Civil society impact SPO

The FMOs and its union that are established by ERSHA are capacitated. Since the baseline period the FMO's ICT knowledge has improved and now started a digital recording of transaction. Their bookkeeping has also improved. They have got now a better bargaining power in the market and also are in a better position to assess the market situation. These 14 FMOs established their own union and the union is performing good and got recognition from the cooperatives agency as a best performing newly established Union. They have their own store building and truck. They purchased share from Oromia cooperative bank and accessed loan twice. They are also now a member of the Oromia cooperatives association. However, there are some FMOs who still have a weak performance.

Other members of the C6NGO consortium consider ERSHA to be one of the strong local NGOs in Ethiopia, which is trustworthy organisation that has a proven track record in development. ERSHA is aware of key thematic areas and 'best practices' and has a sound understanding of factors that contribute to effective, efficient and sustainable performance.

Score: +2

4.3 Relations with public sector organizations SPO

ERSHA is working with the public sector throughout the project cycle. Most frequent collaboration consists of joint planning and implementation of activities. This was confirmed by Gourder Woreda Cooperative Promotion Office that states that it has a good working relationship. In the last 12 months ERSHA has carried out a project inception workshop with local government office representatives. Both FMOs, the woreda cooperative promotion office and ERSHA share a common problem of market access for farmers' produce which the union as well as the FMOs are trying to solve. As a result the "Access to Market Information" project is seen as a foundation for easy access to market information developed by Oromia marketing agency with the financial support of the project. FMOs were linked with the source of market information i.e., Oromia Marketing agency and other related sources and with unions as well.

Score: +1

4.4 Relation with private sector agencies SPO

Though ERSHA is exerting some effort to connect FMOs with the private sector, it is usually short lived. ERSHA tried to integrate the FMOs in the appropriate value chain by connecting them with Oil factories and flour factories. One of the constraints that ERSHA is facing currently is that field staff lacks sufficient capacity in the field of value chain development and the role of private sector organizations. In addition, it has also worked with DOT Ethiopia for supplying market information via SMS but DOT Ethiopia and ERSHA do not agree on the ICT management ownership and they are still in negotiation. On the other hand the FMOs/ Union are working with the private sectors/dealers and buyers/ to sell their produces and to get inputs.

Score: +0

4.5 Influence upon public policies, rules, regulations SPO

The 2009 Ethiopian law on registration and regulation of charities and societies does not allow NGOs to influence policies, rules and regulations and ERSHA in consequence is not involved in any lobby and advocacy. But one scenario is reported a successful policy influence on the government organ, particularly in the woreda cooperation office. The 14 FMOs requested to become a member of the

AMBO cooperatives union which was refused by this union. Although the cooperative law only allows one union per district, they managed to influence the regional and zonal offices and obtained a clearance to establish their own union.

Score: +2

4.6 Influence upon private sector agencies' policies, rules, regulations SPO

ERSHA has not (yet) succeeded in influencing the policies of private sector organizations. It's most important strategy for doing so is however by bringing to together different actors in the value chain and their service provided to discuss and establish a win-win solution helps. Since it is not well planned in the project proposal, ERSHA find it difficult to influence policies of private sector organizations. Though it is not successful, it was reported that there was an attempt to link the producers with flour factory.

Score: 0

5. Environment

5.1 Coping strategies

The new civil society legislation on the allocation of administration cost (30/70) has delayed the start of the ICT project and as a result new administrative arrangements had to be taken by ICCO to accommodate for these inconveniences. Also, the unavailability of reliable and dependable private firms in the ICT sector, poor internet connection and availing reliable market information were major challenges**.**

Score: 0

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00

Report CDI-15-072

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

JeCCDO end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]

Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

1 Centre for Development Innovation, Wageningen UR
2 International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-070

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver, D.C., Jacobs, J., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *ADAA end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-070. Wageningen.

This report describes the findings of the end line assessment of the Jerusalem Children and Community Development Organisation (JeCCDO) that is a partner of Edukans Foundation under the ICCO alliance.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses JeCCDO's contribution towards strengthening Civil Society in Ethiopia and it uses the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which JeCCDO contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain JeCCDO's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-070 |

Contents

Contents **3**

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **7**

2 Context **9**

2.1 Political context 9
2.2 Civil Society context issues with regards to the MDG 9

3 JeCCDO and its contribution to civil society/policy changes **11**

3.1 Background of the SPO 11
3.2 MFS II interventions related to Civil Society 11
3.3 Basic information 13

4 Data collection and analytical approach **14**

4.1 Adjustments made in the methodology of the evaluation 14
4.2 Difficulties encountered during data collection 14
4.3 Identification of two outcome areas 14

5 Results **15**

5.1 Results obtained in relation to intervention logic 15
5.2 Changes in civil society in the 2012-2014 period 16
5.2.1 Civic engagement 16
5.2.2 Level of organization 16
5.2.3 Practice of Values 17
5.2.4 Perception of Impact 17
5.2.5 Civil Society Environment 19
5.3 To what degree are the changes attributable to the Southern partners? 19
5.3.1 Access to quality education for marginalised and disabled persons 20
5.3.2 Increased budget for education 23
5.4 What is the relevance of these changes? 25
5.4.1 Relevance of the changes in relation to the Theory of Change of 2012 25
5.4.2 Relevance of the changes in relation to the context in which the SPO is operating 25
5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA 26
5.5 Explaining factors 26
5.5.1 Internal factors 26
5.5.2 External factors 27
5.5.3 Relations CFA-SPO 27

6 Discussion **28**

6.1 Design of the intervention 28

7 Conclusion **29**

References and resource persons **31**

Appendix 1 Civil Society Scores **34**

Appendix 2 Changes in civil society indicators between 2012 and 2014 **36**

1. Civic Engagement 36
2. Level of Organisation 38
3. Practice of Values 39
4. Perception of Impact 39
5. Civil Society context 41

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We hope that this evaluation can support you in better positioning yourself in the Civil Society Arena of Ethiopia.

List of abbreviations and acronyms

ABE	Alternative Basic Education
ACSI	Amhara Credit and Savings Institute
CBOs	Community Based Organisations
CCRDA	Consortium of Christian Relief and Development Association
CDI	Centre for Development Innovation Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
CMC	Centre Management Committee
CS	Civil Society
FC	Facilitator for Change
HTP	Harmful Traditional Practices
IFPRI	International food Policy Research Institute
JeCCDO	Jerusalem Children and Community Development Organisation
KEBT	Kebele Education and Training Board
MDG	Millennium Development Goal
MoFa	Ministry of Foreign Affairs
MFS	Dutch co-financing system
NED	Nurture Education Development
NGO	Non-Governmental Organisation
PTSA	Parent, Teacher and Students Associations
SAC	Social Accountability Council
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
TECS	Tracking Trends in Ethiopia´s Civil Society
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
WASH	Water Sanitation and Hygiene
WCAT	Wabe Children's Aid and Training

1 Introduction

This report presents the civil society end line findings of JeCCDO in Ethiopia which is a partner of Edukans Foundation under the ICCO Alliance. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study JeCCDO is working on MDG 2: Education

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework (see appendix 1) and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework that comprises five dimensions (civic engagement, level of organization, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the JeCCDO relate to civic engagement and perception of impact. With regards to civic engagement an estimated 75 children with disabilities got access to primary school education. Access to education for disabled children means that they become an integrated part in society.

With regards to perception of impact the most significant changes consist of JeCCDO having built the capacities of Parent, Teacher and Students Associations and Kebele Education and Training Boards who are in charge of managing schools and ensuring that children, also those with disabilities, get access to these schools. These PTSAs and KETBs engage with local governments to solve practical problems that hamper childrens' access to schools. JeCCDO and the other partners in the Amhara cluster have strengthened their relations with the Regional Basic Education Forum and the SPo was able to formulate the rules and regulations of the forum in a more NGO friendly manner.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with the SPO, and interviews with external resources persons working in civil society organisations that receive support from the SPO; other civil society organisations with whom the SPO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which the SPO is concentrating.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch CFAs a selection was made of SPOs to be included in an in-depth process tracing trajectory and those to be included for a quick contribution assessment. JeCCDO was selected for in-depth process tracing.

The evaluation team looked at the extent to which JeCCDO contributed to ensure quality education for marginalised and disabled children: JeCCDO's interventions explain that marginalized and disabled children access education, but other actors also contribute to this outcome.

The evaluation team looked at the extent to which JeCCDO contributed to the increase of the regional budget from 18 million in 2011 to 43 million birr (USD 2.1 million) in 2014. In the first place this can be explained by the federal policy to make more funds available for education. The allocation of these funds is being influenced by a regional forum in which all NGO's in the Amhara cluster participate, the regional Government – NGO forum in which JeCCDO participates, and the experience sharing visits

organised by each member of the Amhara cluster and in which government officials and potential donor organisations take part, will provide ideas for the woreda and zonal education bureaus for the allocation of budgets. JeCCDO is a rather big NGO with a good reputation and with strong relations at national, regional and local level: They manage to take high level government officials along on experience sharing visits which is an occasion to influence policies.

Relevance
With regards to the baseline ToC, the relevance of the interventions and outcomes could not be decided upon since outcomes of the trainings provided to educational CBOs were not documented.

With regards to the context in which JeCCDO is operating, its interventions and outcomes are relevant in that they were influential in prioritizing communities where pronounced government gaps were observed in discharging its responsibility of ensuring equitable social services, particularly for the disadvantaged segment of the community, because of their strong relations with the district education office.

With regards to the CS policies of Edukans and the ICCO cooperation, the interventions and outcomes on cluster level are relevant, because the partners made significant progress on community involvement and inclusiveness. However, JeCCDO's activities remained mainly in the establishment of creating a safe learning environment, and less in increasing community involvement. Hence their interventions and outcomes are less relevant with regards to the CS policies of Edukans and the ICCO cooperation.

Explaining factors
The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within the JeCCDO, the external context in which it operates and the relations between JeCCDO and Edukans.

JeCCDO's gained a lot of experience in service provision activities and accordingly they have built strong relations with the local government in complementing their efforts in the education sector by building schools an providing education material. Their efforts in this field are acknowledged by many stakeholders and as a result JeCCDO sees no need to shift their focus to building a stronger civil society or increased community involvement as is expected on cluster level.

An external factor mentioned by the cluster members is the budget always reaching them 4 to 6 months later than due dates which causes delays in implementation of the program. Additionally, the 70-30 law is causing challenges for many organizations, also for the Amhara Cluster partners.

With regards to the relation between Edukans and JeCCDO we observe that the responsibility of the performance of the cluster partners lies with the lead partner WCAT.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to MDG 2 that JeCCDO is working on. Chapter three provides background information on JeCCDO, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with Edukans Foundation. An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix 2 of the country report; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This chapter describes the context in which JeCCDO operates. It focusses in particular on trends with regards to the political context, the civil society context and civil society issues in relation to the MDG 2 that JeCCDO is working on.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015.1 Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country2. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights.3 This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

2.2 Civil Society context issues with regards to the MDG

The activities in the education sector are since 2010/11 directed by the fourth Education Sector Development Program (ESDP IV), which is part of a twenty-year education sector indicative plan, within the framework of the Education and Training Policy (ETP). The ETP was adopted in 1994 as the country´s new constitution became effective and among the important changes which came with it was that education administration was decentralized to the regional states (MOE 2010/2011). The Ministry of Education (MOE) has a coordinating role in the provision of education, and sets forward frameworks and policies while the regions are the main implementers and they control the financing of education.

[1] *Growth and Transformation Plan 2011 – 2015,* Ministry of Finance and Economic Development, (November 2010), Federal Democratic Republic of Ethiopia

[2] *Charities and Societies Proclamation (proc. no.621/2009),* February 2009, Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

Primary education is the highest priority for the government and receives the highest share from the total estimated expenditure of ESDP IV (MOE 2010/2011). The federal ministry funds regional governments which allocate funds to Regional Education Bureaus (REBs) which in turn allocate funds to Zonal Education Bureaus (ZEB). Regions have a great deal of discretion in allocating funding to education and in choosing priorities and strategies. In a separate funding stream, the regional councils directly allocate funding to the woreda administrations through block grants and these also have a large amount of discretion in how to allocate these grants. The majority of the woreda block grants, ranging from 33 % to 66 %, usually go to education, with most of the resources being spent on teachers' salaries. The non-salary budget per student is small.

In recent years, the Ethiopian educational authorities, like governments in several other developing countries have embraced Alternative Basic Education (ABE) programs in an attempt to achieve Education for All. The ABE program is a condensed version of the first cycle of formal primary school (grades 1-4) and is a variation of Non-formal education (NFE) with features similar to the 'community school´ approach to education. In 2005/06 the Gross Enrolment Ratio in ABE was at least 5,5 % in Ethiopia and a steadily increasing share of the school age population is enrolled in the program.[4]

In the last five years the number of primary school children has grown from 15,340,786 in 2007/08 to 16,989,784 in 2011/12 showing an 11.0% growth over the same period of time for both boys and girls (MOE 2012). Despite the remarkable growth, the education system is challenged by significant dropout rates and high number of out-of school children. Reaching out the most marginalized out-of-school children which includes children who are in the remotest parts of the country, children from pastoral communities, children who are in food insecure and conflict prone areas and those children who are in difficult circumstance (such as children with disabilities, trafficked children, street children, victims of child labor, etc.) is the most challenging aspect of expanding primary education opportunities. Out-of-school children are found all over Ethiopia. According to the MOE (EMIS:2010), there were 3,015,350 out of school children in Ethiopia making 17.8% of the total primary school age children in the country[5.]

In an effort to reduce poverty and enhance decentralized public service delivery to the poor, the Government of Ethiopia, with the support of International Development Partners, embarked on a project known as the Protection of Basic Social Services in 2006. The PBS program piloted a social accountability initiative in 2006 that helped empower citizens to voice their needs and demands relating to basic public services. In the context of PBS, Social Accountability can be understood as the processes by which ordinary citizens, who are the users of public services, voice their needs, preferences and demands regarding public services; it also brings citizens into dialogue with local governments and service providers to contribute to improved quality public basic services through joint action plans. The Ethiopian Social Accountability Program 1 (ESAP 1) aimed to empower Ethiopia's poor so that they may voice their concerns and priorities over access to basic services – water, sanitation, health, education and agriculture. ESAP1 ended on June 30, 2009, and an independent evaluation was conducted as basis for a new phase. The evaluation revealed that use of appropriate social accountability mechanisms can work in Ethiopia and have beneficial outcomes for the actors involved as well as for the quality of basic services. As a component of PBS 2, the government launched the Ethiopia Social Accountability Program 2 (ESAP2) in February 2012. Working through civil society organizations, ESAP2 tries to bring local governments and service providers into dialogue with citizens and community organizations as an important step in working together in providing better quality public basic services.[6]

[4] https://www.duo.uio.no/handle/10852/31206

[5] Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia

[6] http://esap2.org.et/

3 JeCCDO and its contribution to civil society/policy changes

3.1 Background of the SPO

Jerusalem Children and Community Development Organization (JeCCDO) is registered as an Ethiopian resident charity and operates in different parts of the nation with the aim of promoting the wellbeing of children.

It was established in 1985 as an indigenous, non-governmental, humanitarian organization in response to the needs of children who were left orphaned, displaced or lacked proper care and support due to civil war and drought. Since its creation the organisation has reached about 850,000 beneficiaries directly or indirectly per year. Even so, it works for a wider coverage.

JeCCDO has 3 main programmes. The first is Access to Basic Services for Orphans and Vulnerable Children, the second programme is Community Based Disaster Risk Reduction and the third is Capacity Development of Community Based Organisations (CBOs).

JeCCDO's *vision* is to see an Ethiopian society where all citizens promote the wellbeing of children.

Its mission is to facilitate community development processes where the wellbeing of children is effectively promoted in all its target areas.

Its development approach can be summarised as being child centred, family focused and community based whilst ensuring establishing partnerships with local Community Based Organisations. JeCCDO's core values are to stimulate community participation in child centred development, to be accountable and transparent to stakeholders, to respect community values, to ensure sustainability of development outcomes and to collaborate with others and networks to promote the wellbeing of children.

JeCCDO operates namely Bahir Dar (Amhara region), Debre Birhan (woreda), Debrezeit (woreda), Dire Dawa (urban and rural woreda), and Hawassa (SNNPR).

JeCCDO is one of the four NGOs that together implement Edukans' programme "Improving Access to Quality Basic Education for Marginalized Children in Amhara region". Together with Wabe Children's Aid and Training (WCAT), Nurture Education Development (NED) and Facilitator for Change (FC) it is operational in in three administrative zones in the Amhara region.

The programme focuses on Education for All (EFA) and includes Basic Education, Partner Formal Schools Support and Integrated Functional Adult Literacy. The target population consists of school age and pre-school age children for basic and pre-school education, and; adults and youths for integrated functional literacy.

Within the "Amhara Cluster Edukans Partners", JeCCDO's particular added value is that of its Integrated Development Approach and its interventions based upon grassroots community structures (CBOs).

3.2 MFS II interventions related to Civil Society

JeCCDO is one of the four NGOs that together implement Edukans' programme "Improving Access to Quality Basic Education for Marginalized Children in Amhara region". Together with Wabe Children's Aid and Training (WCAT), Nurture Education Development (NED) and Facilitator for Change (FC) it is operational in in three administrative zones in the Amhara region.

The programme focuses on Education for All (EFA) and includes Basic Education, Partner Formal Schools Support and Integrated Functional Adult Literacy. The target population consists of school age

and pre-school age children for basic and pre-school education, and; adults and youths for integrated functional literacy.

Within the "Amhara Cluster Edukans Partners", JeCCDO's particular added value is that of its Integrated Development Approach and its interventions based upon grassroots community structures (CBOs).

The programme objectives to which JeCCDO contributes are formulated at cluster level:

The first objective relates to Poverty Reduction and aims to provide access to quality basic education for out-of-school children; access to Integrated Functional Adult Literacy for adults and youths and; the education management and planning system in the ABECs and cluster.

The second objective relates to capacity building of civil society organizations that is being translated into improving the teaching learning environment in the schools and ABE centres. A teaching learning environment includes active teaching learning processes that are task related; further engagement of

CBOs, CSOs, Centre Management Committee (CMC), Parent Teacher Associations (PTS), woreda and kebele education and training boards.

The third objectives relates to networking and dialogue, which is transformed into the identification of gaps of the implementation capacities of the Amhara cluster members and draw lessons for improvement; an increased commitment of woreda cabinet members to increase the education budget.

The programme relates in the following sense to the CIVICUS framework.

- *Civic Engagement:* The increase in number of children enrolled in primary education, including children with disabilities, and an increase in the number of adults enrolled in the Integrated Functional Adult Literacy (IFAL) Program contribute towards an increased participation of individuals to advance shared interests.
- *Level of Organisation:* JeCCDO aims to network with like-minded NGOs in the education sector and it is also member of the Government initiated NGO network and participates in the Amhara Region General Education Quality Improvement Forum, which will help the organisation to be better positioned in the civil society arena.
- *Perception of impact:* The programme aims to increase the involvement of district education office experts in the planning, management, and quality of education in JeCCDO's intervention area and the consultative meeting with woreda cabinet members to increase the budget for education.

3.3 Basic information

Table 3

JeCCDO basic information.

Heading	Heading	Heading	Heading	Heading	Heading
Name of SPO		Jerusalem Children and Community Development Organisation (JeCCDO)			
Consortium and CFA		Edukans Foundation			
Project name		Improving Access to Quality Basic Education For Marginalized children in Amhara National Regional State of Ethiopia. This project is implemented by "Amhara Cluster Edukans Partners" which regroups WCAT, JeCCDO, NED and FC.			
MDG/theme on which the CS evaluation focusses		MDG 2: Education			
Start date of cooperation between the CFA and the SPO		A partnership with the Edukans foundation started in 2001. The current contract is signed with WCAT. JeCCDO is one of the partners in the project			
Contracts signed in the MFS II period	Period	# months	Total budget	JeCCDO	Estimation of % for Civil Society
ET1215H01 (with WCAT)	1-1-2012 until 31-1-2012	12	€ 160.000	€ 40.000	57 %
C-002448 (with WCAT)	1-1-2013 until 31-12-2013	12	€ 140.633	€ 40.000	
C-003606 (with WCAT)	1-1-2014 until 31-12-2014	12	€ 107.789	€ 40.000	
	1-1-2015 until 31-12-2015	12	unknown	unknown	
Total			€ 408.422	€ 120.000	

Sources: Contracts between Edukans foundation and WCAT

4 Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

The project documents made available in the beginning of 2014 only reported at Amhara cluster level and outcomes for JeCCDO specifically were only scarcely mentioned. Based upon this information the evaluation team experienced difficulties in identifying the civil society focus to take into consideration for JeCCDO. It was only after the first workshop with JeCCDO was organised that more information became available and the team could follow the evaluation methodology as planned.

4.2 Difficulties encountered during data collection

The evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework. Whereas the documents received at the beginning of 2014 contain a lot of information, reporting was mainly done at cluster level and not at the level of JeCCDO. It was only after the first workshop and during process tracing that more documents for JeCCDO came available. It was then observed that the reports on cluster level mention different figures and numbers than the documents provided by JeCCDO[7].

In the field, there were challenges perceived in obtaining data and information both at the SPO level and public offices. SPO members were involved in meetings with donors, stakeholders, and also project visits which coincided with the scheduled evaluation work. For this reason the field work for the evaluation had to be repeatedly rescheduled and thus stretched the assignment duration. Likewise the concerned public offices were busy with meetings and conferences that forced some discussions to be conducted at 8 pm in the evening.

4.3 Identification of two outcome areas

This project was selected for in-depth-process tracing. In relation to the CIVICUS framework four strategic orientations for contribution analysis were identified: Ensuring that more people from more diverse background are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations.

With regards to JeCCDO the focus was to assess to what extent their interventions helped to capacitate the PTSAs and CMCs to enhance inclusive education and hence improve access to quality education for marginalized children.

The second outcome that we looked at is the extent to which JeCCDO is capable to improve the access to quality education for marginalized children by networking and linking different actors in the civil society arena in order to enlarge the room for dialogue and capacity for change.

[7] Especially on the number of trainings given and the number of disabled children provided with education material.

5 Results

5.1 Results obtained in relation to intervention logic

An inventory was made of progress being made by JeCCDO in comparison to its project documents, however progress on results was aggregated at Amhara cluster level and hardly any data were available at the level of JeCCDO. This could have hampered the presentation of facts and figures. Additionally allocation of outputs to specific objectives is not always clear, as training and material support is put under poverty reduction and capacity building.

The project comprises three specific objectives:

1. *Poverty reduction*
   JeCCDO's annual reports elaborate on achievements in this area as JeCCDO's strategy focused on the upgrading and furnishing of ABE centres so they could comply with the new government regulation and become full cycle primary schools. Between 2011-2014, JeCCDO constructed and furnished libraries in three schools, constructed and equipped laboratories in three schools, and delivered combined desks, text books, reference books, stationary and sport materials for six schools. They furthermore planned that access to primary education should be increased by 5 to 10% in 2015 (baseline 2011), 40% of disabled children got improved educational services, and an increase of 30% of literate adults participating in school improvement programs. Until 2014, 5284 got access to primary education compared to 4552 in 2011, which is an increase of 16%. The number of disabled children in primary basic education increased, but the exact numbers could not be retrieved from the progress documents[8]. The number of adults who got access to the Integrated Functional Adult Literacy (IFAL) program increased from 120 in December 2011 to 177 in December 2013[9], which is an increase of 47,5%.[10]
2. *Capacity building of civil society organisations*
   Planned outcomes for this objective were formulated as an increase of the percentage of students participating in active teaching learning processes, and 60% of CBOs, CSOs, CMCs, PTSAs, woreda and Kebele education and training board involved in school improvement program. Reporting and activities on these objectives was mainly carried out on cluster level. JeCCDO's efforts lay mainly in the area of providing training. Reports mention refresher trainings and training on inclusive education for teachers and facilitators, trainings on active teaching methods, and basic computer trainings.
3. *Networking and Dialogue*
   The planned outcome formulated is that woreda cabinets increase the budget for the improvement of education quality by 5-10%. JeCCDO reports that at the end of 2012 the budget increased with 2%, but they do not elaborate on their contribution to this change in relation to other actors. They did organise one consultative meeting with the woreda cabinet and they participated in an education conference in the Amhara region and in the joint networking and lobby of the "ATKLT" forum at Debre Markos Town. Additionally, JeCCDO participated in 9 joint discussion forums among CBOs, government, and the community between 2012 and 2014.

Based on the project documents, the most important achievements were made on the first and second objective.

[8] The exact number of disabled students who got access to primary education could not be concluded upon based on the documents. The documents do mention the number of disabled children who were provided with educational material: 15 in 2011, 15 in 2012, and 45 in 2013 (other documents mention the numbers 30 and 45) .

[9] For 2014 data was only available for the first 6 months (January to June). During these first six months 147 persons were enrolled in the FAL program.

[10] Between 2011 and 2014 a total of 400 adults and youth were trained in the IFAL program

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

Civic engagement slightly increased since the baseline study, mostly in terms of stakeholder involvement through the implementation of a participatory and result based monitoring and evaluation system (RBME system) made possible with funding from Comic Relief (UK).[11] Another change mentioned by the program staff is that between 2012 and 2014 the project has been implemented via partner CBOs through sub-grant arrangements with intensive capacity development support. [12]

Other developments in the civic engagement area since the baseline include:

- The number of children who got access to primary education increased from 4552 (baseline) to 5284 (December 2013), which is an increase of 16%.
- The inclusion of disabled children has been a focus point since the baseline. More than 30 disabled children were provided with education materials and included in the school system between 2011 and June 2014. During the same period, sign language training was provided to 45 members of families with children with hearing disabilities.
- One of the members of the PTSA in Dilchibo mentions that the school mobilized the community to contribute 50 birr per year to be able to hire two janitors. This model was adopted during an experience sharing visit organised by JeCCDO.
- JeCCDO constructed separate toilets for girls, which led to less absence and higher performance of girls.[13]

No change was observed in terms of JeCCDO's political engagement.

Score baseline 2012 on an absolute scale from 0-3: 2

Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.2 Level of organization

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

JeCCDO continued to be an active member of different platforms at international, national and regional levels. At international level, JeCCDO, represented by its headquarters, is a member of the Coalition for Children Affected by AIDS in Canada and the Better Care Network for Children in the USA. At National level, the organization is a board member of the Consortium of Christian Relief and Development Association (CCRDA), which meets quarterly in Hawassa or Bahir Dar. At regional level, JeCCDO's field offices in Hawassa (SNNPR region) and Bahir Dar (Amhara region) are the chair and a member of the steering committee of the CCDRA regional platforms respectively.

At Amhara Field Office level, JeCCDO is involved in different thematic platforms such as education, health, WASH, Children has increased over the last two years. There are also quarterly meetings with the GO-NGO forum. In most of the cases, JeCCDO plays a leadership role in the regional platforms and networks.14 These platforms are mainly used for sharing experiences, scaling up good practices and improving program qualities. Topics discussed at this level include: the new CSO legislation mainly on the 70/30 proportions of program and administration cost; environmental and climate change issues particularly on the pollution of lake Hawassa; promotion of women self-help group as a local development approach; and social accountability issues on provision of quality basic services.

[11] Interview with management staff
[12] Interview with program staff
[13] Mid- term external evaluation, forth coming
[14] Interview with management staff

With regards to the capacity of JeCCDO to secure its resource base, the organization has been able to establish partnerships with new funding partners and scaling up relations with the existing ones.[15] They secured funding from the Baring foundation for the second time and expanded their intervention at Negede Woito Community as of 2013 by mobilizing additional funds from other funding partners in the UK. The intervention in the Negede Woito community deals with socio-economic empowerment of the marginalized people in the community and the construction of model houses. With funding from the Edukans Foundation (secured trough ISEE) a school capacity project was started in the Dek and Yiganda Community in the islands of Lake Tana.[16]

Score baseline 2012 on an absolute scale from 0-3: 2

Score end line 2014, relative change on a scale of (-2, +2): 1

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at, such as transparency, democratic decision making, taking into account diversity, are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

In addition to the review and reflection sessions, JeCCDO has introduced an action committee in each project area, including the project zone in Amhara. These are composed of representatives from relevant government offices and community groups representing the beneficiaries. The action committees are part in the participatory M&E system and promote a participatory approach. For the HIV and Livelihood project in Debre Barhan financed by Stop Aids Now, a project steering committee was established, the members of which are drawn from the government and private sector, NGOs, Debre Berhan University, CBOs and associations of beneficiaries.[17] JeCCDO reports its plans and performances to the action committee and project steering team for transparency, accountability as well as for devising next steps and solutions for challenges.

No significant change was mentioned by the interviewees on the composition of social organs or financial auditing.

Score baseline 2012 on an absolute scale from 0-3: 1

Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which JeCCDO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

Capacity building of CBOs

The main achievement with MFS funds in this area between 2011 and 2013 is the capacity building of CBOs related to education (mainly being PTSA's, CMC's, the KTEB, and the SAC (Social Accountability Council) in the areas of inclusive learning and the introduction of ICT. JeCCDO planned to introduce ICT materials for 20 Alternative Basic Education schools (ABE) and provided training for their teachers and facilitators. From the documents it could be concluded that 21 CBO participants attended a workshop (topic unknown), and seven teachers and facilitators were trained in computer skills. The program staff adds that JeCCDO linked the CBOs with relevant government sectors for technical support and follow up. In addition, JeCCDO in Bahir Dar has been engaging in Ethiopian Social Accountability Program (ESAP II) focusing on education and WASH since 2013. The aim is to further

[15] Interview with program staff
[16] Interview with management staff
[17] Interview with management staff

strengthen Social Accountability Councils which are operating mainly in schools to ensure quality of educational & WASH services. No results have yet been documented on this programme, which is of importance for civil society.

The programme staff furthermore mentions the expansion of JeCCDO to one of the rural kebeles at Dek Island of Lake Tana as an important achievement in the area of client satisfaction. Here a school capacity development project was started aimed at improving access to and quality of primary education at Gurer Primary school. The main activities at Dek Island with the funding from Edukans through ISEE are focusing on school improvement which includes: construction of classrooms, establishment of Water and Sanitation facilities in the school (both under progress at time of the interview); strengthening PTSA through trainings and experience sharing programs; and provision of learning teaching inputs.

A mid-term external evaluation (forthcoming) mentions that JeCCDO provided grants, equipment and furniture to school clubs to enable them generate income to sustain the supports of students from poor families. This is considered a viable strategy to promote access and quality of education in poor and marginalized communities on a sustainable manner.

Linking and Networking

At community level, JeCCDO organised the celebration of the yearly international literacy day and used local media to promote the event. Other forms of networking mentioned at community level are the school competition and child talent development as well as awarding best performing teachers so as to motivate them to achieve more. A downside of the increased participation of school principals in networking activities is their decreased effort to accomplish JeCCDO's activities in line with the planned period of the programs. The principals claim the frequent meetings that they engage in at zonal and regional level are reasons for the low effort they exerted[18].

In terms of the relation with the public sector on regional level, JeCCDO continued to maintain good relations with the government: the organization received different certificates and awards of recognition mainly from regional governments including the Amhara Region Education bureau and Bahir Dar City Administration.[19] In addition, upon invitations of respective regional governments JeCCDO has been sharing its experiences and good practices in its development approaches including in the education sector to governmental and non-governmental actors mainly in SNNPR and Dire Dawa City Administration.[20] The relation with the regional government is further strengthened via participation in the Amhara Region Basic Education Forum, which was organised eight times between 2011 and 2013[21]. In its engagement in the Forum, JeCCDO together with other member NGOs has managed to influence the government in terms of formulating the rules and regulation of the regional forum in a more NGO friendly manner where every actor has equal stake in the forum. In addition, JeCCDO has also been lobbing the government mainly in Amhara Region to give adequate mass-media coverage in the promotion of education sector.[22]

JeCCDO has also been working closely with government universities mainly in the regional cities, including Addis Ababa University, Debre Berhan University, Hawassa University, Dire Dawa University and Bahir Dar University on research and joint learning and program implementation. Linking with the private sector is in an early stage and falls mainly within the HIV and livelihood project funded by Stop AIDS NOW. On an international level there has been contact with Heineken, and on local level the Amhara Credit and Savings Institute (ACSI) and the Ayou general hospital have been approached for possible collaboration and participation in the project's steering committee.[23]

On a national level, as a focal organization to provide information to the Development Assistance Group in Ethiopia that is Tracking Trends in Ethiopia´s Civil Society (TECS), and as a Board member of CCRDA, JeCCDO has been involved in the efforts to influence the government to reconsider the new

[18] Bi-annual report January –July 2014
[19] Interview with program staff
[20] Interview with management staff
[21] Based on project documents
[22] Interview with Program staff
[23] Interview with management staff

CSA legislation in general and the 70/30 program and administration cost proportion in particular.[24] From the project documents or the interviews conducted the contribution of JeCCDO to outcomes in this area could not be concluded upon.[25]

Score baseline 2012 on an absolute scale from 0-3: **2**

Score end line 2014, relative change on a scale of (-2, +2): **1**

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how ADAA is coping with that context.

In terms of the 70/30 percent regulation, JeCCDO is trying to adapt by initiating new projects that increase the program cost without causing significant administrative costs[26]. Additionally, JeCCDO has become more selective and careful in identifying programs and establishing partnerships.

In accordance with new regulation on the upgrading of ABEs into formal schools in 2012, JeCCDO has transformed all ABEs qualifying for the standards set by the Amhara Region Education Bureau to formal first cycle primary schools. To accomplish this JeCCDO needed to upgrade and equip the ABEs, which was done successfully as all ABEs centred were promoted to formal school structures. [27]As a result of upgrading the ABEs, the CMCs are no longer functional.[28]

Score baseline 2012 on an absolute scale from 0-3: **2**

Score end line 2014, relative change on a scale of (-2, +2): **1**

5.3 To what degree are the changes attributable to the Southern partners?

This paragraph assesses the extent to which some outcomes achieved can be "attributed" to JeCCDO. Starting with an outcome, the evaluation team developed a model of change that identifies different pathways that possibly explain the outcome achieved. Data collection was done to obtain evidence that confirms or rejects each of these pathways. Based upon this assessment, the evaluation team concludes about the most plausible explanation of the outcome and the most plausible relation between (parts of) pathways and the outcome. The relations between the pathways and the outcomes can differ in nature as is being explained in the following table.

Table 10

Nature of the relation between parts in the Model of Change

Nature of the relation between parts and other parts or outcome	
The part is the only causal explanation for the outcome. No other interventions or factors explain it. (necessary and sufficient)	
The part does not explain the outcome at all: other subcomponents explain the outcomes.	
The part explains the outcome but other parts explain the outcome as well: there are multiple pathways (sufficient but not necessary)	
The part is a condition for the outcome but won't make it happen without other factors (necessary but not sufficient)	
The part is a contributory cause it is part of a 'package' of causal actors and factors that together are sufficient to produce the intended effect.	

Sources: Mayne, 2012; Stern et al, 2012

[24] Idem
[25] Additionally, Liana Hoornweg of the ICCO cooperation is not aware of any efforts of JeCCDO in this area.
[26] Interview with management staff and interview with program staff
[27] Based on email conversations between Edukans and JeCCDO
[28] Reflection of research team after workshop with management and program staff

The following paragraph assesses JeCCDO's contribution to two outcomes. Each paragraph first describes the outcome achieved and the evidence obtained to confirm that the outcome has been achieved. It then presents the pathways identified that possibly explain the outcomes, as well as present information that confirms or refutes these pathways. The last section concludes in the first place about the most plausible explanation of the outcome, followed by a conclusion regarding the role of the SPO in explaining the outcome.

5.3.1 Access to quality education for marginalised and disabled persons

The outcome achieved

The evaluation team looked at the contribution the Parent Teacher Associations, Centre Management Committees, and Kebele Education and Training Boards (KETB) made to improve marginalised children's, including disabled children, access to quality education. In the first place the number of students enrolled increased from 12,185 in 2012 to 14,420 in 7 schools supported by JeCCDO. In the second place more than 30 disabled children were provided with education materials and included in the school system between 2011 and June 2014 and sign language training was provided to 45 members of families with children with hearing disabilities.

The Parent Teacher Associations (for formal schools) and Centre Management Committees (for ABEs) are responsible for the quality of education, the monitoring of children and identification of failing students, and the management of the school budget. Since 2012 they are increasingly following the performance and the ethics of students with regards to learning. The PTSAs and CMCs have been in charge of prioritising activities that improve the quality of the education.

Also the Kebele Training and Education Board has become capable of addressing access to quality education. The board is established at Bahir Dar sub-city level and manages four schools located in the sub-city. Progress in their capacity to perform is reflected in terms of improved and timely registration of students, a decrease of school dropouts and, improved school discipline through continuous discussion with students and the community: prior to JeCCDO's intervention KEBT registration of children would continue until the end of November whereas classes start in September. As of 2011/2012 registration of school children finished in August. The dropout rate decreased from 10 to 5 percent due to the performing KEBTs and enrolment in the 7 schools that JeCCDO supports increased from 12,185 in 2012 to 14,420 children in 2014. The KETBs work together with the PTSAs and CMCs to set priorities for increased access and quality of education at school.

Pathway 1: PTSAs and CMCs explain improved access to quality education

Between 2012 and 2014 JeCCDO constructed school facilities, laboratories, libraries and latrines within 4 schools in the Bahir Dar area using MFS II funds. Additionally, the SPO provided ICT equipment and trained the teachers on basic computer training. The schools are managed by the PTSAs (Parent, Teacher and Students Associations) and CMCs (Centre Management Committee) that were strengthened by JeCCDO through providing office supplies and working material. Additionally, JeCCDO provided a workshop on school management and improvement programs in 2013 for 69 PTSA and Kebele Education and Training Board (KETB) members and organised four experience sharing visits for PTSAs, directors, and KETBs between 2011 and 2014.

The role of the PTSAs and CMCs differ per school, but overall both entities are responsible for the quality of education, the monitoring of children and identification of failing students, and the management of the school budget. A PTSA member interviewed elaborates they also use a list of registered households which they receive from Kebele offices to find disabled children. Besides this, they conduct awareness creation on the importance of the inclusiveness of children with a disability, even though the person interviewed admits other actors are more active in awareness creation activities. He furthermore states that the access for blind children has increased due to the implementation of an integrated/inclusive education system and the provision of necessary materials such as brail, tape recorders and walking sticks made available by JeCCDO. Teachers are furthermore trained on inclusive education[29].

[29] This is also recognised by the education office

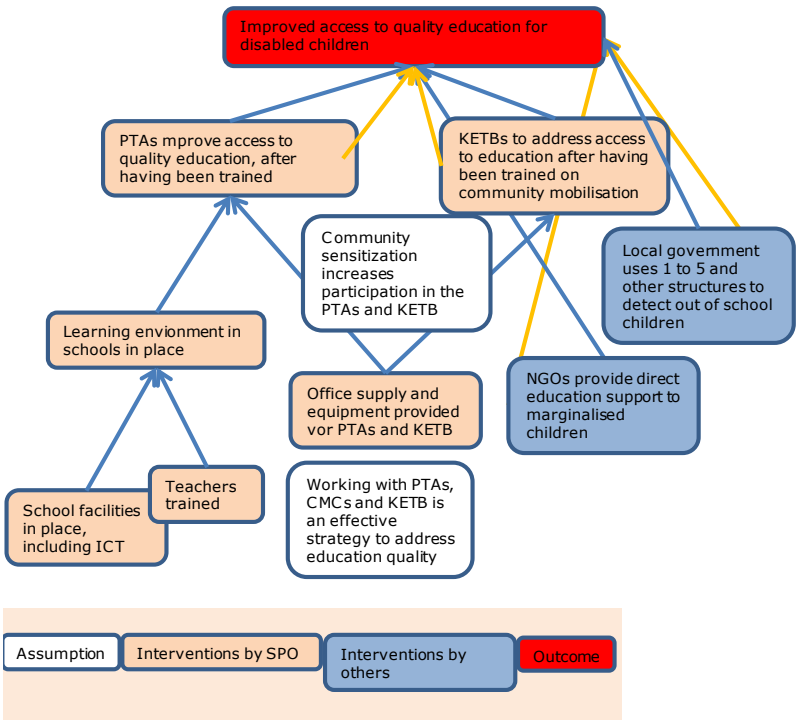


Figure 1: *Pathways that possibly explain outcomes and conclusions about the nature of the relations between pathways and improved access to quality education for marginalised and disabled children.*

As a result of these interventions, disabled children are in some schools able to function within the 1:5 educational system introduced by the government[30]. The PTSA member adds both groups mix well as he observed that the hearing disabled children are mostly very bright in class and support the other students while the other students support the disabled by reading out loud.

Confirming evidence for this pathway is that the PTSAs were able to arrange the provision of one teacher per hearing disabled child during exams even though this is quite expensive.[31] The evaluation team furthermore observed that in the schools with a special class for disabled children, this class was [32]conducted during their presence even without the presence of CMC members. However, it is also mentioned that CMCs are no longer operational after the ABEs become formal schools.

Pathway 2: KETBs explain improved access to quality education

Towards the same outcome, JeCCDO used MFS II funds to provide office supply and work equipment to KETBs (Kebele Education and Training Boards) in order to increase their capacity. These KETBs also received training from JeCCDO on community mobilization and inclusiveness of children into the education system. The idea is that this support creates capable KETBs that can strongly address the issue of access to education.

Whereas the role of the PTSA's and CMC's in improving access to education of marginalized children lies more in facilitating the adaptation process to make the schools accessible for marginalized children, the role of the KETBs is more on the level of awareness creation within the community on the importance of education. the KETBs are well informed on the situation in each household with respect to children and their access to education.[33] They go around the community to organise awareness

[30] In other schools a special class is given to disabled children
[31] Interview with school director
[32] Reflection of research team after workshop with management and program staff
[33] Interview with education office

creation meetings and they register children that are not in school at kebele level (including disabled children)[34]

Pathway 3: the local government explains improved access to quality education
As a rival towards bringing about access to quality education for marginalized children, is the government using a 1:5 structure and community based groups (like women development groups or model households) to gather information and act where needed to bring out of school children to attend schools.

The 1:5 system is applied in all levels of society; students, teachers and community. At the students' level students are put in groups of six, amongst which one outstanding, two medium and three low performing students so they can support each other. The groups in a class report to the principal teacher who then reports to the administration and the administration reports to the PTSA. On the teacher's level, the system is mostly used to cascade trainings and information. At community level, the 1:5 system addresses many topics including access to education. You find this system in both model families and groups.

In terms of disabled children, the education office states that the whole region of Amhara has around 300-400 disabled students in schools and it is believed that 15-20% of the whole population of Ethiopia has one form of disability. The government supports disabled children by providing 350br per month for transportation, 600br per year for a uniform and free materials like wheelchairs, crunches, and brails. The support is mostly given to the visually impaired.

Pathway 4: Other NGOs explain improved access to good quality education.
A second rival pathway consists of the interventions by other NGOs in the area. NGOs in the area provide direct educational support to marginalized and handicapped children by providing supplies like brail, walking cane/ crunches, wheelchairs and school materials.

According to all interviewees, the contribution of other NGOs in the area is mostly on facility provision, construction and the capacity building of teachers and not so much on capacitating the PTSAs and the KETBs. Almost all of the systems (inclusiveness, ICT, toilet, education system) that are in place for disabled children were proposed and put in place by NGOs.[35] According to the education office the GO-NGO platform is planning the construction of a school for the disabled in Bahir Dar. On the topic of awareness creation, NGOs contribute by facilitating community conversations with all stakeholders and capacitating the PTSAs and KETBs that do the awareness creation.

Conclusion
Broadly speaking there are several trajectories that need to be in place to ensure quality education for marginalised and disabled persons.

In the first place school buildings need to be in place, equipped with the necessary materials and additional tools for disabled children (ramps etc). In the second place, teachers and facilitators (the trainers in the ABE centres), need to have the qualifications and the skills to provide a child centred and learning environment and need to be present during school hours. JeCCDO and other NGOs are contributing to these in Amhara region. In the third place, schools need to be accessible for marginalised and disabled children. This requires a community approach geared to attitude changes in favour of education of children with disabilities. Both the local government, PTAs and KETBs play a role in the mobilisation of these children and in ensuring that they can participate in school classes socially and technically. JeCDDO has provided some training to PTSAs and KEBTs although these activities are not part of its tops priority interventions and other NGOs intervene on the same community issues.

JeCCDO's interventions therefore are necessary to explain increased access of marginalised and disabled children to quality education, but not sufficient: other actors as well contribute to this outcome.

[34] Interview with school director
[35] Interview with education office

5.3.2 Increased budget for education

For the second strategic orientation –networking- the same impact outcome was defined 'improving access to quality basic education for marginalized children'. This contribution analysis looks at the extent to which JeCCDO and the other members of the Amhara Cluster, were able to influence policies at Amhara regional level.

Due to the existence of networks like the Government – NGO network where NGOs such as the Amhara cluster and others get to share experiences and ideas and discuss on issues relating to education the budget assigned for education has increased from around 18 million in 2011 to 43 million birr in 2014[36].

Pathway 1- the Amhara cluster regularly attends forum meetings at regional level
Information confirming this pathway
At regional level, each member of the Amhara cluster tries to engage with the Region General Education Quality Improvement forum of the government. The first pathway is believed to lead to the outcome of increased access to education for marginalized children, because the Amhara Cluster regularly attends the forum meetings, and presents its best practices and lessons learned regarding its work at the woreda level. As a result, their work has become more visible at the regional level and it is being respected by other stakeholders (including the regional government). As the cluster members are using the same approach, repetition of experiences by different NGOs in the forum resonates better amongst the audience and increases the visibility of the efforts by the Amhara cluster. In consequence the cluster has gained in respect and enables them to make suggestions for improved quality of- and access to- education that will be taken seriously.

The educational budget is being discussed in this forum but the forum is not that active as the district Government – NGO meetings. However the discussions in the regional forum raise the awareness of government officials at both district and regional level.

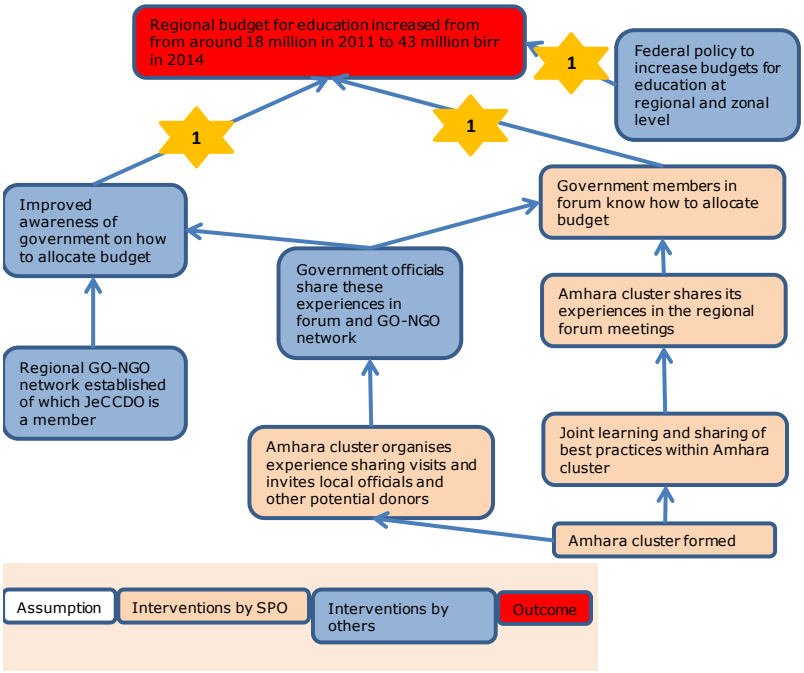


***Figure 2**: Pathways that possibly explain outcomes and conclusions about the nature of the relations between pathways and the increased budget for education in Amhara region.*

The forum meetings in which the Amhara cluster participated between 2011 and 2014 led to an increased attention for input provisions for schools, for identifying areas where schools were needed to

[36] JeCCDO, WCAT and also the education bureau

ensure access to education.[37] The cluster was also made responsible for checking areas with severe community conditions that impede these communities to pay for school facilities and to provide focused support[38]. According to WCAT the quality of education improved, especially in terms of usage of supporting materials, it to be interpreted as the contribution of the cluster.

The forum was initiated by JeCCDO and as a result the cluster members play an important role in the discussions of the forum.[39] Additionally, JeCCDO is a large organisation and has a good image which increases their bargaining position and credibility.[40]The education office however argues that one cannot really pick one or two NGOs playing a more important role in the forum as each NGO shares his experiences and provides his own input.

Information rejecting this pathway

Evidence rejecting this pathway is an alternative approach taken on by the cluster to influence policy, which are the experience sharing visits organised between the member partners. During these visits other stakeholders, like government officials or potential donors, are invited along.[41] This way there is room for the partners to show best practices, to build a trust relationship and create a support base with important stakeholders. Because JeCCDO is a well-known organisation and maintains good relations with the government, the government officials that join these visits are high up and influential.[42]

Pathway 2: JeCCDO is a member of the district government – NGO network

An alternative pathway to increase access to education via networking is formed by JeCCDO being a member of the district GONGO network called GONGOs.

The GONGO is established at the district level and here budget issues are being discussed when NGOs raise the issue. It is at this level also that issues such as enrolment or quality of education at kebele level are being raised.

JeCCDO, along with 25 other NGOs, participates in this network which is a formal government network for the education sector. This network comes together to discuss the government's direction and how NGOs can support the government in increasing children's access to education and in improving quality education. In these meetings NGOs also report on their efforts.[43] The GONGOs network is smaller[44] than the forum and their meetings are more frequent. [45]

This pathway assumes that because JeCCDO is part of the GO-NGO network, it is able to share and discuss its best practices with other NGOs and concerned government offices in order to influence interventions and policy in the education sector, and therefore it plays a positive role in improving the education quality in the region. Because of the more frequent meetings, there is more room to discuss topics at the district GONGO level: only a limited amount of topics discussed here will be touched upon in the forum.[46]

Pathway 3: Primary education is the highest priority for the government

As already mentioned in paragraph 2.3, primary education is the highest priority for the government and the federal ministry makes funds available to regional governments that then allocate funds to Regional Education Bureaus (REBs), followed by transfers to Zonal Education Bureaus (ZEB). Regions have a great deal of discretion in allocating funding to education and in choosing priorities and strategies. In a separate funding stream, the regional councils directly allocate funding to the woreda administrations through block grants and these also have a large amount of discretion in how to allocate these grants. The majority of the woreda block grants, ranging from 33 % to 66 %, usually go

[37] It was decided that there should at least be 1 school in one kebele
[38] Interview with WCAT
[39] Interview with WCAT
[40] Interview with Aniley Amentie (DEC)
[41] Interview with Liana Hoornweg-ICCO cooperation
[42] Interview with Aniley Amentie (DEC)
[43] JeCCDO also participates in other networks initiated by other NGOs with various aims, but none of these networks is directly related to improving access to basic education.
[44] All NGOs in the GONGO will also participate in the Region General Education Quality Improvement forum
[45] Interview with JeCCDO staff
[46] Interview with the education office

to education, with most of the resources being spent on teachers' salaries. The non-salary budget per student is small.

Conclusion

The education budget has increased significantly from 18 million in 2011 to 43 million birr (USD 2.1 million) in 2014. In the first place this can be explained by the federal policy to make more funds available for education. With regards to the allocation of these funds, the forum meeting and that of the GONGO network could inform the government at regional level on the most effective strategies to improve the quality of education. At woreda level, the experience sharing visits organised by each member of the Amhara cluster and in which government officials and potential donor organisations take part, will provide ideas for the woreda and zonal education bureaus for the allocation of budgets. The aforementioned pathways are seemingly a part of a causal package that together explain the outcomes.

JeCCDO's role in this is considerable, because it is a rather big NGO with a good reputation and with strong relations at national, regional and local level: They manage to take high level government officials along on experience sharing visits which is an occasion to influence policies.

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

The 2012 theory of change constructed with JeCCDO formulates one overall goal: "improve access to quality education in the Amhara region'. The focus for civil society strengthening was to increase the involvement of CSOs in school management, which has been realised by the strengthening of PTSAs, KETBs, and the social accountability council (SAC). The interventions needed to strengthen these CBOs were 1) training and experience sharing, 2) material support, 3) networking and collaboration between CBOs and 4) creating an enabling environment in school management.

The situation of the PTSAs in 2010 was described in terms of no gender balance, a low degree of involvement in the management of schools and irregular meetings. JeCCDO expressed their goal to work towards PTSA's of which 50 % are women and to improve the performance of these PTSA's. In terms of performance, their focus was to expand the PTSAs responsibility from not only fixing students' disciplines, but also to be involved in improving the quality of education. According to JeCCDO, the education management in Basic Education Centers in the operational areas improved, because members of PTSAs, CMCs, and KETBs were trained in playing their roles in school improvement program in 21 schools and ABE centres and experience sharing visits were conducted. However, the reports do not mention any outcomes related to these activities. Information on gender balance in 2014 is missing in the documents provided.

During the baseline, JeCCDO also expressed the need to capacitate KETBs. In 2010, KETBs were established but not operational because the *kebeles* were not in a position to run them.[47] The goal was expressed that KETBs would increase the number of solved cases by 50 % in 2014 and that they will meet more regularly (75 % of meetings conducted according to standard). The project documents did not provide information whether these targets were met.

5.4.2 Relevance of the changes in relation to the context in which the SPO is operating

The current (2014) access to education in the Amhara region is 89%.48 In accordance with new regulation on the development of ABEs to formal schools in 2012, JeCCDO has transformed all ABEs qualifying for the standards set by the Amhara Region Education Bureau formal first cycle primary

[47] Baseline report JeCCDO
[48] Project plan considerations 2014

schools. To accomplish this JeCCDO needed to upgrade and equip the ABEs, which was done successfully as all ABEs centred were promoted to formal school structures.

In this regard, JeCCDO complemented the government efforts in accessing quality education to children. Additionally, the project, together with the district education office, selected and addressed the schools, which were among the least performing before the intervention.49 The majority of the communities served by the target schools are poor and had no adequate income to send their children to school. By doing so, JeCCDO also prioritized communities where pronounced government gaps were observed in discharging its responsibility of ensuring equitable social services, particularly for the disadvantaged segment of the community.

5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA

On the ICCO-alliance level, capacity building of southern partners is selected as a focal point and approximately 50% of the MFS II budget is allocated to reach this goal. Consequently, training is provided on cluster level to increase impact and also to increase the level playing field for policy influencing by creating a mass.[50] Next to building capacity, accountability towards the community is an important theme on alliance level. To involve the community, community dialogues are organised on kebele level by the cluster partners. It is said that JeCCDO also organises these community dialogues[51] but this could not be verified based on the project documents.

ICCO expressed its appreciation for the clusters performance on implementing inclusive education.[52] Compared to the other cluster members however, JeCCDO's outcomes in this area remain limited.[53] Within the Edukans' Star Model[54], JeCCDO's efforts are concentrated on the 'a safe learning environment' pillar as their outcomes mainly lay in improved education service provision and less on the 'inclusiveness of parents and community' pillar, even though both the leading partner as the CFA suggested they would divide their efforts over the pillars. [55]

5.5 Explaining factors

5.5.1 Internal factors

Historically, JeCCDO's gained a lot of experience in service provision activities and accordingly they have built strong relations with the local government in complementing their efforts in the education sector by building schools and providing education material.[56] Their efforts in this field are acknowledged by many stakeholders and as a result JeCCDO sees no need to shift their focus to building a stronger civil society or increased community involvement as is expected on cluster level.[57]

On the financial part, JeCCDO did not budget for personnel and other overhead costs.[58] I was also observed by the financial department of the CFA, that the civil society items in the program plan did not match the budgeted items in 2013.

[49] Mid-term evaluation report by Geda consult, Forthcoming
[50] Interview with Liana Hoornweg – ICCO cooperation
[51] Idem
[52] Feedback on progress reporting 2014
[53] Interview with Liana Hoornweg – ICCO cooperation
[54] http://kennisbank.edukans.nl/de-edukans-aanpak/670-het-edukans-ster-school-model/.
[55] Interview with Liana Hoornweg – ICCO cooperation
[56] Idem
[57] Idem
[58] Project plan considerations 2014

5.5.2 External factors

An external factor mentioned by the cluster members is the budget always reaching them 4 to 6 months later than due dates which causes delays in implementation of the program.59 Additionally, the 70-30 law is causing challenges for many organizations, also for the Amhara Cluster partners. As previously mentioned, 70% of costs have to be directed to project implementation, 30% is for training, overhead and networking. This is perceived as very tight, considering that the capacity building of partners and community based organizations (such CMC's and PTSA's) have to paid from this budget. Ignoring these rules leads to disapproval of the program from the government, as a result of which the program may have to be terminated.

Other external factors that may have influenced the program's impact are the disinclination of teachers to use computers in their day to day teaching learning activities and the delay in the completion of school infrastructures such as libraries by contractors which resulted in to provide service to students in accordance with the framed schedules.[60]

5.5.3 Relations CFA-SPO

The ICCO cooperation, representing Edukans, is the contracting partner. The role of the ICCO Alliance is to finance and advise the cluster during the implementation. For this reason, the program officer Education of the ICCO Alliance in Kampala coordinates the direct contact with the Amhara cluster. Relations between this program officer and the cluster lead WCAT are good, but her influence on the strategy of individual cluster members is minimal as this mandate has been handed over to the lead partner WCAT.61 In October 2014, explanation was asked by the Edukans on a perceived shift of focus from the cluster from creating better access to the relevance and quality of education.[62] Additionally, the specific attention to children with disabilities was perceived as positive, though it was asked whether the outcomes of the efforts to include them could be monitored and shared.

[59] In 'Amhara cluster explanations'
[60] Bi-annual report JeCCDO January-June 2014
[61] Interview with Liana Hoornweg – ICCO Alliance
[62] Peer review WCAT cluster by Jennifer de Boer

6 Discussion

6.1 Design of the intervention

Research on Non-Formal Education (NFE) initiatives indicate that this type of approaches to education may be more relevant and accessible to students and community members than formal education, including that it may enhance the participation of girls and marginalized populations. It may also be less costly to both the implementers and the communities than formal education (Anis, 2007). Other research suggests that NFE in reality are, or may be perceived as being neither of second rate to formal education, and thus neither be more relevant to the communities nor enhance the demand and participation in education (Bedanie et al., 2007).

A study conducted by Linussen (2009) looked at how participants and guardians of participants perceive the quality and relevance of the Alternative Basic Education (ABE) program in the Amhara National Region of Ethiopia. The findings indicate that the participants of the program and guardians of participants in ABE which were included in the study valued the ABE program positively to a large extent. Some areas of improvement were identified, such as the infrastructure of the Alternative Basic Education Centres (ABEC); the order and discipline in the ABECs; and the attendance of the facilitators. In other areas, such as the organization of the education and the intended strategies on adapting to local needs were perceived to be of good quality, but it should be ensured that those intentions are being followed up in practice.

JeCCDO handed over the ABEs to the government in accordance with government regulation and adopted the approach of providing educational services to the ABE centres. Additionally they moved their focus to IFAL and the integration of disabled children into the school system. In terms of civil society building, JeCCDO's intervention strategy of being an educational service provider is not built on community involvement and linking and networking within the civil society arena by bringing influential actors together in either community conversation groups or committees. In contrast to the other Amhara cluster members, JeCCDO is not putting an emphasis on the organisation of community dialogues. As a result, the potential of building community capacity to ensure common action for good quality and accessible education is not reached. This makes the sustainability of the program questionable.

In terms of replicability, the construction of libraries, laboratories or latrines and the provision of educational material is replicable. However, JeCCDO's strong relation with the government on multiple levels has developed over the years as has its reputation. The local evaluation team also sees the advantages of these good relations: Working on a given location for a number of years and establishing close relationship with local public offices is a great asset, especially when touching cultural issues such as girls' education. Currently however, JeCCDO's good relations are only minimally used for policy influencing activities.

7 Conclusion

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the JeCCDO relate to civic engagement and perception of impact. With regards to civic engagement an estimated 75 children with disabilities got access to primary school education. Access to education for disabled children means that they can become an integrated part in society.

With regards to perception of impact the most significant changes consist of JeCCDO having built the capacities of Parent, Teacher and Students Associations and Kebele Education and Training Boards who are in charge of managing schools and ensuring that children, also those with disabilities, get access to these schools. These PTSAs and KETBs engage with local governments to solve practical problems that hamper childrens' access to schools. JeCCDO and the other partners in the Amhara cluster have strengthened their relations with the Regional Basic Education Forum and the SPo was able to formulate the rules and regulations of the forum in a more NGO friendly manner.

Contribution Analysis
The evaluation team looked at the extent to which JeCCDO contributed to ensure quality education for marginalised and disabled children. JeCCDO's interventions explain that marginalized and disabled children access education, but other actors also contribute to this outcome.

The evaluation team looked at the extent to which JeCCDO contributed to the increase of the regional budget from 18 million in 2011 to 43 million birr (USD 2.1 million) in 2014. In the first place this can be explained by the federal policy to make more funds available for education. The allocation of these funds is being influenced by a regional forum in which all NGO's in the Amhara cluster participate, the regional Government – NGO forum in which JeCCDO participates, and the experience sharing visits organised by each member of the Amhara cluster and in which government officials and potential donor organisations take part, will provide ideas for the woreda and zonal education bureaus for the allocation of budgets. JeCCDO is a rather big NGO with a good reputation and with strong relations at national, regional and local level: They manage to take high level government officials along on experience sharing visits which is an occasion to influence policies.

Relevance
With regards to the baseline ToC, the relevance of the interventions and outcomes could not be decided upon since outcomes of the trainings provided to educational CBOs were not documented

With regards to the context in which JeCCDO is operating, its interventions and outcomes are relevant in that they were influential in prioritizing communities where pronounced government gaps were observed in discharging its responsibility of ensuring equitable social services, particularly for the disadvantaged segment of the community, because of their strong relations with the district education office.

With regards to the CS policies of Edukans and the ICCO cooperation, the interventions and outcomes on cluster level are relevant, because the partners made significant progress on community involvement and inclusiveness. However, JeCCDO's activities remained mainly in the establishment of creating a safe learning environment, and less in increasing community involvement. Hence their interventions and outcomes are less relevant with regards to the CS policies of Edukans and the ICCO cooperation.

Explaining factors
JeCCDO's gained a lot of experience in service provision activities and accordingly they have built strong relations with the local government in complementing their efforts in the education sector by building schools an providing education material. Their efforts in this field are acknowledged by many stakeholders and as a result JeCCDO sees no need to shift their focus to building a stronger civil society or increased community involvement as is expected on cluster level.

An external factor mentioned by the cluster members is the budget always reaching them 4 to 6 months later than due dates which causes delays in implementation of the program. Additionally, the 70-30 law is causing challenges for many organizations, also for the Amhara Cluster partners.

With regards to the relation between Edukans and JeCCDO we observe that the responsibility of the performance of the cluster partners lies with the lead partner WCAT.

Design

With regards to the design of the intervention, JeCCDO's intervention strategy of being an educational service provider is not built on community involvement and linking and networking within the civil society arena by bringing influential actors together in either community conversation groups or committees. In contrast to the other Amhara cluster members, JeCCDO is not putting an emphasis on civil society building, ensuring that communities see the importance of sending their children, also the disabled to school. As a result, the potential of building community capacity to ensure common action for good quality and accessible education is not reached. This makes the sustainability of the program questionable.

Table 5

Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	4
The CS interventions were implemented as designed	3
The CS interventions reached their objectives	5
The observed outcomes are attributable to the CS interventions	4
The observed CS outcomes are relevant to the beneficiaries of the SPO	6

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and resource persons

Documents by SPO

Title	*Year*
Brief Description of the Amhara Cluster Program (2011-2015): WCAT,NED, FC and JeCCDO	?
Final project proposal Amhara Cluster	2010
Amhara Cluster annual report (April to December 2011)	2011
Financial summary for the four organizations 2012	2012
Financial plan summary for the year 2013 Amhara Cluster Organizations	2013
Physcial plan for the year 2013 Amhara Cluster Organizations	2013
Progress report Amhara Cluster Partners 2012	2013
Amhara cluster physical plan 2014	2014
Amhara cluster financial plan 2014	2014
Brief description of the Amhara Cluster program 2014	2014
Annual project update 1-1-2013 until 31-12-2013	2014
Progress report JeCCDO 2012	2012
Bi-annual progress report JeCCDO January-June 2014	2014
Monitoring report JeCCDO	2014
Amhara Cluster Partners project proposal 2012	2012

Documents by CFA

Title	Year
'Briefing on the questions raised'- email conversation between ICCO Kampala (Liana Hoornweg & Gerald Nuwamanya) and WCAT (Mestika Negash)	2014
Contract Edukans-WCAT 1-1-2012 until 31-12-2012	
Contract ICCO Cooperation – WCAT 1-1-2013 until 31-12-2013	2013
Contract ICCO & Kerk in Actie – WCAT 1-1-2012 until 31-12-2012	2012
Project Plan considerations 2014	2014
Project Plan considerations 2012	2012
Summary EAT-assessment report	2012
Feedback on progress reporting 2014	2014
Feedback on progress reporting 2013	2013

Documents by Alliance

Title	Year
ICCO Alliance Progress Report	2011
ICCO Alliance Progress Report	2012
ICCO Alliance Progress Report	2013

Other documents

Author *Year of publication* *Title* *Publisher*

Admassie, A. (2003). Child Labour and schooling in the context of a subsistence rural economy: can they be compatible? *International Journal of Educational Development,* vol. 23 (2): 167-185

Anis, K. (2007). Ethiopia: Non-formal education. Country Profile commissioned for the EFA Global Monitoring Report 2008 Education for All by 2015: Will we make it? Paris: UNESCO

Bedanie, M., Baraki, Z., Getahun, H., and G. Assefa (2007) A study on the quality of Alternative Basic Education in Amhara Region. Addis Ababa: Save the Children Denmark-Ethiopia and Save the Children Norway-Ethiopia

Linusson, A.E. (2009). *Students' and Guardians' views and experiences with the Alternative Basic Education (ABE) program in the Amhara National Regional State of Ethiopia ,* Comparative and International Education Institute for Educational Research, University of Oslo

Ministry of Education (MOA) Ethiopia. 2010-2011. *Education Statistics Annual Abstract. http://info.moe.gov.et/emdocs/esaa03.pdf*

Puddington Arch, Freedom in the World. 2013. *Democratic Breakthroughs in the Balance: Selected Data from Freedom House's Annual Survey of Political Rights and Civil Liberties.* Freedom House

The Federal Democratic Republic of Ethiopia (August 2010). Education Sector Development Program IV (ESDP IV) 2010/2011 – 2014/2015 Program Action Plan.
http://planipolis.iiep.unesco.org/upload/Ethiopia/Ethiopia_ESDP_IV.pdf
Berhanu Berke, Debebe Ero. September 2013. Awareness Raising Activities And Strategies: Ethiopia Research in Support of the Learning Agenda under the Child & Development Alliance, final report Addis Ababa, Ethiopia

Webpages

International Center for Not-For-Profit Law (ICNL),NGO Law Monitor: Ethiopia, http://www.icnl.org/research/monitor/ethiopia.html,2014
Freedom House, Freedom in the World: Ethiopia, https://freedomhouse.org/report/freedom-world/2014/ethiopia-0, 2014
Fund for Peace, Failed States Index, http://ffp.statesindex.org/rankings-2013-sortable, 2013
Social Watch, Basic Capabilities Index 2011. The boom and the busted, http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf, 2011
Social Watch, Social and Economic Rights Fulfillment Index, http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf, 2011
Transparency International, Corruption by Country: Ethiopia, http://www.transparency.org/country/#ETH, 2014
Transparency International, Global Corruption Barometer: Ethiopia, http://www.transparency.org/gcb2013/country//?country=ethiopia, 2014
Heritage, Economic Freedom Score: Ethiopia, http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf, 2014
UNDP, Human Development Indicators Ethiopia, http://hdr.undp.org/en/countries/profiles/ETH, 2013
University of Oslo, Students´ and guardians´ views and experiences with the Alternative Basic Education (ABE) program in the Amhara, National Regional State of Ethiopia, https://www.duo.uio.no/handle/10852/31206, 2009
VNG International, GOPA &YCI, Enhancing basic delivery through social Accountability initiatives: I am accountable, are you? http://esap2.org.et/about-us/objectives/, 2012
World Bank, Governance Indicators: Country Data report for Ethiopia 1996-2013, http://info.worldbank.org/governance/wgi/pdf/c72.pdf, 2013
Institute for Future Studies, World Values Survey Wave 5: 2005-2009, http://www.worldvaluessurvey.org/WVSOnline.jsp, 2009

Resource persons consulted

Name of key informant	*Organisation*	*Function in organisation*	*Relation with SPO*	*Contact details including e-mail.*
Mulugeta Gebru	JeCCDO	Executive Director		jeccdo@ethionet.et
Girma Kebede	JeCCDO	Program Manager		jeccdo@ethionet.et
Bayable Balew	JeCCDO	Head, Access to Basic Service (ABS) Unit		jeccdo@ethionet.et
Hailu Tafesse	JeCCDO	Head, Climate Change AdaPTSAtion, Disaster Risk Reduction and Livelihood Unit		jeccdo@ethionet.et
Jad Alemu	JeCCDO	Senior ABS Program Officer		jeccdo@ethionet.et
Mulugeta Kassa	Education bureau	Vice Chairman of the City Administration Education bureau		
Endalew Siyoum	Meskerem 16 primary school	Teacher	Receives support - to work on beneficiaries	
Tadesse Tewolde	Hidar 11 Sub-City Training and	Member	Receives support - to work on	

	Education Board		beneficiaries	
Tadesse Alemayehu	Hidar 11 Sub-City Training and Education Board	Member	Receives support - to work on beneficiaries	
Zeleke Tegegn	Meskerem 16 School Parents and Teachers Association (PTSA)	Chairperson	Receives support - to work on beneficiaries	
Shawel Dawud	Meskerem 16 School Parents and Teachers Association (PTSA)	Member	Receives support to work on beneficiaries	
Efrem Tigab	WTCA office	Amhara Cluster Coordinator	Collaborating with SPO	-
Mulugeta Gebru	JeCCDO	Executive Director		jeccdo@ethionet.et
Girma Kebede	JeCCDO	Program Manager		jeccdo@ethionet.et
Bayable Balew	JeCCDO	Head, Access to Basic Service (ABS) Unit		jeccdo@ethionet.et
Liana Hoornweg	ICCO Cooperation	Program Officer Education		Liana.Hoornweg@icco-cooperation.org
Aniley Amentie	Development Expertise Center (DEC)	Executive Director		decethiopia@ethionet.et

Appendix 1 Civil Society Scores

In-country team to fill in the scores for each SPO

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration

0 = no change occurred, the situation is the same as in 2012

+1 = slight improvement

+2 = considerable improvement

Dimension		Indicators	Question	Change
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+1
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+1
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	+1
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	0
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	+1
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	0
	10	External financial auditing	How regularly is your organisation audited externally?	0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	+1

	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	+1
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	+1

Appendix 2 Changes in civil society indicators between 2012 and 2014

1. Civic Engagement

1.1. Needs of marginalised groups SPO

The following table presents the number of beneficiaries reached for different activities through the poverty reduction component.

The SPO reported 16% increase in the number of children participating in basic education program from 4996 in the baseline to 5284 in 2013. Likewise, the number of children with disabilities who were provided with educational materials and were able to attend education with inclusive approach showed more than double increase in 2013 compared to the baseline figure. Increase was also observed in the number of adults who got access to the Integrated Functional Adult Literacy (IFAL) program. Noticeable change was also observed on the supply of learning materials to schools. But the list of realized outputs reported by the SPO was limited compared to its planned outputs. The number of beneficiaries reported by the SPO is stated in the table below.

Table

Number of beneficiaries reached through the poverty reduction component

Poverty Reduction	2011	2012	2013	2014 (January – June)	Total
Children participating in basic education programs	4996	4996	5284 (4578[63])		
Supply of learning materials to schools	4		145	1016[64]	
Adults, women and youth participating in functional adult literacy program	120	195	177 (333[65])	147	
Adults, women and youth participating in functional adult literacy program	120	195	177 (333[66])	147	
Children with disabilities provided with educational materials and attending education with inclusive approach	15 (4[67])	15 (7[68])	45 (35[69] or 40[70])		75
Number of families trained on sign language			28	17	45
Number of managers, directors, experts and educational supervisors are trained on inclusive education			57		57

Source: project documents provided early 2014

The SPO closely works with schools and community based organizations in delivering its support to the beneficiaries. It sees the CBOs as instrumental entity for ensuring the participation of beneficiaries in project planning, implementation, monitoring and evaluation. The SPO highlighted that most of its projects have been implemented by partner CBOs through sub-grant arrangements with intensive capacity development supports. The SPO viewed this as one of the major changes compared to the

[63] In progress report JeCCDO 2013 provided by evaluation team November 2014
[64] Number of reference books provided
[65] In progress report JeCCDO 2013 provided by evaluation team November 2014
[66] In progress report JeCCDO 2013 provided by evaluation team November 2014
[67] In 'JeCCDO report' provided by evaluation team November 2014
[68] In 'JeCCDO report' provided by evaluation team November 2014
[69] In progress report JeCCDO 2013 provided by evaluation team November 2014
[70] In 'JeCCDO report' provided by evaluation team November 2014

baseline. The realized output reported by the SPO, however, showed the presence of change in some activities and not in others. Change was reported on (i) training provided to 68 teachers and facilitators on active learning method in 2013, and (ii) the provision of (three) joint discussion forums among CBOs, governments and the community in 2013.

Score: +1

1.2. Involvement of target groups SPO

The activities that were implemented by the SPO were classified into three major Categories. These are poverty reduction, civil society strengthening, and networking and dialogue. Provision of educational materials for primary school children was made under the poverty reduction component which facilitated the teaching learning process for the children at the targeted schools. Trainings were provided for teachers on active teaching methodology with the aim of promoting inclusive education. The other focus of the project was on adult community members of the targeted community trough functional adult literacy (FAL) which enabled them in every aspect of their life apart from the actual literacy and numeracy. Every input that are essential to conduct the FAL activities were fulfilled by the project. This includes stationery and pedagogical materials. In addition to this teaching aide were purchased and distributed to the targeted schools.

With regard to civil society strengthening, the SPO conducted workshops and trainings that aimed at strengthening the capacity of the PTSAs, KETB, and SAC (Social Accountability Council). The trainings that were administered to these institutions provided them with the ability and know-how to improve the management of the school and contribute to the quality of education.

Under the networking and dialogue component various activities were conducted, including celebration of an international literacy day, along with school competition and child talent development as well as awarding best performing teachers. The CSOs interviewed by the evaluation team pointed out the presence of noticeable change since the baseline. It was mentioned that education boards were able to intervene in school operations that help improve the timely registration of students. The involvement of the board helped in minimizing dropouts as well as improved school discipline. In addition, the board was instrumental in prioritizing the activities to be performed in each school it works with. In addition, it was involved in equipping or repairing various materials at class level such as blackboard, tables, chairs, etc. Likewise, PTSAs were instrumental in improving peace in the school, constructing new classes and repairing existing ones, as well as equipping the laboratory and library.

Score: +1

1.3.Intensity of political engagement SPO

The SPO does not involve in political activity whatsoever.

Score: 0

1.7.Trends in civic engagement.

The SPO reported the presence of positive trend concerning civic engagement. The positive trends were observed on the number of children who got access to primary education, the number of disabled children who got access to primary education, and the number of adults who got access to the integrated functional adult literacy (IFAL) program. On a cluster level the number of adults who got access to IFAL program in 22 schools reached 3621 in 2013 as compared to the baseline figure of 1743 adults. Furthermore, 597 IFAL instructors were capacitated.

Score: +1

2. Level of Organisation

2.1. Relations with other organisations SPO

JeCCDO is a member of the Amhara Cluster which was formed with the objective of drawing lessons, identify gaps and improve the implementation capacity of the cluster members. The cluster engaged with the education office of the local government through forums and sensitization workshop. In addition to the Amhara cluster, the involvement of JeCCDO with other SPOs has increased over the last two years. For instance, the SPO is an active member of different platforms both at national and international levels. At national level, the SPO is a board member of CCRDA, member of forums such as WASH, OVC network, etc. It is also an active member of HIV and Livelihood Learning and Linking Trajectory, HIV and Health forums, Environment/Green forums, Consortium of Organizations Promoting Self-Help Group, among others. JeCCDO is still chairing the board for Consortium of Organizations Implementing Self-Help Group approach. Due to its involvement in different thematic platforms (such as education, health, WASH, Children etc.) the SPO's relation with other SPOs has been increasing over the last two years. In most of the cases, JeCCDO plays leadership roles in the platforms and networks. It used these platforms for experience sharing, scaling up of good practices and improving program qualities.

Score: +1

2.2.Frequency of dialogue with closest civil society organisation SPO

JeCCDO has been participating in dialogues with members of the Amhara Cluster. It also engaged in dialogues with the CSOs it works with on key thematic issues such as on the new CSO legislation mainly on the 70/30 ratio of program versus administration cost, environmental and climate change issues, promotion of women self-help group, and social accountability issues on provision of quality basic services

The frequency and regularity of meetings with networks, platforms and forums has improved in the periods under review. This includes (i) monthly updates meeting of WASH, HIV and Health Forums, (ii) quarterly meetings of the consortium of organizations implementing SHGS, (iii) quarterly meetings of the HIV and Livelihood Learning and linking Trajectory, (iv) monthly meetings with partner CBOs at project areas, (v) quarterly meetings of GO-NGO forums at regional levels, and (vi) quarterly meetings of the steering committees of the CCRDA regional platforms mainly in Bahir Dar (Amharra region). On cluster level several dialogs have been conducted as of the baseline period. This includes celebrating international literacy day and disability day, consultative meetings with woreda cabinet members, and organizing school competition.

Score: +1

2.3. Defending the interests of marginalised groups SPO

JeCCDO was able to expand its intervention at Negede Woito Community as of 2013, by mobilizing additional fund from partners in the UK. The intervention deals with socio-economic empowerment of the marginalized Negede-Woyto community and construction of model houses. During the past two years, JeCCDO also initiated a new education project in an isolated community mainly on the Island of Lake Tana (Dek and Yiganda Community) and the Gende Tesfa Community in Dire Dawa City. It also provided training and various awareness creation workshops on inclusive education to various concerned CBOs (particularly PTSAs and KETBs) it works with. On the Amhara cluster level the activities performed include participation in literacy and disability days, and consultative meeting concerning performance differences and the influencing factors of the high and low score achiever students.

Score: +1

2.4.Composition financial resource base SPO

JeCCDO continued applying the same strategy in financing institutional costs. Thus, the situation is the same as in 2012. In other words, the SPO is still financing its institutional costs from its strategic grants and certain project funds allocated for institutional capacity development and program support costs.

Score: 0

3. Practice of Values

3.1.Downward accountability SPO

In addition to the review and reflection sessions, JeCCDO has put in place community groups which oversee the performance and quality of its programs. These include project steering teams and action committees at each project areas. The members of the action committee represent relevant government offices and community groups, mainly representing the beneficiaries. The members of the steering team are drawn from the government and private sector, NGOs, Debre Berhan University, CBOs and associations of beneficiaries. JeCCDO reports its plans and performances to the action committee and project steering team for transparency, accountability as well as for devising next steps and solutions for challenges.

Score: +1

3.2.Composition of social organs SPO

There is no change compared to the situation in the baseline. The SPO's framework does not have a mechanism that allows the inclusion of marginal target groups in the general assembly. As a result marginalized target group member are not members of mandatory social organs.

Score: 0

3.3.External financial auditing SPO

Annual regular external auditing is a requirement both by the Ethiopian law as well as funding partners. Thus no change has taken place as far as auditing is concerned. The SPO audits its accounts by external auditors annually and as per the requirements and standards. The audit is approved by the general assembly and sent to all concerned stakeholders including donors and the government.

Score: 0

4. Perception of Impact

4.1.Client satisfaction SPO

JeCCDO conducts guided reviews and reflections with beneficiaries and implementing partners to assess the concerns of its target groups. One of the comments provided by the CBOs and public actors was the need to expand JeCCDO's activity to rural schools. Over the past two years, JeCCDO expanded its reach by starting interventions in new areas which include Dek and Yiganda rural Kebeles and Hamusit town in Amhara Region and Godino community in Oromiya region. This project is aimed at improving access to and quality of primary education at Gurer Primary school. The main activities were focusing on school improvement which includes construction of classrooms, establishment of water and sanitation facilities in the school, strengthening PTSAs through trainings and experience sharing programs, and provision of learning teaching inputs. Thus, client satisfaction is measured by the expansion of its activities to new locations and addresses the needs of the community.

Score: +1

4.2. Civil society impact SPO

There is a considerable change at organizational level in terms of establishing and implementing result based monitoring, evaluation and learning as well as documentation system. JeCCDO institutionalized this system by opening a separate unit and putting the necessary human resource in place. This brought about important improvements in tracking organizational and programmatic changes and process for decision making and learning. In order to ensure sustainability of impacts the SPO has linked the CBOs with relevant government sectors for technical support and follow up. In addition, JeCCDO has been engaging in Ethiopian Social Accountability Program (ESAP II) focusing on education and WASH. This helped to further strengthen Social Accountability Councils which are operating mainly in schools to ensure quality of educational & WASH services. The capacity of CBOs including PTSAs & KETBs has been enhanced through trainings, experience sharing and material support towards sustaining the outcomes.

The SPO constructed school facilities, laboratories, libraries and latrine within 4 schools in Bahir Dar (Amhara region). Furthermore, the SPO provided ICT equipment and trained the teachers on ICT which all contributes to the strengthened capacity of schools. As a result the facilities were effectively managed by the PTSAs and CMCs that are strengthened through office supplies, work equipment etc provided by JeCCDO.

Score:+1

4.3. Relation with public sector organisations SPO

JeCCDO engages with the public sectors in the localities it operates. It continued maintaining the good relation with the government at different levels. Due to its enhanced engagement and performance in the development sector, its relation with the public sector has been increased in all its operational areas. In recognition of its contributions, the regional governments including the Amhara Region Education Bureau and Bahir Dar City Administration awarded the SPO with Certificates. In addition, JeCCDO has been involved in sharing its experiences and good practices to various governmental and non-governmental actors.

The SPO has been closely working with government universities mainly in the regional cities. These include Addis Ababa University, Debre Berhan University, Hawassa University, Dire Dawa University and Bahir Dar University. The cooperation focuses on research and joint learning and program implementation. Furthermore, the SPO engaged in different platforms of governmental and non-governmental actors on issues of climate change, women empowerments, education, livelihood and HIV, WASH and children and youth issues.

At the Amhara cluster level several consultative meetings with the woreda cabinet members were held about the budget allocation and related matters as well as on the performance differences of children and the influencing factories.

Score: +1

4.4.Relation with private sector agencies SPO

The SPO have been in contact with international business ventures such as Heineken. It is also working with some business organization namely, Amhara Credit and Saving Institute (ACSI) and Ayu General Hospital in Debre Berhan town for the implementation of a HIV and Livelihood project. The changes observed in this regard were creating interests and winning the goodwill of the private business establishments to work together. It was also able to receive technical and professional support from these companies in providing credit services and supporting activities for orphan and vulnerable children support. In addition the firms engage in the project as members of the project's steering team.

Score: +1

4.5.Influence upon public policies, rules, regulations SPO
JeCCDO is a focal organization that provides information to TECS (Tracking Trends in Ethiopia´s Civil Society) project. The project, among others, has conducted researches on the issues and challenges for CSOs in complying with the law and guidelines of the 2009 charities and societies proclamation. Furthermore, as a Board member of CCRDA, JeCCDO has been involved in the efforts to influence the government to reconsider the new CSA legislation in general and the 70/30 program and administration cost proportion in particular.

The SPO has also been actively involved in the Amhara Region Basic Education Forum initiated by the regional government. JeCCDO together with other member NGOs has managed to influence the rules and regulation of the forum to be NGO friendly and also every actor to have equal stake in the plat forum. In addition, JeCCDO has been lobbing the government mainly in Amhara Region to give adequate mass-media coverage in the promotion of education sector. The changes observed since the baseline in this regard include carrying out media based promotion on quality basic education, public awareness creation on promotion of girls education, implementation of workshop and training for government representatives in the education sector focusing on basic education, integrated function adult literacy, school improvement and inclusive and early childhood education. Furthermore, members of the Amhara cluster invested in a critical dialogue with the regional government at different level and participated in relevant forums and campaigns. This was done while taking into account the anti-advocacy laws that are put in place by the government of Ethiopia.

Score: +1

4.6.Influence upon private sector agencies' policies, rules, regulations SPO
There is no change observed in this indicator

Score: 0

5. Civil Society context

5.1.Coping strategies
JeCCDO is responding to the changing environments. It used to operate one ABE centre in the past but it ceased the operation as the regional government considered ABEs not relevant since it managed to attain full coverage of primary education. As the ABE qualified for the standards set by the Amhara Region Education Bureau, it was transformed to formal first cycle primary schools.

But, the challenging aspects of the 2009 charities and societies proclamation are still remaining to be difficult for the SPO as it has been the case before two years. But the SPO is trying to cope with these challenges by being more sensitive to costs categorized by the government as overhead expenditures. It is also focusing more on capital intensive projects that would enhance the proportions of program spending. JeCCDO continues empowering communities and CBOs so that they can engage in areas of program interventions restricted for JeCCDO. Using the new legislation as an opportunity, JeCCDO proceeded with the establishment of training centre for CBOs and other development actors mainly in Debre Zeit and licence is already secured. Preparations are also under way to set up another centre in Bahir Dar. In connection with this, JeCCDO has recently initiated the process for engaging itself in social enterprising program.

Score: +1

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-070

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

b

MKC-RDA end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]
Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

[1] Centre for Development Innovation, Wageningen UR
[2] International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-069

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver, D.C., Jacobs, J., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *MKC - RDA end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-069. Wageningen.

Meserete Kristos Church – Relief and Development Association (MKC-RDA) in Ethiopia is a partner of Tear Fund and ICCO under the ICCO Alliance.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses MKC-RDA's efforts to strengthening Civil Society in Ethiopia and for this exercise it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which EKHC contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain EKHC's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-069 |

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **8**

2 Context **11**

2.1 Political context 11
2.2 Civil Society context issues with regards to the MDG 11

3 MKC-RDA and its contribution to civil society/policy changes **13**

3.1 MKC-RDA 13
3.2 MFS II interventions related to Civil Society 14
3.3 Basic information 14

4 Data collection and analytical approach **15**

4.1 Adjustments made in the methodology of the evaluation 15
4.2 Difficulties encountered during data collection 15
4.3 Identification of two outcomes for in-depth process tracing 15

5 Results **17**

5.1 Results obtained in relation to project logframe 17
5.2 Changes in civil society in the 2012-2014 period 18
5.3 To what degree are the changes attributable to the Southern partners? 22
5.4 What is the relevance of these changes? 26
5.5 Explaining factors 27

6 Discussion **28**

6.1 Design of the intervention 28

7 Conclusion **30**

References and resource persons **32**

Appendix 1 Civil Society Scores **35**

Appendix 2 Changes in civil society indicators between 2012 and 2014 **37**

1. Civic Engagement 37
2. Level of Organisation 38
3. Practice of Values 39
4. Perception of Impact 40
5. Environment 42

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We hope that this evaluation can support you in better positioning yourself in the Civil Society Arena of Ethiopia.

List of abbreviations and acronyms

ART	Anti Retroviral Therapy
CDI	Centre for Development Innovation, Wageningen UR
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisations
CCMD	Church and Community Mobilization for Development
CCMP	Church and Community Mobilization Process
CDI	Centre for Development Innovation, Wageningen UR
CHBC	Community Home Based Care
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
CLA	Cluster Level Association
CLFZ	Child Labour Free Zones
CMC	Centre Management Committee
CS	Civil Society
ECFE	Evangelical Church Fellowship of Ethiopia
EFM	Early Forced Marriage
EECMY-YDCS	Yemisrach Dimts Communication Services
EKHC-MA	Ethiopian Kale Heywit Church - Medan Acts Programme
FAL	Functional Adult Literacy
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
GBV	Gender based Violence
HAPCO	HIV/AIDS Prevention and Control Office
HEW	Health Extension Worker
HIV	Human Immune Deficiency Virus
HTC	HIV Testing and Counselling
HTP	Harmful Traditional Practices
IFPRI	International food Policy Research Institute
IGA	Income Generating Activities
KAP	Knowledge Attitude and Practice
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MFI	Micro Finance Institution
MFS	Dutch co-financing system
MKC-RDA	Meserete Kristos Church – Relief and Development Association
MoFa	Ministry of Foreign Affairs
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PA	Peasant Association
PPTCT	Prevention of Parent to Child Transmission
PMTCT	Prevention of Mother to Child Transmission
PLHIV	Persons Living with HIV
PTA	Parent Teacher Association
PWD	People with Disabilities
RDB	Relief and Development Program
SDD	Stigma, Discrimination and Denial
SHG	Self Help Group
SNNPR	Southern Nations, Nationalities and Peoples Region
SOL	Self Organized Learning
SPO	Southern Partner Organisation
SSI	Semi-structured Interview

STI	Sexually Transmitted Infection
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
WHO	World Health Organisation
WoFED	Wordea Finance and Economic Development
ZoFED	Zonal Finance and Economic Development Office

1 Introduction

This report presents the civil society end line findings of Meserete Kristos Church – Relief and Development Association (MKC-RDA) in Ethiopia which is a partner of Tear Fund under the ICCO Alliance. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study MKC-RDA is working on MDG 4, 5, 6: Health.

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework that comprises five dimensions (civic engagement, level of organization, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the SPO are related to the Civic Engagement and Perception of Impact dimension of CIVICUS. MKC-RDA managed to increase the involvement of PLHIV in society by organising PLHIV together with other community members into SHG's, which has resulted in more people mutually supporting each other and a reduction in stigma and discrimination. The involvement of PWDs increased by involving them in decision making processes and mainstreaming disability issues. MKC-RDA uses church and FBO leaders to identify the needs of beneficiaries and they play an important role in awareness creation activities.

Most significant changes were identified within the Perception of Impact dimension. MKC-RDA helped establish 71 new SHGs and 27 FAL groups between 2011 and 2013. Next to realising improved income for PLWHIV, the SHGs members got increasingly engaged in providing support for HIV- infected and AIDS-affected people. MKC-RDA furthermore initiated religious fora which contributed to improved religious tolerance in the community and which are engaged in a wide range of development activities. In terms of relations with the public sector, MKC-RDA increased the engagement of sector offices by inviting them for different discussions, trainings and review meetings. In some cases personnel from the sector offices provide training to the SHGs and CBOs capacity building program organized by MKC-RDA. MKC-RDA also interacts with the small and micro business offices on legalization of the SHGs and FAL groups.

Given the role assigned to NGOs in Ethiopia, MKC-RDA is not engaged in advocacy activities. However, by inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. MKC-RDA is attempting to work with private health centres and sponsors for the Idir coalition, but so far no concrete progress has been made.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with the SPO, and interviews with external resources persons working in civil society organisations that receive support from the SPO; other civil society organisations with whom the SPO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which the SPO is concentrating.

Contribution analysis

Based upon an analysis of the projects and programmes financed by the Dutch CFAs, four orientations strategic for civil society development were identified: Ensuring that more people from more diverse backgrounds are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations. For Ethiopia the focus was initially on the intermediate organisations and on the position of SPOs in their respective networks. The Ethiopian team however concluded that there is little room for networking amongst NGOs in Ethiopia, and that NGOs mainly collaborate with each other by instigation of the government to come to a division of labour per district and region. Therefore the second strategic orientation for most SPOs is now focussing on civic engagement.

Based upon an estimation of the percentage of the MFS II project budget related to interventions that are relevant for civil society, those SPOs whose absolute budgets for civil society were most important were selected for in-depth process tracing on two outcomes. The evaluation team conducted a quick assessment on contribution for the other SPOs. For MKC-RDA a quick assessment on contribution was done.

The first outcome identified within the Strengthening Intermediate Organisations orientation is whether MKC-RDA contributed to a reduction in stigma and discrimination towards PLWHIV. The second outcome that we looked at within this orientation is the extent to which intermediate organisations like the idir and the religious fora were able of providing improved support to vulnerable people by mobilizing the community.

The main contributions by MKC-RDA to reach the first outcome consist of their efforts to form SHGs and the FAL groups that are mixed which enhance social integration. Its intention to organise people in SHGs, helps to create relations of mutual support amongst PLWHIV. Additionally, this creation of mutual support is a natural process as the groups are not formed with the aim of reducing stigma and discrimination, but it is more a natural result that emerges around other aims (i.e. generating an income or learning to read) and activities (i.e. building community latrines). This can be seen as a strength of this approach. Other actors and factors that explain the first outcome are: awareness raising campaigns of the government; community meetings organised by the government, and the awareness campaigns of school clubs. These factors and actors provide a necessary, but not sufficient explanation to the reduction of stigma and discrimination towards PLWHIV. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

In relation to the second outcome, it can be concluded that the contribution of the idirs and the religious fora is significant. MKC-RDA's interventions work with existing community structures. The use of individual idirs to increase awareness and provide care and support services is a sustainable measure, as the idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions.

Within the second orientation, Civic Engagement, we looked at the extent to which MKC-RDA's interventions helped to reintegrate PLWHIW into society and improved their social and economic capital to become a full member in society. This by means of supporting the PLWHIV to increase their income via SHGs.

We conclude that SHGs help PLWHIV in terms of mutually supporting each other and therefore enhances their social capital. The livelihoods of PLWHIV improve in economic terms when they receive loans to start IGAs, however the success of these activities depend upon personal entrepreneurial skills of group members and the amount of the loan given by the SHG given: though success stories are found, PLWHIV tend to switch between different forms of petty trade and daily labourers whenever the opportunity arises. Again, the availability of ART drugs forms an important condition for PLWHIV to be able to engage in SHGs.

Relevance
Interviews with staff of MKC-RDA, with external resource person, with Tear, as well as contextual information helped to assess the relevance of MKC-RDA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which MKC-RDA is operating; the CS policies of Tear.

With regards to the baseline ToC, the interventions and outcomes achieved are partly relevant since MKC-RDA's contributions are mostly related to the second contribution formulated in their ToC, being economic empowerment of CBOs and by the creation of Self Help Groups (SHG) and Functional Adult Literacy (FAL) groups.

With regards to the context in which MKC-RDA is operating, its interventions and outcomes achieved are relevant because there are only a few other civil society organization working in MKC-RDA's intervention area. The ones that are there are not working on the same topics and issues as MKC-RDA.

With regards to the CS policies of Tear, MKC-RDA's interventions and outcomes are relevant because the growth in numbers of SHGs fits their CS policy.

Explaining factors
The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within the MKC-RDA, the external context in which it operates and the relations between MKC-RDA and Tear.

Internal factors within the SPO that explain the findings are internal staff inefficiency and the overspending on program staff and underspending of stakeholder meetings.

External factors that explain the findings are the difficulties encountered when trying to align the programme's budget with the Ethiopian legislation, getting the budget approved by the government, and extreme delays in budget releasing.

Factors that explain the findings that are related to the relation between the MKC-RDA and Tear are the questions raised on M&E efforts of MKC-RDA and the need for improvement in financial reporting.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the MDG/theme MKC-RDA is working on. Chapter three provides background information on MKC-RDA, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with ICCO/Tear. An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix 2 of the country report; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This paragraph briefly describes the context MKC-RDA is working in. A description of the Civil Society Context assessed according to the CIVICUS framework is provided in appendix 3 of the country report for Civil Society.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015.[1] Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country[2]. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights.[3] This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

2.2 Civil Society context issues with regards to the MDG

A 20-year Health Sector Development Programme consisting of a series of 5-year rolling programmes was established in 1997–1998. Currently, the Health Sector Development Program IV 2010/11-2014/15 is rolled out. The recently implemented Business Process Reengineering of the health sector has introduced a three-tier health care delivery system which is characterized by a first level of a Woreda/District health system comprising a primary hospital (with a population coverage of 60,000-100,000 people), health centres (1/15,000-25,000 persons) and their satellite Health Posts (1/3,000-5,000 persons) that are connected to each other by a referral system. A Primary Hospital, Health centres and health posts form a Primary Health Care Unit (PHCU) with each health centre having five

[1] *Growth and Transformation Plan 2011 – 2015,* (November 2010) Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia

[2] February 2009, *Charities and Societies Proclamation (proc. no.621/2009),* Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

satellite health posts. The second level in the tier is a General Hospital with a population coverage of 1-1.5 million people; and the third a Specialized Hospital that covers population of 3.5-5 million.

The current health program also introduced a strategy to prevent and control major infectious diseases and to increase its coverage in the rural areas with the appointment of Health Extension Workers. Despite this categories in society are still not being reached, including street children and youth, commercial sex workers, people with disabilities, PLWHIV, OVCs, destitute women and people living in geographically marginalized areas. In response to this gap, a number of actors, in particular NGOs, are striving to focus on the vulnerable groups of the community with the main purpose of improving access, quality and sustainability of health facilities and health services[4].

The Ethiopian Health care system currently experiences a rapid expansion of private sector organisations and NGOs playing significant role in boosting the health service coverage and delivery of services through public/private/NGOs partnership. Health offices at different administrative levels from the Federal Ministry of Health to Regional Health Bureaus and Woreda Health Offices share decision making processes, decision powers, duties and responsibilities. The Federal and the Regional Offices are in charge of policy formulation and providing technical support whilst the Woreda Offices manage and coordinate the operation of the district health system under their jurisdiction. The devolution of competencies to regional governments has resulted in a more decentralised decision making process.

Several reports indicate that for Ethiopia the prevalence of HIV/AIDS has sharply decreased from 1.3 million persons in 2011 to 760,000 persons living with HIV/AIDS in 2013 (UNAIDS, 2013). However, the magnitude of socio-economic and psycho-social problems caused by the HIV/AIDS pandemic is still rampant: some 840,000 children lost one or both parents due to HIV/AIDS and were left behind without adequate parental care.[5]

[4] Alemu E.,September 2014*, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (FinalReport),* Covenant Development Consult

[5] Alemu E., September 2014*, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report),* Covenant Development Consult

3 MKC-RDA and its contribution to civil society/policy changes

3.1 MKC-RDA

Meserete Kristos Church (MKC) is one of the indigenous churches in Ethiopia, established in 1951. It has over 670 local churches, 350 sub local congregations, and has a total of nearly 500,000 members. The church serves under the overall guiding principle of serving the whole person that includes spiritual and physical nurturing.

It's main development goals include: 1) improved food security at household level, 2) improved health access and facilities for the members of the community, 3) reduced prevalence of HIV-AIDS, 4) improvement in access to and quality of education, and 5) enhanced SHG development schemes.

Its development approach can be summarised as creating access to productive resources and participate development by facilitating community learning via the FAL program, organise CCs for community awareness, promotion of gender equality and women empowerment via the promotion of SHGs, building organisational capacity of CBOs, and building strong partnerships with all stakeholders and partners through proactive networking, information exchange, resource sharing and joint approach for development

MKC-RDA is currently implementing 8 Health, HIV & AIDs projects in different parts of the country and Fincha Shambu integrated HIV & AIDs project is one of these projects. It takes place in two rural districts/woredas, Horo and Abay Choman and two towns of Horo Guduru Wollega Zone in Oromia state. The programme focuses mainly on scaling up previously undertaken projects in areas that have been targeted during the last three years. These are; Shambu town (01 & 02 Kebeles), Fincha town (01 & 02 kebeles), 6 villages of Fincha valley (which collectively form "Agamsa" Kebele), four rural PAs (Sekala 01, Dibdibe Kistana, Gitilo Dale and Konbolcha Chancho) and one newly added Kebele called Gudetu Migrae. One new Kebele has been added after discussion with Government and other stake holders who notified MKC-RDA about the yearning demand for further intervention.

MKC-RDA is one of the Ethiopian partners in the Ethiopia Health Country Plan 2011-2015 of the ICCO Alliance. The Ethiopian coalition partners are:

- Ethiopia Muluwongel Believers Church Relief and Development Organization
- Ethiopia Kale Heywet Church – Medan Acts Programme (EKHC) (Kuriftu & Arbaminch),
- Evangelical Church Fellowship of Ethiopia (ECFE),
- Yemisrach Dimts Communication Services (EECMY-YDCS),
- Dorcas Aid International Kenya,
- BBBC
- EGCWDO

The program has started implementing activities since 2011 and developed into a network in which lessons are learned from each other and from other important stakeholders. Since 2012 the monitoring of the Ethiopia partners and the program has been decentralized by the Prisma members in the Netherlands. The ICCO Alliance Regional Office together with local staff of Dorcas, Red een Kind and Tearfund UK (called the Regional Working Organisation) are mandated to handle partner contracts and to support the Ethiopian Health Program.

3.2 MFS II interventions related to Civil Society

MKC-RDA's interventions aim to:

- Capacitate and empower local institutions that provide improved quality and affordable health services for vulnerable groups holistically;
- Ensure a decentralized and transparent basic health care delivery system, as evidenced by the involvement and addressing of vulnerable groups and key community leaders;
- Ensure that SHGs become performing and that PWD, PLHIVS, and vulnerable communities engage in income generating activities and become an integrated part of society.

The project documents however do not give an overview of the number of schools, idirs, local churches and other religious institutions involved in the development of HIV-AIDS policies. The same applies for the total number of SHG to be supported and membership figures.

All three above mentioned objectives have relations with the CIVICUS dimensions in terms of:

- Creating or strengthening local structures that by the end of the project need to be self-sustaining (level of organization/perception of impact);
- Collaboration between these structures and the formal health system (perception of impact).

Apart from this, MKC-RDA is one of the partners that implement the Ethiopian National Health Plan, and collaboration between these partners is an important element in the CIVICUS dimension 'level of organisation'.

3.3 Basic information

Table 1:
basic information on MKC-RDA

	Project information			
Name of SPO	Meserete Kristos Church – Relief and Development Association (MKC-RDA)			
Consortium and CFA	ICCO Alliance/ ICCO and PRISMA (+ TEAR NL) of ICCO alliance + outside the alliance TEAR Fund UK			
Project name	Fincha Shambu Health and HIV and AIDS Programme			
MDG/theme on which the CS evaluation focusses	MDG 4,5,6: Health			
Start date of cooperation between the CFA and the SPO	1 July 2008 for Tear NL and 1 July 2011 for ICCO alliance			
Contracts signed in the MFS II period	**Period**	**# months**	**Total budget**	**Estimation of % for Civil Society**
MKC-RDA Shambu Fincha HIV project 2011/12 (2011048)	1 July 2011 – 30 June 2012	12	€ 56.762	27-34 %
MKC-RDA Shamby Fincha HIV and Aids project (2012048)	1 July 2012 – 30 June 2013	12	€ 44.060	
MKC-RDA Shambu Fincha Health and HIV and AIDS project 2013/14 (2013048)	1 July 2013 – 30 June 2014	12	€ 42.400	
Total			€ 143.222	

4 Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

Based upon the documents made available at the beginning of 2014, the evaluation team identified 'strengthening intermediate organisations' as the first strategic orientation to focus on. It was observed that most of MKC-RDA's activities focus on forming support groups and training people in terms of HIV/AIDS related topics. MKC-RDA's final goal is to ensure that these groups become self-sufficient and continue the work without the support of MKC-RDA. After the workshop conducted with MKC-RDA's staff, the second civil society orientation chosen was civic engagement. The SPO members who participated in the evaluation discussion emphasized that the SPO mainly operates in these two outcomes.

4.2 Difficulties encountered during data collection

The evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework. The project documentation obtained in the beginning of 2014 missed the bi-annual report of January – June 2013, which caused difficulties in assessing changes over the 2011-2013 period. Another major difficulty during data collection was the quality of the progress reports. Although there were many reports available, they were very general and did not mention any specific achievements or outputs. As the proposals mention percentages to be reached by the end of the project, the progress reports do not report on exact numbers or percentages, and hence it was very difficult to conclude whether the targets were met. The targets set in the proposal did come back in the financial progress report of mid-2012 to mid-2013, and therefore this report was used to get an overview of MKC outputs and outcomes during the 2011-2013 period and decide upon a strategic orientation for the evaluation.

In the field, it was observed that many of the staff members that were involved in the baseline period were not available for the end line evaluation work. In addition some of the SPO members were repeatedly in the field which delayed the process because meetings were postponed and the required information was obtained late. The SPO's team working in the project site was very cooperative and facilitated the data collection activity effectively.

4.3 Identification of two outcomes for in-depth process tracing

In relation to the CIVICUS framework four strategic orientations for contribution analysis were identified: ensuring that more people from more diverse background are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations.

With regard to strengthening of intermediate organizations three outcomes were identified: 1) reduction of stigma and discrimination towards PLHIV due to awareness creation, 2) improved

community and resource mobilization to support vulnerable people, and 3) improved joint community development.

The civic engagement activity of the SPO focused on establishing and supporting self-help groups (SHG) and providing awareness. The two outcomes related to SHG were 1) an increase in income for the SHG-members and 2) an improvement of their social interaction.

5 Results

5.1 Results obtained in relation to project logframe

An inventory was made of progress being made by MKC-RDA in comparison to its project documents. However the missing progress report of January-June 2013 have hampered the presentation of facts and figures.

Objectives	Level of achievement
85 % of stake holders in the project sites are able to mainstream and address health, disability, GBV, and HIV & AIDS issues and incorporated HIV & AIDS prevention, care, and support activities in their annual and operational plans.	80.2% of Local institutions have developed HIV & AIDS policy manuals (17 schools, 54 Idirs, 20 local churches, three other religion) (2011-2012) 82.2% of the local institutions have regular schedule of HIV and AIDS, and reproductive health works. (20 schools, 60 Idirs, 28 local churches, six other religious institutions (July 2012 – December 2012) 69 % in July – Dec 2013 report.
In 80 % of the religious institutions and associations, vulnerable community groups are actively involved in decision making processes and hence they developed and assured their trusts and acceptance on their community	1. 155 persons in the project sites participated in decision making meetings on health service representing the vulnerable community groups. Next they got involved in mobilizing their peers to be organized in SHGs, testing for HIV, to get SRH education and health services. (2011-2012) 167 persons (July 2012 – December 2012) 268 person (July – December 2013) 2. 123 representatives of different institutions and volunteers stand working against stigma, denial and discrimination. In turn they mobilized communities at school, Idirs, churches and mosques, for HIV testing and thought the wider community on the basic facts of HIV, disability and negative impacts of Stigma and discrimination. (2011-2012) 142 representatives (July 2012 – December 2012) 178 (July – December 2013) 3. 44 disabled persons PWD have gotten education on HIV and AIDS. Four of them are involved in awareness creation activities regarding disability. (2011-2012); 74 PWD (July 2012 – December 2012); 65 PWD (July – December 2013 report) 4. 160 representatives of community institutions and volunteers involved on HIV counselling and testing (2011-2012). 13 community leaders involved (July 2012 – December 2012). As a result 3814 persons tested between July 2011 and December 2012: No HIV testing due to shortage testing kits in July – December 2013 report. 5. Stigma, discrimination, and denials related to HIV and AIDS Reduced. (2011-2012) No reporting
80% of SHG members are able to cope up with the economic demand, ensure active participation of PWD, PLHIVS, and vulnerable communities in decision making, and sharing of resources and guaranteed their representation.	1. 44 persons of affected community group due to HIV & AIDs and disability which obtained representation in each of the following categories: target group; contributors; speakers; implementers; experts and decision makers in churches, SHGs and FAL circles. They speak on behalf of vulnerable community groups (2011-2012). 48 peoples speak on behalf of vulnerable groups (July 2012 – December 2012) 65 persons speak on behalf of vulnerable groups (July – December 2013) 2. 20 % of PLHIVs who have trust in the community and speak boldly about their right and status. 108 PLHIV involved in stigma and discrimination reduction works at FAL, SHGs, and Idirs and community institutions. (2011-2012). 21 % have trust in the community (July 2012 – December 2012) 112 PLWHIV involved in stigma and discrimination reduction works (July 2012 – December 2012) 212 PLWHIV involved (July – December 2013) 3. 14 % of disabled (including positives) which indicate that they are protected by religious institutions, CBOs, SHGs, Anti HIV clubs and associations. (2011-2012) This is 15 % (July 2012 – December 2012) 65 PLWHIV organized in SHG and FAL groups by church leaders (July – December 2013 report)

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

MKC identifies the needs of marginalized groups through various ways like community discussions, trainings and experience sharing. The quarterly report of 2013 mentions that 496 people from the program target groups (Persons Living with HIV (PLHIV), SHGs and Functional Adult Literacy (FAL) leaders and forum representatives, People With Disabilities (PWD), volunteers, Community Conversation (CC) facilitators and health professionals) participated in the discussions and trainings arranged. Additionally, MKC-RDA organised conversations between community members, health service providers and vulnerable groups to increase access to basic health services.

Furthermore, local stakeholders and line organizations participated in identifying the needs of the beneficiaries. Accordingly, change agents (such as church leaders) were capacitated to play a role in addressing stigma, denial and discrimination. Between 2011 and 2013, 48 FBO leaders and evangelists received training on community mobilization and 28 FBO leaders and evangelists were trained on gender and disability mainstreaming. Additionally, since the program mainstreamed disability issues[6], 65 PWDs were involved in decision making meetings.

Other achievements in this area include:

- Discussion sessions for 4438 SHG members and 3041 vulnerable women on reproductive health, family planning, and PPTCT were conducted between 2011 and 2013.[7] Additionally, psychosocial support was provided for 18 OVCs and Health education provided for PLHIVs in the project sites.
- Provide apple seedling for 30 rural SHGs and PLHIV so that they can sustain their response to OVC support (5 apple seedlings per person)
- Facilitate referral and mobile Health Testing and Counselling for 3500 people per year at three towns in collaboration with government health institutions
- 36 youths trained on peer education and facilitation skills
- 3814 persons tested between July 2011 and December 2012[8]
- Health education provided for PLHIVs in the project sites. The document mentions that at least 40 PLHIVs are reached once per quarter
- 6000 youths in the churches, schools and out of schools were reached via a cascade peer education system
- Community conversations on health and HIV with new idirs were conducted once a month.

MKC-RDA, apart from including church people also includes non-church people in its development activities by means of using CCMD and UMOJA strategies[9]. The UMOJA strategy involves capacity building of church leaders so they are able to involve the community in identifying local needs and use local resources to address these needs. Capacitating government institutions, like school health institutions and local CBOs like clubs further assured inclusion of the whole community.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): +1

5.2.2 Level of organization

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

[6] Mentioned in bi-annual report July-December 2013
[7] Differences in percentages could not be calculated as the total numbers of SHG members, vulnerable women and youth educated against what was planned is missing in the project documents.
[8] No HIV testing due to shortage testing kits in July – December 2013
[9] UMOJA is a Swahili word expressing unity in the family, community, nation, and race.

It is reported that there are only a few other civil society organization working in MKC-RDA's intervention area.[10] Those present are not working on the same topics and issues as MKC-RDA. This was also mentioned during the baseline evaluation, and explains the limited relations of MKC-RDA with other organisations. However, MKC did interact with CBO leaders and club leaders in the past two years during various trainings organised and discussions held.

Though there are a limited number of other NGOs in the intervention area, several discussions were held in the past twelve months with stakeholders at different levels. At the program/ village level weekly meetings with SHGs and FAL groups and monthly meetings with PLHIV associations, CC groups and local churches were organised. In these discussions MKC-RDA is represented by the program staff. Staff meetings were also held at organizational level. These are conducted every month, quarter and biannually, though these may be shifted or cancelled due to shortage of budget.

Defending the interests of marginalized groups is mainly done via local churches, Cluster Level Association (CLA) representatives, SHGs and FAL groups. These groups and representatives are capacitated through various trainings and awareness creation activities about their rights and responsibilities, which resulted in increased self-esteem amongst their members. For example, discussion sessions were organised with FBO leaders and evangelists on CCMD for 2 days, and similar discussions were held with CLA representatives on resource mobilization.

Local churches are believed to be important in defending the interests of marginalized groups as they are well aware about what is happening in the communities and are perceived as capable because they have received the necessary training.[11] At the moment, the programme works with 36 local churches. Next to churches, faith based organizations are perceived as having the capacity to defend the marginalized groups.[12]

Though no changes in the composition of the financial resource base of MKC-RDA were found, the effective implementation of the existing projects, including the one in Fincha Shambu, helped to acquire two new health projects.[13] On a different level, school clubs and forums are working on fundraising activities together with the school and church community to help needy students, OVCs and PLHIV. As a result, OVC and PLHIV were supported with educational materials and sometimes they also got support finances for IGA. Similar local resource mobilization events were done in some other project sites as well.

Score baseline 2012 on an absolute scale from 0-3: 1

Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at such as transparency, democratic decision making, taking into account diversity that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

No changes occurred since the baseline with regards to practice of values. Bi-annual review meetings with stakeholders are still conducted to ensure downward accountability and to trace the project implementation progress, as well as external audits are taking place in compliance with the rules and regulations in place. Finances are administered in Addis Ababa, because the capacity in Shambu is still limited. No information is available with regards to the board of MKC-RDA.

Score baseline 2012 on an absolute scale from 0-3: 3

Score end line 2014, relative change on a scale of (-2, +2): 0

[10] Interview with field staff
[11] Interview with field staff
[12] Interview with field staff
[13] Interview with program manager

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which the SPO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

Individual beneficiaries as well as IOs stated the presence satisfaction with the activity of the SPO in the two years under review. The SPO helped establish 71 new SHGs and 27 FAL groups between 2011 and 2013 and these groups got involved in different income generating activities to improve their income. The rural SHG and FAL groups were able to engage in agricultural activities and benefit from the crops they harvested. In addition some of these groups (14 SHG and 4 FAL groups) were able to get approved as a legal entity by the concerned local administration office. They have also benefited from trainings, discussions and experience sharing stages that help improve the quality and quantity of the beneficiaries. Representatives of beneficiaries that are involved in the stakeholders meeting express satisfaction on the project results. MKC-RDA furthermore initiated religious fora. One of the benefits of the existence of a forum that was highlighted by the forum members is the improved religious tolerance in the community.

The main achievements of MKC-RDA in this area of civil society impact lie the establishment and support of SHGs, FAL, and religious fora. In addition to increased income, the SHGs members engaged in providing support for HIV- infected and AIDS-affected people. They further disseminated HIV and health information to community members and they mobilized members from five local churches and CBOs for voluntary HIV counselling and testing. The SHGs also worked with government institutions and public schools in combating HIV-related stigma, harmful traditional practices (particularly female genital cutting) and gender inequalities.

In addition, MKC-RDA helped to strengthen several Idirs in the locality. Traditionally, the Idirs are formed by the community to support one another in times of death and mourning. But with the involvement of the SPO around 69 Idirs changed their bylaws to engage in supporting vulnerable groups of the community in life (particularly OVC and PLHIV). In addition, CBO members discuss on issues particularly on HIV/AIDS, harmful traditional practices, and gender based violation

Project facilitators and local church leaders have been influential in facilitating HIV counselling and testing campaigns at schools and health institutions in collaboration with the district health office. Additionally, religious leaders and health professionals, including VCT counsellors, have discussed on the current status of counselling strategies and its role on HIV & AIDS prevention and control especially for the most vulnerable groups. Religious leaders' got involved in life skill education, marriage counselling and premarital HIV counselling and testing. Disability and gender mainstreaming discussion forums organised by MKC-RDA enabled them to gain the basic facts about the issues.

Other achievements in the area of civil society building include:

- The number of local institutions that developed HIV & AIDS policy manuals increased with 2% between 2011 and 2013. These local institutions include 20 schools, 60 Idirs, 28 local churches, six other religious institutions.[14]
- Of the PWD and PLHIV in the SHGS and FAL, 156 of them were organized by local church leaders and educated about issues of disability, HIV and AIDS, and saving and self-supportiveness;
- 1 cross experience sharing session among religious leaders, PLHIV associations and local community representatives on health and HIV/AIDS;
- 20 leaders of PLHIV associations, women associations and religious institutions trained on sustainable livelihood and DRR;
- 40 school leaders and members of AACs or girls clubs participated in a resource mobilization workshop;
- Consultation session organised for two days with hospital and health canter workers, MFI, religious leaders, and district administrative representatives to strengthen the health network;
- Experience sharing stages organised among volunteer CC facilitators, Iiirs, health extension workers and forum representatives once per year.

With regards to the relations of MKC-RDA with the public sector, they work closely with the concerned government sector offices in the Woreda, particularly with the health, child and women affairs, and finance and economic development offices. The sector offices are engaged by their participation in different discussions, trainings and review meetings. In some cases personnel from the sector offices provides training to the SHGs and CBOs capacity building program organized by MKC-RDA. A further change of public sector involvement since the baseline is the inclusion of ministers, next to FBO leaders, in a three day training on gender and disability mainstreaming.[15] In addition government organizations like the zonal health office invites MKC-RDA during planning and review meetings. MKC-RDA also interacts with the small and micro business offices on legalization of the SHGs and FAL groups.

Given the role assigned to NGOs in Ethiopia, MKC-RDA is not engaged in advocacy activities. However, by inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. Local administration is aware of MKC-RDA's interventions and both have developed operational procedures to collaborate.

MKC-RDA is attempting to work with private health centres and sponsors for the Idir coalition, but so far no concrete progress has been made. It is not influencing the policies and the practices of the private sector.

Score baseline 2012 on an absolute scale from 0-3: 2

Score end line 2014, relative change on a scale of (-2, +2): +1

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how MKC-RDA is coping with that context.

MKC-RDA has been closely collaborating with CBOs, government offices and beneficiaries. This is believed to be the main strategy for ensuring the sustainability of the program. However, though they were legalized, only a few SHGs and FAL groups received land from the local government to operate their business. This was mainly due to higher restrictions and longer procedures on land allocation. MKC-RDA furthermore links SHG and FAL members who are not able to raise their own capital with micro finance institutions (MFI) so as to engage in income generating activities. But the problem was that there are no MFIs in some of the program areas.

[14] From the project documents, the total numbers of schools, Idirs, local churches and other religious institutions that developed HIV-AIDS policies could not be retrieved and hence what % this is against the total number of these institutions is not known.

[15] Interview with field staff

The proclamation on charities and societies also prohibit national NGOs that receive more than 10% of their funds from abroad to engage in lobby and advocacy on rights based issues. MKC-RDA's work has been affected because it cannot defend the interests of the PLWHIV and the marginalised groups it works with as before. However a new window of opportunity which is accepted is to work closely with public sector services that then may become aware of how to address burning issues in society.

Score baseline 2012 on an absolute scale from 0-3: 2
Score end line 2014, relative change on a scale of (-2, +2): -1

5.3 To what degree are the changes attributable to the Southern partners?

5.3.1 Strengthening Intermediate Organisations

Two outcomes were identified to assess whether MKC-RDA has contributed to the CIVICUS dimension 'strengthening intermediate organisation'; a reduction in stigma and discrimination towards PLWHIV; and improved support to vulnerable people in the community.

Reduction of stigma and discrimination towards PLWHIV
The first outcome is the reduction of stigma and discrimination towards PLHIV in the project area. MKC-RDA uses multiple interventions in trying to reach this outcome. Two developments point to a decrease in stigma and discrimination towards PLWHIV. Firstly, the mix of both HIV positive and HIV negative people who engage in SHGs point towards a more tolerant approach to PLWHIV. Secondly, the number of PLWHIV active in public professions has increased. As of December 2014, 104 PLWHIC are teaching and creating awareness in the community.

This outcome has several explanations:

- MKC-RDA set a norm that at least 20 percent of the members of newly created SHGs should be PLWHIV and other vulnerable members of the community. MKC-RDA helped establish 73 new SHGs between 2011 and 2014 and provided some of them with seed money after start-up.[16] The total number of SHG-members as of December 2014 was 1215 of which 154 members are PLWHIV and 23 PWD which is 14,6 % (20 % was planned)[17] [18].The SHGs, apart from giving members the opportunity to start their own business, are also involved in community activities such as awareness raising, preparing community latrines or improving personal hygiene.
- MKC-RDA furthermore established 27 Functional Adult Literacy (FAL) groups of which the composition is a mix of PLWHIV, youth, females and other marginalized groups in the community. The 27 FAL groups have in total 361 members of which one is HIV positive and 23 are PWD (6,6%). As is the case with the SHGs, the activities of the FAL groups are not limited to improve literacy, but also comprise activities for the community.
- Traditionally, the idirs support their members in times of death and mourning. With support of MKC_RDA 69 idirs changed their bylaws to be more engaged in supporting vulnerable groups in the community (particularly OVC and PLHIV).This development is the result of sensitization and awareness creation activities. The data available show that two PLWHIV and 45 OVC have received support from the idirs, however no clear performance assessment has been done on the outcomes of the change of their bylaws.[19]
- MKC-RDA organises meetings with community members and district representatives to increase the awareness on HIV/AIDS. These discussion meetings also serve the purpose of introducing the SHG

[16] MKC-RDA stopped providing seed money after a while because it was concluded together with Tear that this was not a sustainable intervention
[17] HIV prevalence in Oromia state was only 1 percent in 2013 and has the lowest prevalence of HIV in Ethiopia, apart from SNNPR. (Country Progress Report on the HIV Response, 2014, Federal Democratic Republic of Ethiopia.
[18] 17.6 percent of Ethiopia's population has a disability. WB and WHO quoted in: http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_112299.pdf
[19] Data collected from the field office

concept and the possibility to join the FAL program. MKC-RDA works together with local government representatives and various CBOs to organise these meetings.

An important actor involved in the reduction of stigma and discrimination is the government. Not only are the health office and the women and youth office involved in the delivery of training organized by MKC-RDA, the government itself also organises community awareness meetings on awareness creation, distributes flyers and posters on the topic and endorses SHGs.

Another actor involved in efforts to reduce stigma and discrimination are the school clubs, like girls clubs and anti AIDS clubs. Many of the school clubs have stigma and discrimination campaigns to increase awareness amongst youth.

A factor influencing the outcome is the free availability of ART drugs. PLWHIV can live with effective ART treatment and as a result they are able to work and can engage with community members in a normal way.

The main contributions by MKC-RDA to reach this outcome consist of their efforts to form SHGs and the FAL groups that are mixed which enhance social integration. Its intention to organise people in SHGs helps to create relations of mutual support amongst PLWHIV also with members which are not HIV positive. Additionally, this creation of mutual support and social capital is a natural process as the groups are not formed with the aim of reducing stigma and discrimination, but it is more a natural result that emerges around other aims (i.e. generating an income or learning to read) and activities (i.e. building community latrines). This can be seen as strength of this approach.

Other actors and factors that explain the outcome are: awareness raising campaigns of the government; community meetings organised by the government, and the awareness campaigns of school clubs. These factors and actors provide a necessary, but not sufficient explanation to the reduction of stigma and discrimination towards PLWHIV. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

Improved community mobilization to support vulnerable groups

Improved community mobilization to support vulnerable groups in the community is the second outcome under the strengthening of intermediate organisations dimension. The interventions of MKC-RDA in reaching this outcome focus on individual idirs and the establishment of five FBO forums in Fincha, Shambu, Sekela, Fincha Sugar Factory, and Migru.

Between 2011 and 2013, 69 idirs changed their bylaws with support of MKC-RDA to be more engaged in supporting vulnerable groups in the community. The interviewees observed a significant difference between the activities of the idirs before and after the adjustment of the bylaws and the accompanying support provided by MKC-RDA. Previously these idirs, in their traditional role, provided burial service and covered related costs when one of the idir members or a family member had died. But after the awareness creation training and sensitization discussions provided by MKC-RDA, the idirs amended their respective bylaws and started supporting not only idir members but also other vulnerable members of the community in times of sickness.

This extended support includes:

- covering education related expenses for OVC's[20];
- mobilize money and materials (such as clothing) from able idir members to provide support for vulnerable people of the community in the holiday period;
- the construction of homes for some destitute elders members;
- as a result of the awareness creation activity done by MKC-RDA, idir members who were HIV positive were exempted from the regular contribution when they are not able to pay; and
- HIV positive Idir members got exempted from the labor support required in times of mourning and funerals.

[20] An example was given that one Idir started covering education related expense (school uniform, pen, pencil, exercise books, etc) for 15 OVC selected by the locality.

The support given depends on the capacity of the Idir and the amount of money it managed to mobilize. While there are idirs that expanded their care and support services exclusively to their members, others extended their support to other vulnerable groups in the community.

MKC-RDA also initiated the creation of five fora composed of different religion (faith) based organisations operating (FBOs) in the locality. The first three forums provide educational support to 168 OVC since 2011. The last two forums (located in Fincha Sugar Factory and Migru) are not engaged in extending support to the community. The fora are chaired by the mayor of Fincha town and its members meet every two weeks and discuss issues related to youth, harmful traditional practices, and conflict resolution. MKC-RDA provided material support and training on topics like providing care and support to vulnerable group, awareness creation on HIV/AIDS, stigma and discrimination, harmful traditional practices, and peace and reconciliation trainings.

One of the significant contributions of the fora is the improved relationship among the different religions and denominations. Earlier it was unthinkable for Mosque leaders to go to a church and preach the congregation about mutual issues. The same holds true for a Christian to speak in the Mosque. But with the awareness creation and sensitization effort made by the fora it is now possible. This has improved the relationship and the sense of working together among the different religions and denominations. Before the fora were established there was no regular and joint discussion among the CBOs/FBOs and the government. It was only in times of conflict that the local government initiated such meetings. But the advent of the fora resulted in more regular meeting and reduced the possibility of conflict within the society as CBOs and FBOs have a platform to discuss disagreements. The fora are financially supported by the government offices. This financial contribution is partly used to support vulnerable groups in the community.

The government contributes to the outcome by buying uniforms and school materials to support vulnerable groups in some places in the intervention zone. In places where the local government does not provide material support, they communicate to schools to allow vulnerable students to be exempted from registration fee and to get access without having (wearing) a uniform.

In relation to the performance of the idirs and the religious forum, it can be concluded that the contribution of MKC-RDA is significant. Both the interventions work with existing community structures. The use of individual idirs to increase awareness and provide care and support services is a sustainable measure, as the idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions.

5.3.2 Civic engagement

With regards to MKC-RDA's efforts to enhancing people's engagement as well as to engaging more diverse and marginalised people into in civil society, the evaluation team looked at the extent to which MKC-RDA's interventions helped to reintegrate PLWHIV into society and improved their social and economic capital to become a full member in society. This by means of supporting the PLWHIV to increase their income via SHGs. Forming SHGs is a key strategy in MKC-RDAs policy. According to MKC-RDA, 71 new SHGs were established between 2011 and 2013. The SHGs consist of PLWHIV (targeted percentage of PLWHIV in SGHs is 20%) and other vulnerable members of the community.

Improved economic status of SHG members

The members of the SHGs are expected to improve their livelihoods through IGAs. Improved income through IGA largely depends upon how successful the group is to earn an income with petty trade which largely depends upon the use of the start-up capital given by MKC-RDA and the capacity and skills of the individuals within the group receiving this. The choice of the IGA to start the business is done by the members themselves, but MKC-RDA provides inputs for some IGA activities. MFSII funds were for example used to provide apple seedling (5 apple seedlings per person) for 30 rural SHGs and PLHIV. The field office conducted a performance evaluation on 71 SHGs based on their before and after situation (from economic and behavioural change point of view) and the level of mutual understanding among the members. The results showed that 30 SHGs are best performers, 23 are good performers (small change), and 18 performed poorly mainly due to conflicts among the group members.

Though most PLWHIV still engage in daily labour work a shift from daily labour or low-income petty trade such as roadside selling, charcoal making, and traditional alcohol making to better ventures such as processing and selling butter, grain retailing, or running a small café could be observed. An example is one SHG consisting of 17 destitute women which was established in 2012. Before joining the SHG the members were engaged in informal business activities such as wood selling, or daily labour. MKC-RDA approached the beneficiaries, provided them with training[21], and advised them on how to form the SHG. Additionally, this SHG provides sensitization workshops on the benefits of forming SHG within the community. Its members initially contributed 4 birr per week and later increased it to 6 birr per week of which one birr is set aside for social purposes. When the money accumulated members started taking loans up to 1000 birr and started small level formal business activities. Currently members of the SHG are engaged on cattle fattening, grain retailing, vegetable selling, and selling home consumption item.

One of the main contributing factors for the improved economic status of the SHGs is the availability of obtaining a loan at low interest rate from the savings of the SHGs. Prior to this possibility members who would not qualify for a bank loan would borrow from individual money lenders with a 5 birr interest per day for every 100 birr borrowed. But through the SHG the members pay 5 birr interest per month for 100 birr borrowed. This enabled the members to start a business at lower cost. In some cases MKC-RDA provides SHGs with seed money to stimulate the economic possibilities. There are criteria for getting this fund in relation to the initiatives taken by the members. This approach was questioned by the CFA, as there is a risk of dependency.[22] It was therefore decided to no longer provide the seed money to SHGs.

Improved social status of SHG members

An additional function of the SHGs is that people find encouragement to dare to expose themselves as HIV positive.[23] Every week the members meet to make their weekly contribution. From this contribution, members are also supported in times of crises, for example when someone dies. Furthermore, members visit each other when a member is sick and they provide advice and morale support. An SHG member interviewed stressed that the situation of the members has shown notable change after the involvement of the SPO: it was stated that forming the group has increased the level of support among them.

When members are unable to pay their credit/loan on time due to unforeseen circumstances the members discuss on the issue and usually exempt the person from paying the interest. This shows the presence of strong social interaction amongst members, though it questions the effectiveness of economic benefits if the exemptions are made on a large scale. Bylaws of the SHGs should provide the necessary guidance for these situations (no data collected on this).

We conclude that SHGs help PLWHIV in terms of mutually supporting each other and therefore enhances their social capital. The livelihoods of PLWHIV improve in economic terms when they receive start-up capital to start IGAs, however the success of these activities depend upon personal entrepreneurial skills of group members and the amount of the start-up capital given: though success stories are found, PLWHIV tend to switch between different forms of petty trade and daily labourers whenever the opportunity arises. Again, the availability of ART drugs forms an important condition for PLWHIV to be able to engage in SHGs.

[21] MKC-RDA's provides life skill training to the SHGs on topics like time management, financial (money) management, and the importance of saving.
[22] Tweede beoordeling HIV MKC-RDA
[23] Tweede beoordeling HIV MKC-RDA

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

In its 2012 ToC MKC-RDA formulated its overall goal with regards to civil society as "a holistic transformation of communities with respect to Health, HIV-AIDS and improve the quality of life of PLWHA (People Living with HIV-AIDS) or OVC (Orphans and Vulnerable Children) in Horo Gudru and Shambo Woredas." To reach this goal, MKC-RDA believed a strong civil society is needed that is effective in delivering services. To come to a strong civil society MKC-RDA strived to contribute to four conditions: 1) strong networks between civil society actors, 2) economic empowerment of CBOs and by the creation of Self Help Groups (SHG) and Functional Adult Literacy (FAL) groups, 3) a well-equipped civil society with the necessary knowledge and skills of HIV/AIDS prevention and care, and 4) the existence of peace and reconciliation within the communities.

The biggest contribution of MKC-RDA is to the second contribution as they managed to establish 71 new SHGs and 27 FAL groups. Though peace and reconciliation was not an objective formulated in the program under evaluation, the FBO fora did result in improved mutual understanding and conflict resolution.

CBOs like school clubs, idirs and FBOs form the most important civil society actors as there are not many NGOs working on HIV/AIDS related issues in Fincha Shambu. MKC-RDA organised different meetings between the CBOs, FBOs and fora[24] to enhance networking, but results have not been documented.

5.4.2 Relevance of the changes in relation to the context in which the SPO is operating

It is reported that there are only a few other civil society organization working in MKC-RDA's intervention area.[25] The ones that are there do not work on the same topics and issues as MKC-RDA. In this regard, the presence of MKC-RDA is relevant.

5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA

Tear believes civil society is best strengthened by using the networks of churches and SHGs. In the past, the churches did not fulfil a role in bringing people together in society next to religious gatherings. By forming and supporting NGOs and SHGs, Tear believes churches can play an important role in building civil society.

Tear Fund helped introduce the SHGs approach to Ethiopia via another partner (EKHC) in 2002. The first five SHGs were started by 100 women in Nazareth (Adama); today the number of SHGs as part of Tear Fund funded programmes has increased to well over 12,000 across Ethiopia, impacting over 1 million people. The growth in numbers of SHGs has been primarily because local churches have embraced it and replicated it using their own resources.

In 2013 research conducted by Tear concluded that forming self-help groups is a sustainable and high return intervention[26].

One of the goals formulated in the Ethiopian Thematic Country Plan 2011-2015 was the programmatic cooperation between ICCO Alliance partners. [27] It is believed that due to its size, the ICCO Alliance partners in Ethiopia would be able to link up with other health partners, and also identify issues which

[24] The fora meet twice a year to share experiences and learn from each other
[25] Interview with field staff
[26] In October 2013, Tearfund UK and Tearfund Ireland funded a cost-benefit analysis of the SHGs in Ethiopia. The results of this study indicate the SHG intervention has a very high return, as much as £173 for every £1 spent, and is demonstrating transformational change. They however question the (long-term) effectiveness of peer-to-peer education, the grain banks and the FBO forum.
[27] Ethiopia Thematic Country Plan 2011-2015, ICCO alliance, update 2013.

they can address together, e.g. in dealing with the government. It is furthermore stressed that since the issue of access to and quality of health care is complex, the ICCO Alliance wants to work from its strength of partnerships with large community organisations (FBOs), which have gained experience over a number of years. This will improve the local organisational strengths of communities, to make them more relevant. Within these local organisations there will be a provision that marginalised local groups will be especially targeted. By the possibilities of linking and learning, the results of different Partner Organisations can be brought to a higher level, where systemic issues can be addressed as an Alliance. The documents received do not report on collaboration between MKC-RDA and the other ICCO Alliance Partners.

5.5 Explaining factors

5.5.1 Internal factors

One internal factor observed by Tear that influenced the work of MKC-RDA is their internal staff efficiency. Since the team in the project office seems well equipped, the 1.3 staff position at headquarters is questioned by the CFA. Especially since the communication and reporting done by headquarters was poor.[28]

The quarterly meetings with program staff were overspent with 25% in 2012, whereas the bi-annual meetings with stakeholders were underspent with 25%.

5.5.2 External factors

MKC-RDA states that they are negatively affected by the Proclamation on Charities and Civil Societies and that aligning the programme's budget with the 70:30 legislation is difficult. Many costs are considered administrative costs like trainers fees, building rent, refreshments, transportation costs and salaries. Monitoring and evaluation efforts become especially difficult to organise because transportation costs and salaries are all considered administrative costs. For example since the program is implemented in the rather remote areas of Horo Guduru Wollega Zone in Abay Chomen and in the Horo district, the allocated budget for mileage was already finished halfway through the 2013-14 program. The implementation of the activities in these locations could however continue because the head office provided additional support and motor cycles were used as mileage only applies for vehicles. At the moment, MKC-RDA is following up the activities of the SHG and Fora, but no trainings or meetings are conducted due to unavailability of budget.[29]

Another problem mentioned by MKC-RDA is extreme delay of budget releasing to run the program.

5.5.3 Relations CFA-SPO

Tear provides elaborated feedback on program proposals and progress reports drafted by MKC-RDA. Questions are asked on M&E choices like whether indicators really measure outcomes and how certain data will be obtained. Tear asks MKC-RDA to be clear on what it wants to measure and how it will measure results.[30] The responses given by MKC-RDA indicate however that some progress in M&E is still to be made in order to answer adequately to the questions raised. Additionally, Tear highlights the need for improvement in financing, both at office level as well as at central level.[31]

The last contract between Tear NL and MKC-RDA ended in June 2014. A new contract is currently being negotiated.

[28] 'Tweede beoordeling' HIV MKC-RDA 2013-14
[29] Interview with the field office
[30] E-mail conversation between Tear and MKC-RDA
[31] 'Tweede beoordeling' HIV MKC-RDA 2013-14

6 Discussion

6.1 Design of the intervention

Community involvement is increasingly being cited as a vital precondition for creating health-enabling social contexts that enable and support people in optimizing their opportunities for health and well-being (Tawil, Verster, & O'Reilly, 1995, p. 1299). It is said to play a vital role in enabling health-related behaviours and reducing HIV transmission (van Wyk, Strebel, Peltzer, & Skinner, 2006), stigma reduction (Poku & Sandkjaer, 2007), facilitating timely and appropriate accessing of health and welfare services where these exist (Campbell & Cornish, 2010), and supporting optimal treatment adherence (Coetzee et al., 2004). Community mobilization is given a key role in international AIDS policy, due to its perceived role in tackling the challenges of ''reach'' and ''sustainability'' that plague many HIV/AIDS interventions. Policies envisage that community based organisations play a central role in taking responsibility for HIV/AIDS. The scale of the problem, as well as the social marginalization of many affected groups, make it impossible for health and welfare professionals and services to reach the vast number and variety of people vulnerable to HIV and affected by AIDS. Policy documents consistently argue that community organisations are better placed than formal public services to reach ''hard-to-reach'' groups. Furthermore community organisations, drawing on local human resources, and often including the inputs of unpaid volunteers, are seen as more sustainable in the long-term than costly and donor dependent external interventions. A second reason for the international interest in community mobilisation is a pragmatic one in the light of the overall scarcity of health workers in many marginalized settings in which HIV/ AIDS flourishes. A growing number of projects rely on grassroots community members to provide HIV-prevention and AIDS-care (Ogden, Esim, & Grown, 2006; Schneider, Hlophe, & van Rensberg, 2008; van Damme, Kober, & Laga, 2006).

The above confirms MKC-RDA's project design in terms of working with the idirs, SHGs, and FAL groups to reduce stigma and discrimination within the community. Whereas the idirs play a role in awareness raising activities and extended their mandate to possibly help to integrate PLWHIV in society, the SHGs play an important role in reaching out to the most vulnerable households in society and providing them the opportunity to function as fully fledged members of the community. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

In 2011, Tear supported a Master thesis on the impact of SHGs on the capacities of the people in Meta Robi, Ethiopia.[32] This thesis stresses that although a lot of effort and time goes to encouragement and convincement, attitude change can take place when visible impact is reached. New SHGs will emerge when husbands and other outsiders get convinced of the usefulness of the group. Therefore in newer groups more attention is to be paid to skills training rather than encouragement. It is expected that others will follow when only a few start to cooperate initially. The interviews conducted with SHGs reveal a positive stance towards the usefulness of self-help groups and their contribution. In this thesis the crucial role of a capable and committed facilitator who helps in the early formation of a cluster level association (CLA)[33] to enhance independency after one or two years is furthermore highlighted.

[32] Thesis Klaas Evers "Many hands make light work? The impact of self-help groups on the capabilities of people in Meta Robi, Ethiopia" (2011)

[33] Above SHGs, Cluster Level Associations (CLAs) are formed to represent and monitor a number of SHGs on village level. Per SHG 2 members are part of the CLA. Developed CLAs monitor the groups, initiate the formation of new groups and represent the interests of the SHGs to local governments and other relevant institutions (like Micro Finance Institutions (MFIs) and Banks).

Whilst comparing MKC-RDA's intervention design with that of others, we observe the following differences:

- In the first place EKHC's religious forum, apart from providing support to vulnerable people and solving conflicts at district level, is also directly engaging with the local administration to improve health services to vulnerable people. From the information available about MKC-RDA we observe that the 5 religious forums do not engage for this purpose with local administration. An interview with JeCCDO on a health project also highlighted the role of CBO forums to lobby for improved services.
- In the second place, the SHG and FAL groups established with support from MKC-RDA, apart from working on their primary focus which is earning incomes through income generating activities and stimulating adult literacy respectively, are used for community activities. This is one of the unclear aspects in the design of the project. JeCCDO for instance has clearer roles and responsibilities for SHGs and does not use these for awareness raising and community development activities.

These differences in approaches, not only amongst the partners in the ICCO cooperation, but also of other partners, provide a rich opportunity to assess what the most effective designs are.

7 Conclusion

With regards to MKC-RDA's efforts to build a vibrant civil society we conclude the following.

Changes in the civil society arena of the SPO

In the 2012 – 2014 period the two most important changes that took place in the civil society arena of MKC-RDA are related to the Civic Engagement and Perception of Impact dimension of CIVICUS. MKC-RDA managed to increase the involvement of PLHIV in society by organising PLHIV together with other community members into SHG's, which has resulted in more people mutually supporting each other and a reduction in stigma and discrimination. The involvement of PWDs increased by involving them in decision-making processes and by mainstreaming disability issues. MKC-RDA uses church and FBO leaders to identify the needs of beneficiaries and they play an important role in awareness creation activities.

Most significant changes were identified within the Perception of Impact dimension. MKC-RDA helped establish 71 new SHGs and 27 FAL groups between 2011 and 2013. Next to realising improved income for PLWHIV, the SHGs members got increasingly engaged in providing support for HIV- infected and AIDS-affected people. MKC-RDA furthermore initiated religious fora which contributed to improved religious tolerance in the community and which are engaged in a wide range of development activities. In terms of relations with the public sector, MKC-RDA increased the engagement of sector offices by inviting them for different discussions, trainings and review meetings. In some cases personnel from the sector offices provide training to the SHGs and CBOs capacity building program organized by MKC-RDA. MKC-RDA also interacts with the small and micro business offices on legalization of the SHGs and FAL groups.
Given the role assigned to NGOs in Ethiopia, MKC-RDA is not engaged in advocacy activities. However, by inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. MKC-RDA is attempting to work with private health centres and sponsors for the idir coalition, but so far no concrete progress has been made.

Contribution analysis

The first outcome identified within the Strengthening Intermediate Organisations orientation is whether MKC-RDA contributed to a reduction in stigma and discrimination towards PLWHIV. The second outcome that we looked at within this orientation is the extent to which intermediate organisations like the idir and the religious fora were able of providing improved support to vulnerable people by mobilizing the community.

The main contributions by MKC-RDA to reach the first outcome consist of their efforts to form SHGs and the FAL groups that are mixed which enhance social integration. Its intention to organise people in SHGs, helps to create relations of mutual support amongst PLWHIV. Additionally, this creation of mutual support is a natural process as the groups are not formed with the aim of reducing stigma and discrimination, but it is more a natural result that emerges around other aims (i.e. generating an income or learning to read) and activities (i.e. building community latrines). This can be seen as a strength of this approach. Other actors and factors that explain the first outcome are: awareness raising campaigns of the government; community meetings organised by the government, and the awareness campaigns of school clubs. These factors and actors provide a necessary, but not sufficient explanation to the reduction of stigma and discrimination towards PLWHIV. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

In relation to the second outcome, it can be concluded that the contribution of the idirs and the religious fora is significant. MKC-RDA's interventions work with existing community structures. The use of individual idirs to increase awareness and provide care and support services is a sustainable measure, as the idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions.

Within the second orientation, Civic Engagement, we looked at the extent to which MKC-RDA's interventions helped to reintegrate PLWHIW into society and improved their social and economic capital to become a full member in society. This by means of supporting the PLWHIV to increase their income via SHGs.

We conclude that SHGs help PLWHIV in terms of mutually supporting each other and therefore enhances their social capital. The livelihoods of PLWHIV improve in economic terms when they receive start-up capital to start IGAs, however the success of these activities depend upon personal entrepreneurial skills of group members and the amount of the start-up capital given: though success stories are found, PLWHIV tend to switch between different forms of petty trade and daily labourers whenever the opportunity arises. Again, the availability of ART drugs forms an important condition for PLWHIV to be able to engage in SHGs.

Relevance

With regards to the baseline ToC, the interventions and outcomes achieved are partly relevant since MKC-RDA's contributions are mostly related to the second contribution formulated in their ToC, being economic empowerment of CBOs and by the creation of Self Help Groups (SHG) and Functional Adult Literacy (FAL) groups.

With regards to the context in which MKC-RDA is operating, its interventions and outcomes achieved are relevant because there are only a few other civil society organization working in MKC-RDA's intervention area. The ones that are there, are not working on the same topics and issues as MKC-RDA.

With regards to the CS policies of Tear, MKC-RDA's interventions and outcomes are relevant because the growth in numbers of SHGs fits their CS policy.

Explaining factors

Internal factors within the SPO that explain the findings are internal staff inefficiency and the overspending on program staff and underspending of stakeholder meetings. External factors that explain the findings are the difficulties encountered when trying to align the programme's budget with the Ethiopian legislation, getting the budget approved by the government, and extreme delays in budget releasing.

Factors that explain the findings that are related to the relation between the MKC-RDA and Tear are the questions raised on M&E efforts of MKC-RDA and the need for improvement in financial reporting.

Design

With regards to the design of the intervention, we visited different partner organisations each working to address HIVAIDS, access to health services and addressing the social and economic inclusion of marginalised groups in society. This variety of approaches can be seized to assess what the most effective design would be, not only within the ICCO programmatic Health Programme, but also including other Ethiopian NGOs.

Table 2

Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	7
The CS interventions were implemented as designed	5
The CS interventions reached their objectives	6
The observed outcomes are attributable to the CS interventions	6
The observed CS outcomes are relevant to the beneficiaries of the SPO	6

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and resource persons

Documents

Documents by SPO

Title	*Year*
MKC-RDA Fincha-Shumbu Health and HIV/AIDS project proposal	2011
Revised Fincha Shambu Integrated Health, HIV and AIDS program proposal July 2012- June 2016	2012
Fincha Shambu Health and HIV/AIDS program bi-annual report July-December 2011	2011
Fincha Shambu Health and HIV/AIDS program annual report July 2011-June 2012	2012
Fincha Shambu Health, HIV and AIDS program 3rd Quarter report January-March 2012	2012
Fincha Shambu Integrated Health, HIV and AIDS program July 2012- December 2012	2013
Fincha Shambu Health, HIV and AIDS program July – December 2013	2014
Fincha Shambu Health, and HIV and AIDS program annual operation plan July 2012-June 2013	
Revised Fincha-Shambu Integrated Health and HIV & AIDS budget break down July 2013-June 2014	2013
Narration proposal for 2013-2014 budget plan	2013
Fincha Shambu Health and HIV/AIDS program financial report July-December 2011	2012
Fincha Shambu Health and HIV/AIDS program annual expense report July 2011 –June 2012	2012
Fincha Shambu Health and HIV/AIDS program financial report January - June 2012	2012

Documents by CFA

Title	*Year*
Agreement MKC-RDA and Tear 2011-2012	2011
Tri-partite agreement MKC-RDA, Tearfund, and UK-Tear 2012-2013	2012
Tri-partite agreement MKC-RDA, Tearfund, and UK-Tear 2012-2013	2013
Assessment MKC proposal	2011
Interim Memo 2011-2012	2011
Ethiopia MKC-RDA partnersheet health August 2012	2012
Comments on MKC-RDA proposal	?
Considerations MKC proposal (by JanHarmen Drost, Caspar Waalewijn, Ephraim Kahsay, and Gerard Nuwamanya)	2012
E-mail conversation between Tear and MKC-RDA (subject: 'response to mr. Caspar')	?
Tweede beoordeling project proposal MKC-RDA 2013-2014	2013

Documents by Alliance

Title	*Year*
ICCO alliance progress report 2011	2011
ICCO alliance progress report 2012	2012
ICCO alliance progress report 2013	2013

Other documents

Author *Year of publication* *Title* *publisher*

Alemu, E. September 201. Program *and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report),* Covenant Development Consult

Campbell, C., and Cornish, F. 2010. Towards a "fourth generation" of approaches to HIV/AIDS management: creating contexts for effective community mobilisation. *Aids Care: Psychological and Socio-Medical Aspects of AIDS/HIV,* vol.22 (2): 1569-1579

Coetzee, D., Boulle, A., Hildebrand, K. Asselman, Custum, G. van, & E. Goemaere. 2004. Promoting adherence to antiretroviral therapy: the experience from a primary care setting in Khayelitsha, South Africa. *AIDS,* Vol. 18: 27-31

Damme, W. van, Kober, K. & M. Laga. 2006. The real challenges of scaling up for ART in sub-Saharan Africa. *Editorial Review from the Institute of Tropical Medicine.* Belgium: Antwerp

Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia.February 2009. *Charities and Societies Proclamation (proc. No. 612/2009)*

Puddington Arch, Freedom in the World. 2013. *Democratic Breakthroughs in the Balance: Selected Data from Freedom House's Annual Survey of Political Rights and Civil Liberties.* Freedom House

Mati J.M., Silva F., Anderson T. April 2010. *Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010*. CIVICUS

Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia. November 2010. *Growth and Transformation Plan 2011 – 2015 (http://www.ethiopians.com/Ethiopia_GTP_2015.pdf)*

Ogden, J., Esim, S. & C. Grown. 2006. Expanding the care continuum for HIV/AIDS: bringing carers into focus. *Health Policy Plan,* vol. 21(5): 333-342

Poku, N., and Sandkjaer, B. 2007. Meeting then challenge of scaling up HIV/AIDS treatment in Africa. *Development in Practice,* vol. 17 (2): 279-290

Schneider, H., Hlopje, H., & D. van Rensburg. 2008. Community health workers and the response to HIV/AIDS in South Africa: tensions and prospects. *Health Policy Plan,* vol.23 (3): 179-187

Tawil, O., Vester, A. & K.R. O'Reilly. 1995. Enabling approaches for HIV/AIDS prevention: can we modify the environment and minimize the risk? *Rapid Science Publishers ISSN 0269-9370*

Thesis Klaas Evers "Many hands make light work? The impact of self-help groups on the capabilities of people in Meta Robi, Ethiopia" (2011)

UNDP. January 2014. *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

United Nations General Assembly, Human Rights Council. 24 April 2013. *Report of the Special Rapporteur on the Rights to Freedom of Peaceful Assembly and of Association, Maini Kiai.*

Wyk, B. van, Strebel, A., Peltzer, K. & D. Skinner. 2006. *Community-level behavioural interventions for HIV prevention in Sub-Saharan Africa.* South-Africa, Cape Town: HSRC Press

Webpages

Author *Title* *Webpage link* *date*

International Center for Not-For-Profit Law (ICNL),NGO Law Monitor: Ethiopia, http://www.icnl.org/research/monitor/ethiopia.html,2014

Freedom House, Freedom in the World: Ethiopia, https://freedomhouse.org/report/freedom-world/2014/ethiopia-0, 2014

Fund for Peace, Failed States Index, http://ffp.statesindex.org/rankings-2013-sortable, 2013

Social Watch, Basic Capabilities Index 2011. The boom and the busted, http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf, 2011

Social Watch, Social and Economic Rights Fulfilment Index, http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf, 2011

Transparency International, Corruption by Country: Ethiopia, http://www.transparency.org/country/#ETH, 2014

Transparency International, Global Corruption Barometer: Ethiopia, http://www.transparency.org/gcb2013/country//?country=ethiopia, 2014

Heritage, Economic Freedom Score: Ethiopia, http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf, 2014

UNDP, Human Development Indicators Ethiopia, http://hdr.undp.org/en/countries/profiles/ETH, 2013

University of Oslo, Students´ and guardians´ views and experiences with the Alternative Basic Education

(ABE) program in the Amhara, National Regional State of Ethiopia, https://www.duo.uio.no/handle/10852/31206, 2009
VNG International, GOPA &YCI, Enhancing basic delivery through social Accountability initiatives: I am accountable, are you? http://esap2.org.et/about-us/objectives/, 2012
World Bank, Governance Indicators: Country Data report for Ethiopia 1996-2013, http://info.worldbank.org/governance/wgi/pdf/c72.pdf, 2013
Institute for Future Studies, World Values Survey Wave 5: 2005-2009, http://www.worldvaluessurvey.org/WVSOnline.jsp, 2009

Resource persons

Name of key informant	Organisation	Function in organisation	Relation with SPO	Contact details including e-mail.
Tomas Girma	MKC-RDA Fincha Shambu Health and HIV/AIDS programme	Program Officer		filmonathomas@yahoo.com
Hamsale Fufa	MKC-RDA Fincha Shambu Health and HIV/AIDS programme	Health & HIV program manager		hiziabe@gmail.com
Getachew Dandena	MKC	PMEL team coordinator		gechdan@yahoo.com
Reverend Wosen Zeleke	Fincha Town forum	Member	Receives support from SPO to work on beneficiaries	-
Tilahun Admassie	Fincha Town forum	Member	idem	-
Debritu Gedefa	Wolda wolgergasa Iddir	Chair person	idem	-
Gizaw Kebede	Hulegeb Idir	Deputy chair person	idem	-
Debela Jaleta	Hulegeb Idir	Store keeper	idem	-
Aynalem Kassaye	Bikiltu Gudeta SHG	Member	idem	-
Ebeshi Benti	Bikiltu Gudeta SHG	Member	idem	-
Derartu Tadesse	Bikiltu Gudeta SHG	Member	idem	-
Berkie Humna	Bikiltu Gudeta SHG	Member	idem	-
Alemi Burka	Itiyane SHG	Member	idem	-
Bogale Derese	Abay Chomen Woreda Health Office	HIV focal person	Collaborating with SPO	-
Caspar Waalewijn	Tear	Horn of Africa Programme Coordinator SHG/Food Security Coordinator		cwaalewijn@tear.nl

Appendix 1 Civil Society Scores

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration
0 = no change occurred, the situation is the same as in 2012
+1 = slight improvement
+2 = considerable improvement

Dimension		Indicators	Question	Change in the indicators in the 2012 – 2014 period
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+0
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	+0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+ 1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+0
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	-1
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	+0
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	+0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	+0
	10	External financial auditing	How regularly is your organisation audited externally?	+0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	+0

	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	+0
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	+0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	-1

Appendix 2 Changes in civil society indicators between 2012 and 2014

1. Civic Engagement

1.1 Needs of marginalised groups SPO

MKC acknowledges the importance of community involvement and participation to ensure program sustainability. The SPO therefore identifies the needs of marginalized groups through various ways like community discussions, trainings and experience sharing. Furthermore, local stakeholders and line organizations participate in identifying the needs of the beneficiaries. Accordingly, change agents (such as church leaders) are capacitated to play a role in addressing stigma, denial and discrimination. Between 2011 and 2013, 48 FBO leaders and evangelists received training on community mobilization and 28 FBO leaders and evangelists were trained on gender and disability mainstreaming. Additionally, since the program mainstreamed disability[34] issues, 65 PWDs were involved in decision making meetings.

Other achievements in this area include:

- Discussion sessions for 4438 SHG members and 3041 vulnerable women on reproductive health, family planning, and PPTCT were conducted between 2011 and 2013.[35] Additionally, psychosocial support was provided for 18 OVCs and Health education provided for PLHIVs in the project sites.
- Provide apple seedling for 30 rural SHGs and PLHIV so that they can sustain their response to OVC support (5 apple seedlings per person)
- Facilitate referral and mobile HCT campaign for 3500 people/year at three towns in collaboration with government health institutions
- 36 youths trained on peer education and facilitation skills
- 3814 persons tested between July 2011 and December 2012[36]
- Health education provided for PLHIVs in the project sites. The document mentions that at least 40 PLHIVs are reached once per quarter.
- 6000 youths in the churches, schools and out of schools were reached via a cascade peer education system
- Community conversations on health and HIV with new idir CBOs were conducted once a month

Score: +2

1.2 Involvement of target groups SPO

It is reported that all categories of the community and local institutions participate in all programme implementation stages. The community and local institutions know the objective of the programme and they also participated in the planning and evaluation of the programme. They are planning at their village with collaboration of local institutions and volunteers. The quarterly report of 2013 mentions that 496 people from the program target groups (PWHIV, SHGs and FAL leader and forum representatives, PWD, volunteers, CC facilitators and health professional) participated in the discussions and trainings arranged. Additionally, MKC-RDA organised conversations between

[34] Mentioned in bi-annual report July-December 2013

[35] Differences in percentages could not be calculated as the total numbers of SHG members, vulnerable women and youth educated against what was planned is missing in the project documents.

[36] No HIV testing due to shortage testing kits in July – December 2013

community members, health service providers and vulnerable groups to increase access to basic health services.

MKC-RDA, apart from including church people also includes non-church people in its development activities by means of using CCMD and UMOJA strategies that guarantee the involvement of the whole community. Capacitating government institutions, like school health institutions and local CBOs like clubs further assured inclusion of the whole community.

Score: +1

1.3 Intensity of political engagement SPO

MKC-RDA does not involve in any political activities as an NGO. However, as was mentioned in the baseline, some of the programme activities like women empowerment and gender equality might be considered political. No change was observed in this area since the baseline.

Score: 0

2. Level of Organisation

2.1 Relations with other organisations SPO

It is reported that there are only a few other civil society organisations working in the two districts and towns that MKC-RDA's is covering[37] The ones that are there are not working on the same topics and issues as MKC-RDA. This was also mentioned during the baseline evaluation, and explains the limited relations of MKC-RDA with other organisations. However, MKC did interact with CBO leaders and club leaders in the past two years during various trainings and discussions held.

Score: 0

2.2 Frequency of dialogue with closest civil society organisation SPO

Though there are a limited number of other NGOs in the intervention area, different discussions were held in the past twelve months with stakeholders at different levels. At the program/ village level weekly meetings with SHGs and FAL and monthly meetings with PLHIV associations, CC groups and local churches were held. In these discussions MKC-RDA is represented by the program staff. Staff meetings were also held at organizational level. These are conducted every month, quarter and biannually, though these may be shifted or cancelled due to shortage of budget.

Score: +1

2.3 Defending the interests of marginalised groups SPO

Defending the interests of marginalized groups is mainly done via local churches, CLA representatives[38], SHGs and FAL groups. These groups and representatives are capacitated through various trainings and awareness creation activities about their rights and responsibilities, which increased the self-esteem among the group members. For example, discussion sessions were organised with FBO leaders and evangelists on CCMD for 2 days, and similar discussions were held with CLA representatives on resource mobilization.

Local churches are seen as important in defending the interests of marginalized groups as they are well aware about what is happening in the communities and are perceived as capable because they have received the necessary training.[39] Now the programme works with 36 local churches. Next to

[37] Interview with field staff
[38] A CLA is a cluster level association formed by 8 SHGs with 16 members (2 from each SHG). The aim is experience sharing and learning among the SHGs.
[39] Interview with field staff

churches, other faith based organizations are perceived as having the capacity to defend the marginalized groups.[40]

Score: +1

2.4 Composition financial resource base SPO

Though no changes in the composition of the financial resource base of MKC-RDA were found, the effective implementation of the existing projects, including the one in Fincha Shambu, helped to have two new health projects[41]. On a different level, school clubs and fora are working on fundraising activities together with the school and church community to help needy students, OVCs and PLHIV. There are five fora established in five locations where MKC operates. Each forum is composed of representatives from various religious institutions, sector offices of the local government, and Idirs. The objective was to promote societal behavioural change for development, conflict resolution, and maintaining peace and stability in the locality. Three of the five forums provide educational support to 186 OVC through mobilizing resources from the community. 69 individual idirs support 2 PLWHIV and 45 OVC.

Score: 0

3. Practice of Values

3.1 Downward accountability SPO

MKC RDA does not report on any significant changes in terms of downward accountability as they still involve program staff via quarterly review meetings. Bi-annual review meetings with stakeholders are also still conducted to ensure downward accountability and to trace the project implementation progress. The quarterly meetings with program staff were overspent with 25% in 2012, whereas the bi-annual meetings with stakeholders were underspent with 25%.

The project has a small office in Shambu town, where the coordinator and the social mobilising officer are based, together with 2 finance staff. The CFA questions the need for these two finance staff to run this programme. They propose the finance employees expand their work to the SHGs because the CFA noticed that assistance in financial control is needed there.[42]

Score: 0

3.2 Composition of social organs SPO

There has no structural change in the SPO that can leads to social organs of the SPO.

Score: 0

3.3 External financial auditing SPO

It is mandated by the government that any organization has to report its financial situation on a yearly basis, where the budget year ends in June. In order to report on the financial activities of an organisation the company/institution/NGO must have a stamped audit report from an external auditor after thorough evaluation of the whole organizational activities.

All finances of MKC-RDA are administered in Addis Ababa, since the previous accountant in Shambu could not handle the system. The present accountant has worked for 10 months in a government office, and is still very new in the job. The CFA comments that it seemed important that he gets

[40] Interview with field staff
[41] Interview with program manager
[42] Tweede beoordeling HIV MKC-RDA (2013/14)

enough support, so that accounts can be done in Shambu itself in order for the finance work to become more accurate.[43]

Score: 0

4. Perception of Impact

4.1 Client satisfaction SPO

Individual beneficiaries as well as intermediate organisations such as idirs, churches etc stated that they are satisfied with the activity of the SPO in the two years under review. The SPO helped establish 73 SHGs and 27 FAL groups between 2011 and 2014 and these groups got involved in different income generating activities to improve their income. The rural SHG and FAL groups were able to engage in agricultural activities and benefit from the crops they harvested. In addition some of these groups (14 SHG and 4 FAL groups) were able to get approved as a legal entity by the concerned local administration office. They have also benefited from trainings, discussions and experience sharing stages that help improve the quality and quantity of the beneficiaries. Representatives of beneficiaries that are involved in the stakeholders meeting express satisfaction on the project results. MKC-RDA furthermore initiated five religious fora. One of the benefits of the existence of the fora which was highlighted by the forum members is the improved religious tolerance in the community. The reduction in religious tolerance is seen from the willingness of church and mosque leaders to come together for common interest. That is, if the leaders showed increased mutual understanding it is believed to trickle down to the community

Score: +1

4.2 Civil society impact SPO

The main achievements of MKC-RDA in this area consist of the establishment and support of SHGs, FALs, and a religious forum. In addition, MKC-RDA helped to strengthen several idirs in the locality. The discussion made with the SHG revealed the presence of increased saving and income due to the formation and support of the groups. However, given the prevailing high cost of living and the lower interest rates it is observed that the income and saving generated are too little to fulfil in their basic needs. The performance of the SHGs was rather substantial from mobilization and information sharing point of view. They disseminated HIV and health information to more than 15,000 community members. They also mobilized members from five local churches and CBOs for voluntary HIV counselling and testing. They also worked with government institutions and public schools in combating HIV-related stigma, harmful traditional practices (particularly female genital cutting) and gender inequalities.

The Intermediate Organisations have showed noticeable improvement. The idirs are formed by the community to support one another in times of death and mourning. But with the involvement of the SPO about 69 idirs changed their bylaws to engage in supporting vulnerable groups of the community in life (particularly OVC and PLHIV). In addition, CBO members discuss on issues particularly on HIV/AIDS, harmful traditional practices, and gender based violence.

Project facilitators and local church leaders have been influential in facilitating HIV counselling and testing campaigns at schools and health institutions in collaboration with the district health office. Additionally, religious leaders and health professionals, including VCT counsellors, have discussed the current status of counselling strategies and its role in the prevention and control of HIV & AIDS, in particular for the most vulnerable groups. Religious leaders' got involved in life skill education, marriage counselling and premarital HIV counselling and testing. Disability and gender mainstreaming meetings organised by MKC-RDA enabled them to gain the basic facts about the issues.

[43] Tweede beoordeling HIV MKC-RDA (2013/14)

Other achievements in this area include:

- The number of local institutions that developed HIV & AIDS policy manuals increased with 2% between 2011 and 2013. These local institutions include 20 schools, 60 Idirs, 28 local churches, six other religious institutions.[44]
- 1 cross experience sharing session among religious leaders, PLHIV associations and local community representatives on health and HIV/AIDS;
- 20 leaders of PLHIV associations, women associations and religious institutions trained on sustainable livelihood and Disaster Risk Reduction;
- 40 school leaders and members of AACs or girls clubs participated in a resource mobilization workshop;
- Consultation session organised for two days with hospital and health canter workers, Micro Finance Institutions, religious leaders, and district administrative representatives to strengthen the health network.
- Experience sharing stages organised among volunteer CC facilitators, idirs, health extension workers and forum representatives once per year.

Score: +1

4.3 Relation with public sector organisations SPO

The SPO closely works with the concerned government sector offices in the Woreda, particularly with the health, child and women affairs, and finance and economic development offices. They engage with the sector offices in different discussions, trainings and review meetings. In some cases personnel from the sector offices provides training to the SHGs and CBOs capacity building program organized by MKC-RDA. A change in involvement since the baseline is the inclusion of ministers of the church, next to FBO leaders, in a three day training on gender and disability mainstreaming.[45]

MKC-RDA is also involved as secretary in the GO-NGO forum organized at zonal level and established by the finance and economic development office to enhance the partnership relationship among NGO and government organizations that are operating in the area. In addition government organizations like the zonal health office invite MKC-RDA during planning and review meetings. MKC-RDA also interacts with the small and micro business offices regarding the legalization of the SHGs and FAL groups. Though the interviewees of MKC-RDA agreed relations with the public sector have increased since the baseline, subgroups were divided as to the magnitude of the change. The divergence occurred as one group said the changes were considerably high while the other group said it was only a small improvement. MKC continued to closely working with Fincha sugar factory mainly on HIV awareness creation and VCT campaigns. The head of the social affairs committee of the factory is heading a forum established in mid-2013.

Score: +1

4.4 Relation with private sector agencies SPO

No change occurred in this regard as the SPO does not work with the private sector.

Score: 0

4.5 Influence upon public policies, rules, regulations SPO

The situation is the same as the baseline in the sense that the SPO does not involve in any public policy influencing activity whatsoever. However, some of the program activities might be considered as political, such as women empowerment, gender equality and understanding of their right. Though there are no concrete results documented, it is mentioned that CBOs lobby district and kebele level

[44] From the project documents, the total numbers of schools, Idirs, local churches and other religious institutions that developed HIV-AIDS policies could not be retrieved and hence what % this is against the total number of these institutions is not known.

[45] Interview with field staff

sector offices (particularly children and women office and the health office) as well as prominent/influential people and elders at kebele level. Issues raised includes sending females to school, abolishing female gentile cutting, among others.

Score: 0

4.6 Influence upon private sector agencies' policies, rules, regulations SPO

MKC-RDA has not played any part in influencing the regulations and policies within the private sector as its communication with those in the private sector is very minimal.

Score: 0

5. Environment

5.1 Coping strategies

The SPO has been closely collaborating with the CBOs, government offices and beneficiaries. This is the main strategy for ensuring the sustainability of the program implementation. Although most SHGs and FAL groups received land from the local government to operate their business, a few did not because land allocation by the government has become highly restricted and a long procedure. The SPO attempts to link SHG and FAL members to micro finance institutions (MFI) as a means to engage in income generating activities, but not all places where MKC-RDA works has these MFIs in place.

Score: +1

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-069

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

OSSA end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]

Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

[1] Centre for Development Innovation, Wageningen UR
[2] International Food Policy Research Institute

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-019

WAGENINGEN UR
For quality of life

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
sustainable solutions for ending hunger and poverty
IFPRI
A member of the CGIAR Consortium

Klaver, D.C., Jacobs, J., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *OSSA end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-019. Wageningen.

This report describes the findings of the end line assessment of the Ethiopian Organisation for Social Services for AIDS (OSSA) that is a partner of Cordaid.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses OSSA's contribution towards strengthening Civil Society in Ethiopia and for this exercise it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which OSSA contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain OSSA's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-019 |

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **7**

2 Context **10**

2.1 Political context 10
2.2 Civil Society context issues with regards to the MDG 11

3 OSSA and its contribution to civil society/policy changes **12**

3.1 Background of OSSA 12
3.2 Basic information 14

4 Data collection and analytical approach **15**

4.1 Adjustments made in the methodology of the evaluation 15
4.2 Difficulties encountered during data collection 15
4.3 Identification of two outcomes for in-depth process tracing 15

5 Results **17**

5.1 Results obtained in relation to project logframe 17
5.2 Changes in civil society in the 2012-2014 period 17
5.2.1 Civic engagement 17
5.2.2 Level of organisation 18
5.2.3 Practice of Values 19
5.2.4 Perception of Impact 19
5.2.5 Civil Society Environment 20
5.3 To what degree are the changes attributable to the Southern partners? 21
5.3.1 Civic engagement: improvement in livelihoods of PLWHIV 21
5.3.2 Strengthening IOs: improved referral to health services 24
5.4 What is the relevance of these changes? 27
5.4.1 Relevance of the changes in relation to the Theory of Change of 2012 27
5.4.2 Relevance of the changes in relation to the context in which the SPO is operating 28
5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA 28
5.5 Explaining factors 28
5.5.1 Internal factors 28
5.5.2 External factors 28
5.5.3 Relations Cordaid-OSSA 29

6 Discussion **30**

6.1 Design of the intervention 30

7 Conclusion **31**

References and resource persons **33**

Documents 33

Appendix 1 Civil Society Scores **37**

Appendix 2 Changes in civil society indicators between 2012 and 2014 **39**

2.1 Civic Engagement 39
2.1.1 Needs of marginalised groups SPO 39
2.1.2 Involvement of target groups SPO 40
2.1.3 Intensity of political engagement SPO 40
2.2 Level of Organisation 40
2.2.1 Relations with other organisations SPO 40
2.2.2 Frequency of dialogue with closest civil society organisation SPO 41
2.2.3 Defending the interests of marginalised groups SPO 41
2.2.4 Composition financial resource base SPO 42
2.3 Practice of Values 42
2.3.1 Downward accountability SPO 42
2.3.2 Composition of social organs SPO 43
2.3.3 External financial auditing SPO 43
2.4 Perception of Impact 43
2.4.1 Client satisfaction SPO 43
2.4.2 Civil society impact SPO 44
2.4.3 Relation with public sector organisations SPO 45
2.4.4 Relation with private sector agencies SPO 45
2.4.5 Influence upon public policies, rules, regulations SPO 45
2.4.6 Influence upon private sector agencies' policies, rules, regulations SPO 45
2.5 Environment 46
2.5.1 Coping strategies 46

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We hope that this evaluation can support you in better positioning yourself in the Civil Society Arena of Ethiopia.

List of abbreviations and acronyms

AAC	Anti Aids Club
ART	Anti-Retroviral Therapy (ART)
CDC/AAHAPCO	Centre for Disease Control/ Addis Ababa HIV/AIDS Prevention and Control Office
CDI	Centre for Development Innovation, Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
Cordaid	Catholic Organisation for Relief & Development Aid
CLFZ	Child Labour Free Zones
CMC	Centre Management Committee
CCRDA	Consortium of Christian Relief and Development Association
CRS	Christian Relief Services
CS	Civil Society
EED	German Church Development Service
EFM	Early Forced Marriage
EU	European Union
FGM	Female Genital Mutilation
GNP	Gross National Product
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home Based Care
HTP	Harmful Traditional Practices
IFPRI	International food Policy Research Institute
IGA	Income Generating Activities
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoFa	Ministry of Foreign Affairs
MFS	Dutch co-financing system
NCA	Norwegian Church Aid
NGO	Non-Governmental Organisation
OSSA	Organisation for Social Services for AIDS
OVC	Orphans and Vulnerable Children
PAPAS	Participatory AIDS Prevention And Support
PCS	Proclamation on Charities and Societies
PLHIV	People Living with HIV
PLWHA	People Living with HIV and Aids
PMTCT	Prevention of Mothers to Child Transmission
PPTCT	Prevention of Parent to Child Transmission
PTA	Parent Teacher Association
SNNPR	Southern Nations, Nationalities and People's region
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
ToC	Theory of Change
UNFPA	United Nations Population Fund
(UN) WFP	(United Nations) World Food Programme
VCT centres	Voluntary Counselling & Testing centres
Wageningen UR	Wageningen University & Research centre

1 Introduction

This report presents the civil society end line findings of the Organisation for Social Services for Aids (OSSA) in Ethiopia which is a partner of Cordaid under the Communities of Change consortium. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study OSSA is working on MDG 4,5,6: Health.

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework (see appendix 1) and seeks to answer the following questions:

- What are the changes in civil society in the 2012-2014 period, with particular focus on the relevant MDGs & themes in the selected country?
- To what degree are the changes identified attributable to the development interventions of the Southern partners of the MFS II consortia (i.e. measuring effectiveness)?
- What is the relevance of these changes?
- What factors explain the findings drawn from the questions above?

The CIVICUS framework that comprises five dimensions (civic engagement, level of organisation, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of OSSA are related to the Civic Engagement and Perception of Impact dimension of CIVICUS.

OSSA slightly managed to increase the involvement of the volunteers in supporting OVC and PLWHIV on a diverse range of issues and it managed to organise guardians into saving associations that, though not providing increased incomes, has contributed to more peoples mutually supporting each other. Apart from this its awareness raising activities help to integrate People Living with HIV (PLWHIV) and vulnerable families that take care of Orphans and Vulnerable Children (OVC) into society. OSSA also intensified its interactions with beneficiary groups to ensure that its interventions were relevant. These changes notified under Civic Engagement also partly explain those of the Perception of Impact dimension, because there is an overlap between both dimensions. Apart from this, a slight change occurred in the extent to which OSSA supported the idir coalition, the AACs, the PPTCTs in only in the first semester of 2014, intending to transfer OSSA's roles and responsibilities to these structures that are however not capable of fulfilling these. Its collaboration with the local government services intensified in the period under evaluation.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with the SPO, and interviews with external resources persons working in civil society organisations that receive support from the SPO; other civil society organisations with whom the SPO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which the SPO is concentrating.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch NGOs, four orientations strategic for civil society development were identified: Ensuring that more people from more diverse background are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities (networking), and; influencing policies and practices of public or private sector organisations. For Ethiopia the focus was initially on the intermediate organisations and on the position of SPOs in their respective networks. The Ethiopian team however concluded that there is little room for networking amongst NGOs in Ethiopia, and that NGOs mainly collaborate with each other by

instigation of the government to come to a division of labour per district and region. Therefore the second strategic orientation for most SPOs is now focussing on civic engagement.

Based upon an estimation of the percentage of the total MFS II budget related to interventions that are relevant for civil society, those SPOs whose absolute budgets for civil society were most important were selected for in-depth process tracing on two outcomes related to the above mentioned strategic orientations. The evaluation team conducted a quick assessment on contribution of the other SPOs. OSSA is amongst those SPOs selected for in-depth-process tracing.

The first outcome that we looked at is based upon the perception (no figures available) that OVCs and PLWHIV improved their social and economic capital to become a full member in society. The most plausible explanation of this change is that the system put in place to identify vulnerable OVCs and PLWHIV is effective; the access to free ART provided by the government, and; community conversations that not only make people aware that PLWHIV can live with effective ART treatments but also helps to identify possibly infected persons. When these conditions are in place, mutually support of PLWHIV, support to these people to engage in IGA or to assist them in finding jobs as daily labourers help them to further reintegrate into society. OSSA's most important contribution consists of their support to organise community conversations in the kebeles and covering other medical costs. Organising PLWHIV in a saving association helps to create mutual support, but obliging members of the association to save money on a bank account of a micro finance institution for one year in a context of rampant inflation is to be considered as an adverse effect of the intervention.

The second outcome that we looked at is the extent to which intermediate organisations like the idir coalition, individual idirs, AACs and the PPTCT support groups increased the number of persons being referred to health centres for testing and access to free ART when necessary. OSSA's most important strategy to work with an idir coalition does not provide the explanation to the outcome. Community conversations organised by idirs are effective and sustainable strategies. Another factor that explains the increase is the availability of free ART, compulsory testing of pregnant women at health centres and voluntary testing of health centre visitors. OSSA's role with regard to this outcome of increased referral systems is not convincing. Their work through the idir coalition does not explain the outcome and volunteers are not sufficiently motivated to do a good job.

Relevance
Interviews with staff of OSSA, with external resource persons, with the liaison officer of Cordaid, as well as contextual information helped to assess the relevance of OSSA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which OSSA is operating; the CS policies of Cordaid.

With regards to the baseline ToC, the interventions and outcomes achieved are not relevant because OSSA wanted to create a civil society that is providing services to society through amongst others a strong idir coalition and strong AAC and PPTCT support groups. These groups are not performing.

With regards to the context in which OSSA is operating, its interventions and outcomes achieved are relevant in terms of supporting community conversations on HIVAIDS and working with volunteers that provide care and support services and assist PLWHIV and the guardians of OVC with IGAs. Through these interventions people can become part of society again. We observe however that the government itself also creates an environment to prevent HIVAIDS by increasing the possibilities for testing and by the administration of ART free of charge.

With regards to the CS policies of Cordaid, OSSA's interventions and outcomes are slightly relevant because its vision is that strong CBOs and motivated volunteers will bring about change. However OSSA did not succeed in strengthening the capacities of the organisations it works with.

Explaining factors
The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within the OSSA, the external context in which it operates and the relations between OSSA and Cordaid.

With regards to internal factors, the evaluation team concludes that; human resources are missing at the OSSA branches that implement the project; OSSA, despite financial management training provided by Cordaid, still misses the capacity to properly manage projects financially. Apart from this, the four

project sites that Cordaid supports became independent from each other as of January 2014, further complicating adequate reporting on progress beyond output.

The most important external factors that explain the findings above are that: OSSA faces difficulties to comply with the 30/70% regulation, implying that it decided to economise on its monitoring and evaluation activities. Other factors are the high inflation rate that affects savings by beneficiaries and purchasing power of OSSA's staff and the frequent relocation of health centres which affects the financial capacity of volunteers to refer people to these centres.

With regards to the relation between OSSA and Cordaid we observe that Cordaid's decision to shift OSSA from the health to the education department in January 2013 implied an end to further collaboration and the implementation of an unsustainable exit strategy designed by OSSA.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the Health sector that OSSA is working on. Chapter three provides background information on OSSA, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with Cordaid. Deviations to the evaluation methodology and choice made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This paragraph briefly describes the context OSSA is working in. A description of the Civil Society Context assessed according to the CIVICUS framework is provided in appendix 3 of the country report for Civil Society.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015[1]. Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country[2]. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights[3]. This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

[1] November 2010, *Growth and Transformation Plan 2011 – 2015,* Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia

[2] February 2009, *Charities and Societies Proclamation (proc. no.621/2009),* Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

2.2 Civil Society context issues with regards to the MDG

A 20-year Health Sector Development Programme consisting of a series of 5-year rolling programmes was established in 1997–1998. Currently, the Health Sector Development Program IV 2010/11-2014/15 is rolled out. The recently implemented Business Process Reengineering of the health sector has introduced a three-tier health care delivery system which is characterized by a first level of a Woreda/District health system comprising a primary hospital (with a population coverage of 60,000-100,000 people), health centres (1/15,000-25,000 persons) and their satellite Health Posts (1/3,000-5,000 persons) that are connected to each other by a referral system. A Primary Hospital, Health centres and health posts form a Primary Health Care Unit (PHCU) with each health centre having five satellite health posts. The second level in the tier is a General Hospital with a population coverage of 1-1.5 million people; and the third a Specialized Hospital that covers population of 3.5-5 million.

The current health program also introduced a strategy to prevent and control major infectious diseases and to increase its coverage in the rural areas with the appointment of Health Extension Workers. Despite this still categories in society are still not being reached, including street children and youth, commercial sex workers, people with disabilities, PLWHIV, OVCs, destitute women and people living in geographically marginalized areas. In response to this gap, a number of actors, in particular NGOs, are striving to focus on the vulnerable groups of the community with the main purpose of improving access, quality and sustainability of health facilities and health services[4].

The Ethiopian Health care system currently experiences a rapid expansion of private sector organisations and NGOs playing significant role in boosting the health service coverage and delivery of services through public/private/NGOs partnership. Health offices at different administrative levels from the Federal Ministry of Health to Regional Health Bureaus and Woreda Health Offices share decision making processes, decision powers, duties and responsibilities. The Federal and the Regional Offices are in charge of policy formulation and providing technical support whilst the Woreda Offices manage and coordinate the operation the district health system under their jurisdiction. The devolution of competencies to regional governments has resulted in a more decentralised decision making process.

Several reports indicate that Ethiopia the prevalence of HIV/AIDS has sharply decreased from 1.3 million persons in 2011 to 760,000 persons living with HIV/AIDS in 2013 (UNAIDS, 2013). However, the magnitude of socio-economic and psycho-social problems caused by the HIV/AIDS pandemic is still rampant: some 840,000 children lost one or both parents due to HIV/AIDS and were left behind without adequate parental care.[5]

[4] Alemu E.,September 2014, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report), Covenant Development Consult

[5] Alemu E., September 2014, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report), Covenant Development Consult

3 OSSA and its contribution to civil society/policy changes

3.1 Background of OSSA

History

OSSA is an indigenous humanitarian organisation working in communities to reduce the spread of HIV/AIDS in Ethiopia. It was founded in 1989 by a group of religious ministers from various faiths in Ethiopia (Orthodox Christian, Catholic, Muslim and Evangelical) in conjunction with the Ministry of Health. The founding of OSSA was a response to the growing incidence of HIV/AIDS in Ethiopia.

For more than 20 years the organisation has been working on prevention of HIV infection as well as care and support for the infected and affected individuals and groups. It has a long experience of working with the community, government offices, international & bi-lateral organisations. Many of OSSA's activities take place for and with youth - as it is essential that the younger generation understands the ways in which HIV is spread and how to prevent it.

In 2013, OSSA supported over 20,000 OVC, 5,000 PLHIV (People Living with HIV) and a large number of AIDS affected families. OSSA also supports more than 200 Anti-AIDS and girls clubs which in turn are working with thousands of young men and women throughout the country. We observe however that these figures did not change since 2008.

OSSA is a rather large NGO with operations throughout the country operating from 11 branch offices, 6 sub branch offices and the head office and has an annual turnover of EUR 3.200.000. The organisation has about 405 staff members. In addition, OSSA works with more than 3,000 community volunteers and 221 community-based organisations at grassroots level. The OSSA Hawassa branch works with 140 community volunteers and 16 community based organisations (CBO) at the grassroots level. OSSA became a Linking Organisation for the International Aids Alliance in 2011. As a linking organisation the organisation works with young people in Ethiopia as part of the Link Up project: an ambitious, five country programme which aims to improve the sexual and reproductive health and rights of more than one million young people over three years.

Between 2011 and 2014 OSSA was working in Oromiya, Amhara, SNNPR, Tigray, Addis Ababa, Benishangul-Gumuz, Afar, Somali, Dire Dawa and Harari. OSSA has reached more than 660 kebeles with a total population of 2.8 million directly or indirectly through community-based care and support for OVC (Orphans and Vulnerable Children) and PLHIV, community conversations, stepping stones, peer education, youth dialogue, PAPAS (participatory AIDS prevention and support), Prevention of Mothers to Child Transmission (PMTCT), sexual reproductive health, family planning and livelihood schemes.

With many staff and volunteers and a large geographic coverage, OSSA is well respected and claims to be the largest HIV/AIDS specific NGO in the country. Its **vision** is to see local communities in which the spread of HIV is controlled, healthy sexual reproductive behaviours are being developed, adequate care and support are being provided to the infected and affected, and their human rights protected irrespective of their age and gender.

Mission

OSSA is dedicated to initiating, coordinating, facilitating and promoting local community-based responses, designed to reduce the spread of HIV, promote Human rights and justice & alleviate socio-economic impacts of HIV/AIDS.

Main strategic actions

The strategy between 2011 and 2014 for the Cordaid funded projects is to transform from direct household interventions to community interventions through capacity building, economic strengthening and transfer of responsibilities from OSSA to CBOs with emphasis on gender issues.

- Income Generating Activities (IGA) - through income generating activities OSSA tries to prevent and reduce the hazardous socio-economic and health impacts of HIV/AIDS on the life of OVC's and their guardians. OSSA selects OVC's together with stakeholders and kebele representatives. The selected OVC's receive a three day training on making a business plan. After the training OSSA provides start-up capital;
- Anti-AIDS and Reproductive Health clubs - these are established with the help of volunteer youths. The aim is to stem the spread of AIDS through improving youth awareness of HIV/AIDS on how the virus is passed on. OSSA provides the clubs with training and support. These clubs provide a way for peer-to-peer education to take place among young people;
- Provision and running of Voluntary Counselling & Testing (VCT) centres - VCT centres provide safe and confidential testing and counselling services to members of the public who wish to be tested for HIV;
- Care and support for people living with HIV and AIDS (PLWHA) - OSSA provides counselling services and financial support for people referred by various testing centres. If a parent dies from AIDS, OSSA continues to take care of his/her children;
- Hotline Information Service - this a free phone number that anyone can call for HIV/AIDS and Reproductive Health information and counselling. The phone line is manned by trained OSSA hotline counsellors. There are two lines, in the different local languages of Tigrigna and Amharic;
- Publication and distribution of IEC (information, education and communication) materials - OSSA publishes and distributes free leaflets, posters and newsletters aimed at building awareness of HIV/AIDS prevention and control. MFS II interventions related to Civil Society. With Cordaid's funds OSSA implemented two projects between 2008 and 2014 within its sub branches at Arba Minch, Shebedino, Hossana and Hawassa City Administration.

The project between 01-10-2008 and 31-12-2012 is called "Integrated HIV/AIDS prevention, care and treatment for people living with HIV/AIDS and OVC through Self-Reliance". Its overall objective is to improve the wellbeing of people living with HIV/AIDS, orphans and vulnerable children (OVCs), youth and families affected by AIDS pandemic. Outcomes are increased income, self-esteem, improved interpersonal relationships, nutritional status of 1100 PLWHA and OVC households; increased access of these households to health care services and protection of their rights; and a network of CBOs, FBOs, NGOs, women association, public service providers and micro finance institutions strengthened.

At the beginning of 2013 four baseline assessments were carried out at the four project sides to assess the needs of OSSA's target group. As a result the project between 01-01-2013 and 31-12-2013, called "HIV/AIDS prevention and impact mitigation on OVC's and their families/guardians", focused more on economic empowerment. The overall objective is to contribute to a sustainable economic and social empowerment of OVCs including HIV/AIDS affected children and youngsters, their guardians, families and their communities. OSSA tries to reach their objective by engaging and capacitating 8 CBO Coalition, 8 Anti Aid Clubs, voluntary counsellors, and 4 PPTCT Support groups in HIV/AIDS prevention, care and support programs and by strengthening the capacity of 200 OVCs and their guardians trough income generating activities. Additionally OSSA provides material and psychosocial support to 200 orphan and vulnerable children and creates strong referral linkages with hospitals and health centres for health care services for the target beneficiaries. For the phase out period (01-01-2014 until 30-06-2014) the focus is on handing over the care and support program for 200 OVCs to the four CBO coalitions and youth clubs in the four project sides. The following relations exist between OSSA's interventions and the CIVICUS framework: in the last phase of the project CBO coalitions were prepared to become responsible for the implementation of different prevention, care and support activities. At the same time the AAC and the PPTCT groups were made responsible for the coordination and implementation of prevention activities for youngsters and the general population, respectively the care and support activities for OVCs and their families/guardians. They also provide basic information on PPTCT for HIV positive mothers. These relate to the dimension 'perception of impact' or 'level of organisation' in terms of strengthening civil society organisations.

The interventions considerably rely on volunteers, which directly relates to the CIVICUS dimension 'Civic Engagement'. The evaluation therefore tried to focus on these two orientations.

3.2 Basic information

Table 1
Basic information on OSSA

Name of SPO	Organisation for Social Services for AIDS (OSSA)			
Consortium and CFA	Communities of Change/CORDAID			
Project name	HIV/AIDS Intervention Project through self-reliance (118/10036B) HIV/AIDS prevention and impact mitigation on OVC (107882)			
MDG/theme on which the CS evaluation focusses	MDG 4,5,6: Health			
Start date of cooperation between the CFA and the SPO	2000-2001			
Contracts signed in the MFS II period	**Period**	**# months**	**Total budget**	**Estimation of % for Civil Society**
118/10036B: HIV/AIDS Intervention Project trough self-reliance	01-10-2008 until 01-10-2011	36	€ 439.035 (contribution Cordaid € 338.000)	52%
No-cost extension for 118/10036B project	01-11-2011 until 31-12-2012	15		
107882: HIV/AIDS prevention and impact mitigation on OVC	01-01-2013 until 31-1-2013	12	€ 111.625	
Extension contract for 107882 project	01-01-2014 until 30-6-2014	6	€ 53.252	

4 Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

The project documentation obtained in the beginning of 2014, initially only covered the 2008-2012 project with OSSA and not information was available for the 2013 – 2014 period needed for the selection of recent outcomes. Based upon this information the evaluation team experienced difficulties in identifying the civil society focus to take into consideration for OSSA. It is only after the first workshop with OSSA was organised more information became available and the team could follow the evaluation methodology as planned.

4.2 Difficulties encountered during data collection

The evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework. Whereas the project is being implemented on four different sites, the information made available was not clear on what happened on each site.

The evaluation team has mainly collected information on the Harwassa site, one of the four sites. A second mission was necessary to collect additional information regarding the contribution analysis and to obtain more clarity on facts and figures related to the projects being implemented. Part of the missing data can be explained by the fact that OSSA does not have an M&E system in place for all sites to monitor progress, not only on outputs level but also at outcome level.

The evaluation team had no time to visit other project sites of the four that OSSA is working with. Therefore the risk of having obtained biased in formation is considerable.

4.3 Identification of two outcomes for in-depth process tracing

In relation to the CIVICUS framework four strategic orientations for contribution analysis were identified: Ensuring that more people from more diverse background are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations.

With regards to OSSA the focus was to assess to what extent their MFS II interventions helped to engage people with each other as a means to improve the livelihoods of PLWHIV, as well as the livelihoods of those people that take care of OVCs – their guardians. The focus was on the role of the saving associations, the income generating activities for those persons that are able to perform such activities.

The second strategic orientation that we looked at is the extent to which the idir coalitions[6] are capable of ensuring the access of OVC and PLWHIV to governmental services. In the last phase of the collaboration between Cordaid and OSSA (January – June 2014), the intention was to strengthen the capacities of the idir coalitions in which different kebeles are represented to ensure that OVCs and PLWHIV get access to government services such as education, health, financial services and to home based care and support organised with volunteers.

[6] Among the most enduring, universal, effective, and relevant socio-economic informal institutions Ethiopians have created are Iquib and Idirs are an informal institution in Ethiopia; they are associations established among neighbours or workers to raise funds that will be used during emergencies, such as death within these groups and their families. An Idir can be characterized as a traditional financial association.

5 Results

5.1 Results obtained in relation to project logframe

An inventory was made of progress being made by OSSA in comparison to its project documents. However the quality of the progress reports may have hampered the presentation of facts and figures.

The 2008 – 2012 project comprise four specific objectives. The first objective meant to ensure government services and support from community volunteers for 500 OVCs and 500 PLWHIV by direct project interventions that improve the livelihoods of those targets. Important achievements were made on most of the project results, although 41 % of the target groups did not receive the start-up capital needed to run their own business, and other NGOs did not sufficiently step in to provide food and nutritional support. According to the understanding of the evaluation team, during this phase 60 volunteers received training in order to be able to support 1000 OVCs and PLWHIV. Only 325 of the 1000 OVCs and PLWHIV (33%) were regularly supported by the volunteers. Community conversations are being organised to raise the awareness of communities with regards to HIV/AIDS prevention. Its second objective meant to ensure that idirs (CBOs) and their coalitions were capable to take over the responsibilities of OSSA. New structures were put in place and existing structures were equipped, however OSSA was not able to ensure the training of these structures. The third objective was about staff capacity development which took place according to plan. Not enough data are available to confirm that OSSA ensured that one of the project sites would become sustainable.

In 2013, OSSA received another grant from Cordaid, covering the four project sites, implementing the same type of activities for 200 OVCs, including a training of 40 (old/new) volunteers to support these OVCs. The guardians of the OVCs were trained in business skills and 188 received a start-up capital. The operational costs of four idir coalitions, 12 AACs and 4 PPTCT groups were covered but no management training was provided.

Although the initial programme that was conceived in 2012 covered 3 years, Cordaid decided to stop its support to OSSA. Therefore in the January – June period, OSSA received support to ensure that the CBO coalitions, the AACs and the PPTCT would be able to take over the roles and responsibilities of OSSA on the four project sites. Cordaid only received this final report in December 2014.

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

In the beginning of 2013, OSSA conducted four baseline surveys at the different branches to generate input on needs of their target group for the 2013-2015 project[7].

After additional discussions with community leaders (idir leaders), community members as well project members, OSSA decided to concentrate its interventions on saving association to support PLWHIV and guardians of OVCs[8], while the strengthening of, the AACs, the PPTCT associations and volunteers and the establishment of a CBO coalition were considered as sustainable measures[9]. In 2013 three

[7] The same was done for the 2008-2012 project
[8] Interview with executive leadership
[9] Both the needs assessment study and the discussion forums held were paid for by MFS II funds

saving associations were set-up with 55 members in total and one idir coalition with 128 members from 64 individual idirs was established in OSSA Hawassa. Four PPTCT women support group associations were established in 2012-2013 who, together with the girls clubs, reached 663 beneficiaries (462 females and 201 males) via the outreach programme. There was no budget for the creation of new AACs or girls clubs, neither did the existing 12 clubs receive any training between 2012 and 2014. OSSA planned to setup six guardian clubs in 2013, but no progress on this was reported in their 2013 annual report.

The clubs mainly reach the youth via peer education. Many community members are reached by awareness creation via the community or coffee ceremonies organized by individual idirs and the idir coalitions. As this approach fits the cultural and societal structure in Ethiopia well it is perceived as being effective in awareness creation[10].

The contribution of the 60 volunteers that were trained during the 2008-2012 project[11] and the additional 40 volunteers trained in 2013, is not very clear. According to the documents made available these volunteers only reached 33 % of the OVCs and PLWHIV in that period. Minute meetings of general meetings organized by OSSA show that the attendance rate of volunteers to these meetings is low. These volunteers however have good relationships with the families they are supporting and they are essential in OSSA's intervention model. Each volunteer is however involved in a wide range of activities, from providing home based care and support to providing technical support IGA's or advising on legal support, which may be more time consuming than can be expected from a volunteer. Over time OSSA invested in trying to involve beneficiaries in the planning, implementing and monitoring phases of the projects via regular meetings with representatives of marginalized groups and via the CCs. It is observed that this involvement is more consistent than it was in 2012 and hence can be seen as a trend in civic engagement[12].

A preliminary conclusion on the impact of the government providing PLWHIV with free of charge ART is said to change in mentality of PLWHIV regarding their ability to work and to be valued as community members. Two PLWHIV agree that the community they live in have changed their attitudes positively towards them, but two other PLWHIV do not agree because they are not invited to community gathering and cannot participating in the preparation of weddings. According to a representative of the idir coalition people nowadays are more aware of how HIV is being transmitted and have become less afraid of interacting with PLWHIV.

When considering the intensity of civic engagement in terms of beneficiaries participating in the activities of OSSA, we observe a small improvement since the baseline study.

Score baseline 2012 on an absolute scale from 0-3: 2
Score endline 2014, relative change since 2012: +1

5.2.2 Level of organisation

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

OSSA's relations with other NGOs has not changed much in that it still focuses on avoiding duplication of efforts. Bi-annually a network of NGOs working on HIV/AIDS comes together to align efforts in the project sites where OSSA is working. OSSA's participation in other networks[13] neither changed significantly, because, according to the evaluation team in Ethiopia, this would be interpreted as being involved in advocacy activities.

OSSA does not have an institutional budget to expand its network with other NGOs and to start learning from experiences.

[10]Interview with programme staff
[11]Counselling training exceeded the budget by 337%
[12]Interview with executive leadership; field staff; and programme staff
[13]Two networks mentioned in the interviews are the CCRDA Southern platform, a network incorporating WFP, the Health Office and 6 other NGO's addressing PLWHIV and OVC issues, and the OVC network with the Women and Children Affairs Office, the Health Office, and around 10 NGO's/

Score baseline 2012 on an absolute scale from 0-3: 2
Score endline 2014, relative change since 2012: 0

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at such as transparency, democratic decision making, taking into account diversity that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

OSSA's general assembly has been revised in 2011 to incorporate representatives of beneficiaries and PLWHIV. This change has improved the information flow from OSSA to beneficiaries and vice versa[14].

OSSA mainly reports to other NGOs, the government and beneficiaries on its operational activities and not on its financial status or utilization and no changes have been reported in the 2012-2014 period. The same applies for the composition of social organs and external financial auditing: as was the case in 2012, 0-10% of the marginalized target groups are members of the mandatory social organs and OSSA still conducts the obligatory annual audit by an external body.

Cordaid funded a Financial Management Training for OSSA in February 2012. A first follow up visit to assess how this Financial Management Capacity Building (FMCB) shows that only 19,4 of the instructions given were according implemented in April 2013. During the second follow-up visit in November 2013, OSSA's compliance with the FMCB reached 41,9%[15]. Financial progress reports in the 2008-2012 period show considerable overspending on salary, office and transportation costs[16] and underspending on activity costs[17].

From the rather big amount of questions asked in e-mail conversations between OSSA and the financial department of Cordaid on costs calculations and investments in the proposed budget for the phase-out proposal for January-June 2014 it seems OSSA still struggles with financial management issues.

Score baseline 2012 on an absolute scale from 0-3: 1
Score endline 2014, relative change since 2012: 0

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which the SPO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

As already mentioned above, in 2013 OSSA mainly concentrated on supporting guardians with the creation of GA in terms of providing training, and initial capital to 188 guardians of the 200 planned[18]. In the 2008-2012 period only 41 trained in IGA received a start-up capital .

Beneficiaries that were involved in IGA have changed for the better; those people who did not have anything to eat or wear in 2012 are now earning and supporting themselves gradually[19]. The guardian club for instance is involved in small business activities preparing food and selling animal feed. They are also encouraging others to engage in IGA's.

[14]Interview with executive leadership
[15]Second Follow up Financial Management Study
[16]For example, the Hawassa branch overspent their 2008-2012 budget with 136% with the largest increase in expenditure was on the Branch Manager.
[17]For example, vocational skill training has only cost 30% of the budget and free medication took up only 7%.
[18]Interview with Save the Generation Association
[19]Interview with field staff

In terms of civil society impact, OSSA supported one idir coalition that regroups 64 idirs, 6 girls clubs, 4 PPTCT mother support groups and worked with 60 volunteers in the Hawassa area between 2012 and 2014. Additionally OSSA has also supported the girls clubs to create a coalition and they have got a licence from the regional justice office to work as a CSO in 2013. Three OVC guardians and PLWHIV saving association were established in collaboration with Hawassa's town coordination office for micro finance between 2012-2014. These associations are saving consistently with few dropouts[20]. However, the saving associations have a regulation that people cannot take a loan within the first year, implying that the level of IGAs being established is still low. After this year a person can only take a small loan of 1000 Birr only.. Given Ethiopia's high inflation rate the relevance of saving money on a bank account is questionable. The idir coalition, idirs, the AACs, the PPTCT women support groups and some volunteers do attend quarterly, semi-annual and annual meetings that are being organized by OSSA to report on the status of their tasks, challenges and best practices. These CBOs are expected to take over the care and support and awareness creation activities after the phase-out period, but the in country research team observed that most CBOs, are not strong enough to work with the intensity expected of them. An explanatory factor of this is that since OSSA has planned to work with them in 2008, hardly any technical support has been provided to prepare these CBOs on their future tasks. Another explanation is that the project with Cordaid, foreseen for three years, ended all of a sudden after 1,5 years with an exit strategy of only six months. One activity that might continue are the coffee ceremonies organized by the idirs to raise the awareness on the prevention and treatment of HIV/AIDs, because these structures and practices already existed before the project came.

In the 2012 – 2014 period the involvement of local government administration with OSSA's activities increased. There has been a slight improvement in the referral practices[21], and local administrations are more involved in OSSA's project planning, implementation, monitoring and evaluation. Local administration sees OSSA as being supportive to the public sector because it addresses key issues within the community[22]. Although some expect OSSA to do more they have no complaints with the things done so far. These bodies get a regular report and communicate frequently with OSSA.

Given the role assigned to NGOs in Ethiopia, OSSA is not engaged in advocacy activities. However, inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. Local administration is aware of OSSA's interventions and both have developed operational procedures to collaborate. (the hospital sends a slip for the treatment done to referred individuals, OSSA settles invoices after treatment, OSSA reports to the health office and women and children affairs office).

OSSA is attempting to work with private health centres and sponsors for the idir coalition, but so far no concrete progress has been made. It is not influencing the policies and the practices of the private sector.

Score baseline 2012 on an absolute scale from 0-3: 2
Score endline 2014 on relative changes: +1

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how OSSA is coping with that context. The 2009 Proclamation to Provide for the Registration and Regulation of Charities and Societies (CSP) and the related "70/30" regulation that limits administrative costs for all charities and societies to 30% of their budgets[23].

This context constrained OSSA in terms of the man power it could hire and the field visits it could conduct. Accordingly, OSSA decided to reduce monitoring and evaluation efforts since staff costs for M&E all fall within the 30% limit. The fact that on the Hawassa project site only one project manager is executing most of the activities may also be the consequence of the new regulations. OSSA also had

[20]Interviews with saving association members
[21]Interview with health office
[22]Idem
[23]Interview with health office

to relocate its offices to a cheaper place, which is time consuming. Not compiling to the law leads to a termination of its license to operate.

The proclamation on charities and societies also prohibit national NGOs that receive foreign finance to engage in lobby and advocacy on rights based issues. OSSA's work has been affected because it cannot defend the interests of the children and the marginalised groups it works with as before. However a new window of opportunity which is accepted is to work closely with public sector services that than may become aware of how to address burning issues in society.

Another issue affecting the efforts of OSSA is the high inflation rate which influences the IGA activities done by the saving association. There is high inflation in the country, mostly ranging between 35% and 40%, hence; the initial capital given to individuals is not enough to boost their economic security (income earning and increasing number of meals per day). In response to this, the OSSA has increased the initial capital from 1500 Birr to 2500 Birr which in turn decreased the number of beneficiaries addressed.

Score baseline 2012 on an absolute scale from 0-3: 1
Score endline 2014 on relative changes: -1

5.3 To what degree are the changes attributable to the Southern partners?

This paragraph assesses the extent to which some outcomes achieved can be "attributed" to OSSA. Starting with an outcome, the evaluation team developed a model of change that identifies different pathways that possibly explain the outcome achieved. Data collection was done to obtain evidence that confirms or rejects each of these pathways. Based upon this assessment, the evaluation team concludes about the most plausible explanation of the outcome and the most plausible relation between (parts of) pathways and the outcome. The relations between the pathways and the outcomes can differ in nature as is being explained in table 2.

Nature of the relation between parts in the Model of Change

Nature of the relation between parts and other parts or outcome	
The part is the only causal explanation for the outcome. No other interventions or factors explain it. (necessary and sufficient)	
The part does not explain the outcome at all: other subcomponents explain the outcomes.	
The part explains the outcome but other parts explain the outcome as well: there are multiple pathways (sufficient but not necessary)	
The part is a condition for the outcome but won't make it happen without other factors (necessary but not sufficient)	
The part is a contributory cause it is part of a 'package' of causal actors and factors that together are sufficient to produce the intended effect.	

Sources: Mayne, 2012; Stern et al, 2012

The following paragraph assesses OSSA's contribution to two outcomes. Each paragraph first describes the outcome achieved and the evidence obtained to confirm that the outcome has been achieved. It then presents the pathways identified that possibly explain the outcomes, as well as present information that confirms or refutes these pathways. The last section concludes in the first place about the most plausible explanation of the outcome, followed by a conclusion regarding the role of the SPO in explaining the outcome.

5.3.1 Civic engagement: improvement in livelihoods of PLWHIV

With regards to OSSA's contribution to enhancing people's engagement as well as to engaging more diverse and marginalised people into in civil society, the evaluation team looked at the extent to which OSSA's interventions helped to reintegrate OVCs and PLWHIW into society and improved their social and economic capital to become a full member in society: This by means of supporting the guardians of OVCs and PLWHIV to increase their incomes. According to OSSA, the livelihoods of 55 persons have improved in economic and social terms through the establishment of the saving associations and an unknown number of vulnerable persons have improved their livelihoods through individual IGAs.

Improved income through IGA however largely depends upon how successful the person is to earn an income with petty trade which largely depends upon the use of the start-up capital given by OSSA and the capacity and skills of the person receiving this. Most PLWHIV also engage in daily labour work[24].

Pathway 1

The first pathway that might explain the re-integration of OVCs and PLWHIV into society is that OSSA created three saving associations in 2013 that in total have 55 members. The members consist of PLWHIV and guardians of OVC. The members of each association elect one chairman, one secretary, and a treasurer. After the formation of the groups, OSSA provided business venture and financial management trainings trough the volunteers, also trained by OSSA. Then the saving associations receive a start-up capital from OSSA, varying between 1500 Birr and 2500 Birr according to OSSA's availability of funds and the consequences of the high inflation rates. The savings associations are obliged to open a group account at a Micro Finance Institution (MFI) and save 5-10 Birr per week/every two weeks for a consecutive 12 months. Members of each saving organisation gather on a weekly basis to put in the saving money. After a year they will become eligible to borrow from the group's savings to expand their business. The beneficiaries are involved in different petty trade activities such as selling enjera, charcoal, firewood, fruits, and vegetables.

During some of the gatherings of the saving associations, OSSA or volunteers provide advice on a wide range of issues, such as business administration, hygiene, ART administration, and other psychological advices on coping with HIV and stigmatisation. The gatherings are believed to increase the solidarity among members and reduce stigma amongst the members as they are also involved in supporting each other when one is sick or has a family calamity such as a funeral[25].

Before PLWHIV adhere to the saving associations, OSSA together with the idir coalition, idirs and during community conversations identified PLWHIV and ensured their referral to the health centres where they get ART treatment free of charge. Together with the coverage of additional medical costs by OSSA, PLWHIW are not bedridden and can become part of social and economic live.

The following information collected highlights the fact that the saving association *do not explain* the re-integration of PLWHIV and OVCs into society:

- Members of the saving associations increased their income because OSSA provided them with a start-up capital to start or expand their petty trade business and not because they increased their access to loans from the micro finance institutions. The extent to which collective savings will increase the group's access to future loans from the micro finance institutions is questionable, because not all members are saving on a regular basis because they lack the financial means to do so. Three persons one association already got access to a loan from the MFI/savings association before the end of the year, because they were in desperate need or had the possibility to expand their business. People in the associations are afraid that future loans from the FMI may be used for other purposes than expanding one's business[26.] Another explanation that saving money on a bank account does not help to increase incomes is the inflation rate mentioned earlier.
- IGAs vary from working as daily labourers on a construction site and/or as civil servants working as cleaners (mainly females) to being engaged in petty trade similar to those exercised by the saving association members. Most PLWHIV can switch between petty trade and daily labourers whenever the opportunity arises. To a very small extent some of these PLWHIV are counselled by the volunteers from OSSA and/or some have received initial capital from idirs. Some of those that received capital from the idirs have been involved in sheep fattening, which is a better investment venture in comparison to petty trade or daily labour works in terms of economic gains.

The following information *confirms* the importance of the saving associations in re-integrating PLWHIV and OVC into society: Being a member of a saving association reduces stigma because the interaction between members goes beyond saving[27]. Members visit each other when ill, support family members when needed, and advice each other on business and other related issues. It is furthermore allowed

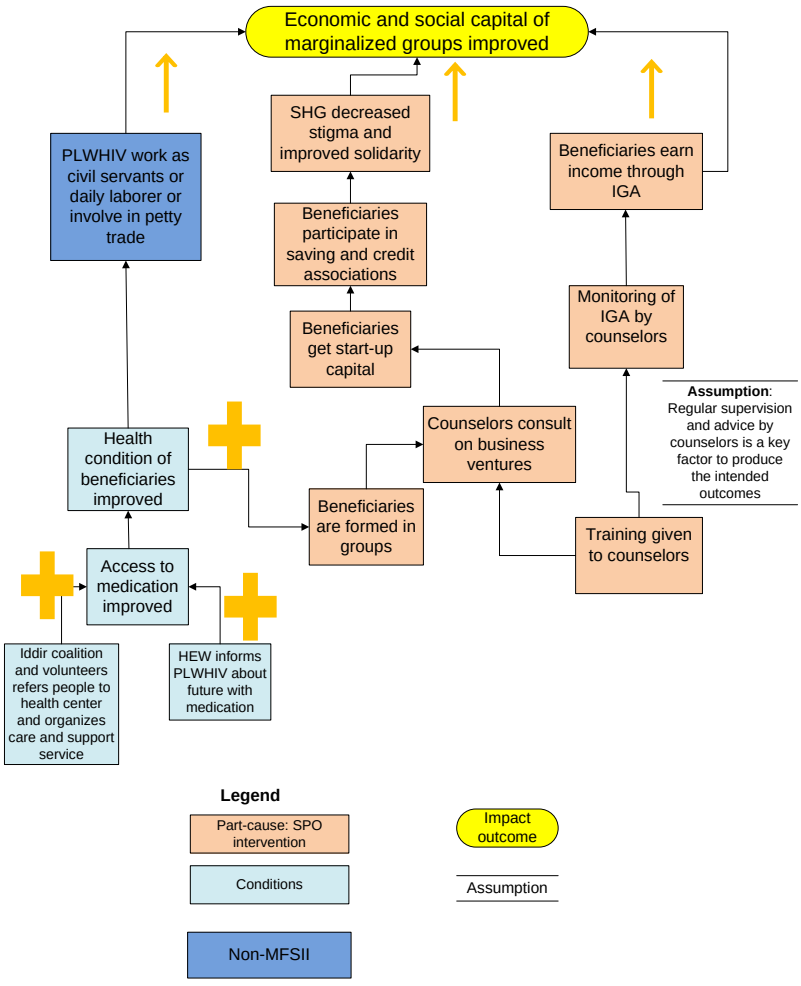
[24]Interviews with two members of a saving association
[25]Interviews with beneficiaries and counsellors support this claim
[26]Observation in-country evaluation team
[27]Association members interviewed

that family members replace a member when he or she dies. Another PLWHIV who did not join the saving association fears the moment she will get ill since she then will not be able to earn an income and has no one to fall back on.

The role of volunteers used by OSSA to advice PLWHIV and the guardians of OVC is appreciated by members of the saving associations. Apart from being visited by Health Extension Workers 3-5 times a month who help them with health related issues like pill administration and hygiene, OSSA's volunteers visit them at least five times a month to provide similar care and support activities as well as helping them with chores and providing counselling. Additionally, they give advice on business related issues like book keeping and management issues. It is however not known if these volunteers only visit the 55 members of the saving associations established in 2013 only or if they also continue visiting the 986 persons that received a training on IGA during the 2008-2012 project, of which 584 persons also received a start-up capital.

Pathway 2

A second pathway that might explain the re-integration of OVCs and PLWHIV into society consists of people not adhering to a savings association, but start their own IGAs (petty trade) or start working as daily labourer on a construction site, become a civil servant as a cleaner etc. OSSA's contribution to improving the livelihoods of those PLWHIV and the guardians of the OVCs is limited and possibly might consist of OSSA referring these persons to the health centre to get the ART treatment and paying additional medical costs, OSSA volunteers sometimes giving them advice or having given them an initial training on IGA and/or start-up capital during the 2008-2012 period. However, these people are not a member of the saving associations put in place in 2013.



Information collected that confirms that people improve their livelihoods in economic and social terms and reintegrate in society *without support from OSSA* to start their own business are the following:

- One of the PLWHIV interviewed says starting ART meant she felt better and was able to work more, which led to an increase in income. She did not feel the need to join a saving association or look for other ways to get a loan. PLWHIV furthermore can turn to alternative forms of loans, such as via the idir. It was however observed that not many people can apply for a loan since not many idir have the financial means to do so. Only three or four PLWHIV were able to receive a loan from an idir between;
- Both the health extension worker and a volunteer interviewed believe that the reduction in stigma and discrimination is mainly caused by the availability of free ART drugs. This enables PLWHIV to function the same as others within the community. OSSA staff comments that most people need more medical support than only ART to be able to function, hence they cover these additional costs;

- The HEW and counsellor furthermore mention drama's and media activities as important factors in reducing stigma and discrimination. The representative of the idir coalition and a saving association member agree that the efforts of the government to reduce stigma via media channels are effective. The idir coalition representative furthermore believes the coffee ceremonies play an important role;
- Apart from receiving start-up capital from OSSA, some people manage to receive start-up capital from their idirs. One of those contributions helped a person to engage in sheep fattening, which is a better investment venture in comparison to petty trade or daily labour works in terms of economic gains. Another NGO, JECCDO also supports PLWHIV and OVC guardians with start-up capital but channels this through the idirs, rather than involving the Micro Finance Institutions. (no information available if JECCDO is working with the same 64 idirs as OSSA).

Conclusion
The most plausible explanation of the improvement of the economic and social livelihoods of PLWHIV and OVCs consist of ensuring their access to free ART by the government which requires an effective system of identifying people affected by HIV through the community conversations and the PPTCT women support groups. The community conversations not only help to identify HIV infected persons, but they also raise the awareness of others that PLWHIV can live with effective ART treatment and they can engage with them in a normal way. These are a *condition* for the further integration of PLWHIV and OVCs in the community. Saving associations help them in terms of mutually supporting each other and therefore enhances their social capital (*sufficient but not necessary explanation)*, but in economic terms the saving associations improve the financial position of the micro-finance institution rather than that of the members of the saving association *(not sufficient and not necessary)*. The livelihoods of PLWHIV and OVCs improve in economic terms when they receive individual start-up capital to start their own IGA, however the success of these activities depend upon personal entrepreneurial skills and the amount of the start-up capital given (*sufficient but not necessary cause):* PLWHIV switch between petty trade and daily labourers whenever the opportunity arises.

OSSA's most important contribution to the improvement of the economic and social livelihoods of PLWHIV and OVCs consists of their interventions related to raising the awareness of people in the kebeles about HIVAIDS, testing them and referring them to the health centre for ART treatment and covering other medical costs. Its intention to organise people in saving associations, helps to create relations of mutual support amongst PLWHIV and the guardians of OVC and provides members to start their own business, however putting savings on a bank account of a Micro Finance Institution for a year decreases the value of the amount saved due to high inflation rates and creates uncertainty amongst its members about what they can expect in financial terms from the MFI in the future.

5.3.2 Strengthening IOs: improved referral to health services

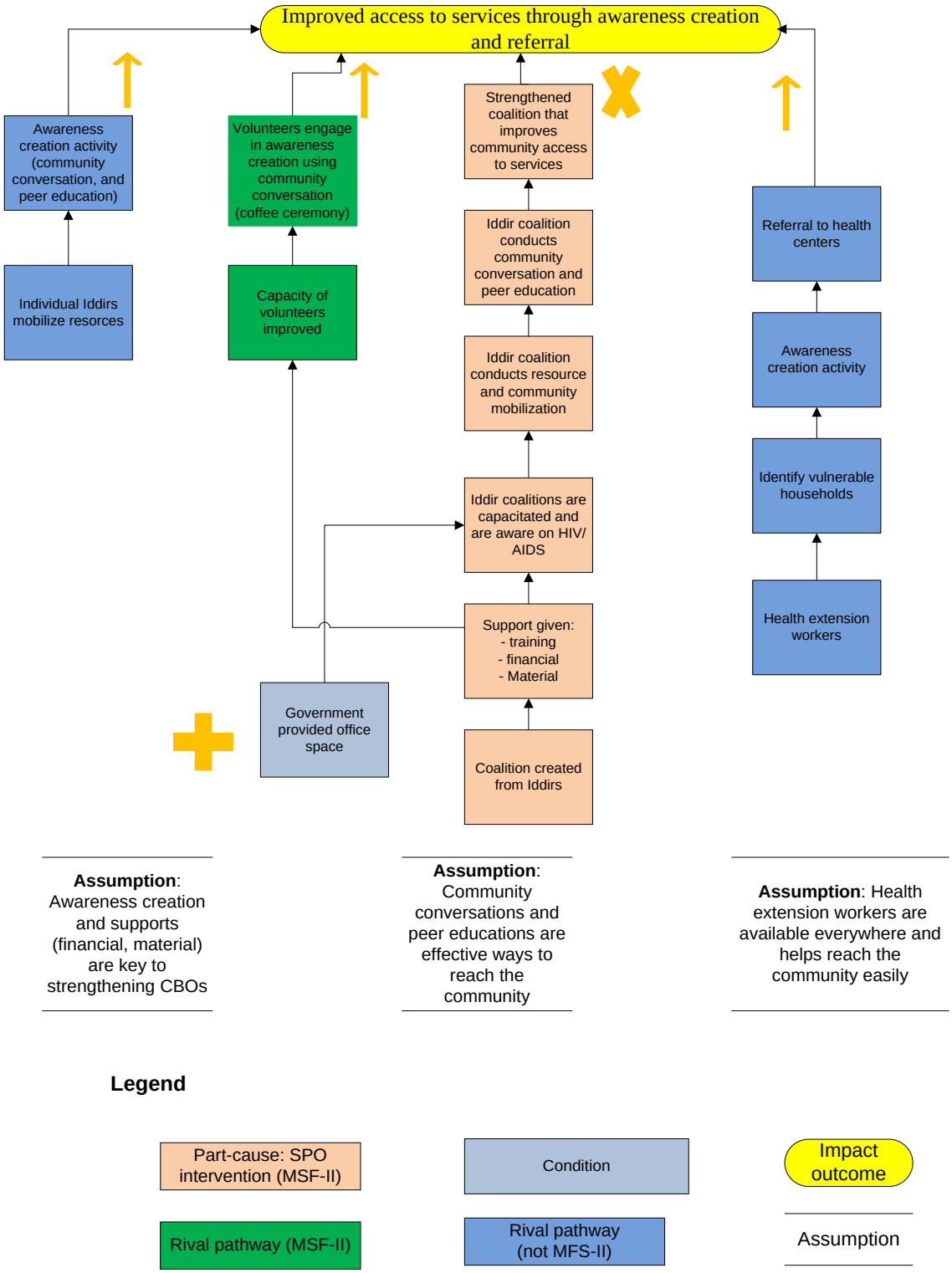
For the second strategic orientation –strengthening intermediate organisations- the impact outcome is defined as "Improved referral to health services through referral and care and support efforts".
This contribution analysis looks at the extent to which intermediate organisations like the idir coalition, individual idirs, AACs and the PPTCT support groups have the capacity to refer people to health services.

Pathway 1
The first MFS II funded pathway is that of the formation of a coalition of idirs by OSSA Hawassa with the objective of improving the society's access to health services. The coalition consists of 128 members from 64 idirs in the Hawassa area (two persons from each idir). OSSA Hawassa provided financial and material support to the coalition and also capacitated the members with training including resource mobilization, community mobilization and probing, book keeping and business plan development.

Furthermore, cognizant of the coalition's role at grassroots level, the local government availed office space. In addition to the support extended by OSSA and the local government, the coalition is engaged in community and resource mobilization through its members. Additionally, the coalition is exploring the possibility of opening an internet café to generate a steady income (this is also being done in light of the phasing out period).

The coalition conducts community conversations through coffee ceremonies (CC) with members of each idir. These meetings mainly focus on PPTCT but other health challenges of the community are also discussed. In addition, peer education is conducted mainly on HIV and hygiene and sanitation issues.

The discussion has enabled the community to improve the awareness on health and also improved the access to health services.



Information that rejects this pathway as a causal explanation for improving the referral system to health centres is:

- Two respondents[28] state that not the idir coalition but the individual idirs are most important in mobilising the community and in the identification of the most marginalized. These are most often eligible to free medication (other members of the community only receive free access to ART). Idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions[29].

[28]Health extension office and JeCCDO
[29]Interview with JeCCDO

OSSA argues that they cannot work with 64 idirs separately and therefore value the existence of the coalition to facilitate communication with the individual idirs;
- The coalition lacks permanent staff and the board members work on a voluntary base, which is troublesome when they have other jobs to attend to as well.

Pathway 2
The second pathway is also supported by MFS-II funds and assumes that volunteers improve people's referral to health services. There are a total of 60 MFS II supported volunteers by OSSA. Volunteers receive training and financial and material support which enables them to better engage in awareness creation through CC.

Information that rejects the importance of the volunteers in referring people to the health centres is that:

- Volunteers need to refer people to the health centres for testing, whereas HEW carry mobile testing kits with them when visiting households. Volunteers receive an allowance to cover the transportation costs for those people they want to refer to the health centres but their allowances of 100 birr a month are too low;
- In comparison to HEW, volunteers lack the professional skills needed to provide care and support services and they do not receive a monthly salary. Therefore their motivation level is low. OSSA and the volunteers interviewed admit that it is difficult to mobilise volunteers.

Information that confirms the importance of the volunteers in referring people to the health centres is that volunteers are usually active in several domains; they are part of an idir, they can be volunteers for multiple NGO's, and if female they are usually also leaders of women development groups (established by the government). The training they receive can be from multiple sources as well; they can be trained by NGOs like OSSA or by HEW on the package of 17 topics.

Pathway 3
A third pathway explains increased referral to health services because the public health extension workers (HEW) who are assigned by the local government to extend the health service from the health centres to the community. The government is active in awareness creation in multiple ways: they use media campaigns; employees pay 2% of their salary for HIV control and prevention, which sends an important signal; and they use the HEW to get messages across to household level.

The use of HEW exists for 3-4 years and is based on the 1:5 approach adopted from the agricultural extension programme. This approach uses one model family to pass a message along to 5 other families. All governmental and political messages are passing through this system. Another example is the women development groups which are initiated by the government as well; female role models are appointed (and trained by HEW) and they train five groups of six women.

Information that confirms that the work of HEW increases the referral to health services is:

- Hawassa town has 112 HEW and one HEW has to visit 500 households every month. Through these visits HEW identify vulnerable people and provide awareness creation activities on the 15-17 government messages. These messages include pre/post natal care, PPTCT awareness creation, hygiene and sanitation, child nutrition, vaccination, reproductive health, male involvement in family planning, STD, environment protection, giving family planning pills and injection. Hence through these packages the HEW cover a wide spectrum. HEW also carry mobile testing kits with them during their visits which decreases the threshold for poor people who may not be able to cover transportation costs to health centres.

Information that rejects this explanation is that:

- HEW need to cover a wide range of extension issues that are not related to their sector: only 2 of the 17 messages are health related. The HEW explains this troubles them to really focus on health during their visits since many topics need to be covered. As a result they might not have the time needed to discuss HIVAIDS issues and to identify people that need testing;
- JeCCDO comments that their experience with HEW is that only 3 to 4 out of 10 HEW is performing in terms of awareness creation and providing care and support services. Most difficult for HEW is to gain trust of the people since they are working in the governmental 1:5 approach. People associate them with politics and do not trust them or their support. The HEW however states that she feels

people are more inclined to trust them, because they keep information confidential in contrast to the idirs.

Other actors and factors
Other actors and factors that explain an increase in people being tested for HIV comprise the fact that:

- Health centres ask all visitors to do a test on HIVAIDs and 90% of these visitors do agree;
- ART drugs are freely available (since 5 years) which decreases the threshold for testing;
- Testing is mandatory for women that give birth;
- Churches, mosques, and even families of the bride ask for a HIV certification before a marriage is agreed upon.

Conclusion
The data available do not provide sufficient evidence that the idir coalition explains the increase of people being referred to health centres for testing through awareness raising activities, because the coalition lacks permanent staff and failed to mobilise local resources *(not sufficient and not necessary part in the model of change).* These coffee ceremonies are also being organised by idirs who manage to reach all people in the community which helps to refer people potentially infected by HIVAIDS to health centres for testing. Other actors and factors that explain an increase in people being tested consist of; volunteers visiting people; HEW to some extent because they are paid and professional but not trusted by the population; the fact that ART medication is free of charge, and; testing taking place in health centres for those who come for other reasons (voluntary testing) and for pregnant women (mandatory testing). All these factors and actors provide a necessary but not sufficient explanation to the increase of people being tested.
OSSA's role with regard to this outcome of increased referral systems is not convincing. Their work through the idir coalition does not explain the outcome and volunteers are not sufficiently motivated to do a good job after they receive training from OSSA.

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

In its 2012 ToC OSSA formulated its overall goal with regards to civil society as "A society that is well aware about HIV/AIDS and PLWHA and OVs that are well supported and are being cared for". Therefore "civil societies that are self-sufficient and able to give efficient service to society" are needed. For this to happen, fur conditions need to be in place: strengthen networks among CBOs, establish new out of school youth clubs, organize new idir coalitions and build the capacity of CBOs.

Until so far we conclude that the preconditions have not been met and therefore civil society is not yet able to provide services to society. An exemption can be made for the individual idirs that possibly play a positive role in the kebeles, given the fact that these institutions are performing and that training these idirs will help to strengthen civil society.

The establishment of a new idir coalition is realised, but the outcomes of the idir coalition remain unclear. The same applies for the strengthening of the capacity of the AACs and the PPTCT support groups; according to the annual reports these have been capacitated, but results have not been documented. Between 2012 and 2014 there have been no significant changes in strengthening networks amongst NGOs. The networks that existed in 2012 remain unchanged and are still mainly focused on the prevention of duplication of efforts in the same kebeles and woredas. The 2012 – 2013 annual reports do not mention the existence of experience sharing forums and other platforms where OSSA and similar NGOs discuss the challenges faced and share the best practices that could be duplicated.

5.4.2 Relevance of the changes in relation to the context in which the SPO is operating

All interviewees feel the changes are relevant because they have seen that OSSA's interventions led to a change in the lives of marginalized people. The people interviewed believe there are still many people in the community that do not have sufficient knowledge on HIV and PPTCT or hygiene. These people need care and support services.

5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA

For Cordaid, CBOs form the main strongholds of societies and hence strengthening civil society means working via- and strengthening the capacity of CBOs and that of volunteers. Cordaid believes that strengthening forces within communities will bring about change. According to Cordaid OSSA's results of strengthening the AACs, the PPTCT support group and the idir Coalition was rather minimal.

5.5 Explaining factors

5.5.1 Internal factors

One internal factor that influenced the work of OSSA is its lack of human resources, at least in 2014: on the Hawassa project site only one program officer is in charge of most activities. OSSA furthermore explained that because of the 30/70% legislation they cut back on M&E budget and efforts. Although OSSA is complying with the 30/70 % legislation at the national level by aggregating all projects, the percentage of administrative costs in the Cordaid project is nearly 60 %[30].

The financial reports of the 2008-2012 project, that of 2013 and 2014 highlight overspending of the budget on salary, office and transportation costs, underspending on interventions and unclear expenditures at the Head Quarters of OSSA in Addis as well as a lack of capacity to financially manage Cordaids project[31]. Despite a training organised by Cordaid on financial management in 2012, OSSA still seems to struggle with financial management in the January – June 2014 phase-out project.

5.5.2 External factors

OSSA states that they are negatively affected by the Proclamation on Charities and Societies S and that aligning the programme's budget with the legislation is difficult. Many costs are considered administrative costs like trainers fees, building rent, refreshments, transportation costs and salaries. Monitoring and evaluation efforts become especially difficult to organise because transportation costs and salaries are all considered administrative costs. OSSA Hawassa branch therefore decided to reduce the frequency of monitoring and evaluation visits from quarterly to yearly.

Another issue affecting the efforts of OSSA is the high inflation rate in Ethiopia. Due to the high inflation, the initial capital given to individuals turned out to be inadequate to boost participants' economic security (income earning and an increasing number of meals per day). In response, OSSA increased the initial capital from 1500 birr to 2500 birr which obviously led to a decrease in the number of beneficiaries addressed. Because of inflation, salaries of staff were also adjusted.

In relation to HIV/Aids prevention, awareness creation, and testing, additional external factors play a role. The government implemented a policy whereby health centre workers ask all patients whether they want a free HIV/Aids test. As a result, 90% of all people visiting the health centres are willingly tested on HIV/Aids. Additionally, all public sector offices allocate 2% of their salary to HIV care and

[30] E-mail conversation between Cordaid and OSSA

[31] Annual report, 2013, input output analysis of 2008-2012 project, e-mail communications between Cordaid and OSSA for the phase-out project

support programmes. Influential church and mosque leaders also started preach on the importance of testing, ART, PMCT, and care & support.

5.5.3 Relations Cordaid-OSSA

In January 2013 a reorganisation took place within Cordaid which led to a change in the project coordination of OSSA from the Health Department to the Child and Education Unit. This transfer also reoriented Cordaid's focus from building the capacity of the AACs and PPTCT support groups to address HIVAIDs at community level to that of strengthening schools and youth clubs. Cordaid then realized that OSSA's work related to education consisted only of providing individual support to OVCs and their guardians and not on improving the performance of school systems. For this reason Cordaid decided to end its collaboration with OSSA and suggested a six month phase-out period from January to June 2014, to ensure that the CBO coalitions, AACs and the PPTCT support groups would be able to take over OSSA's work. OSSA showed little improvement in the final phase-out proposal and Cordaid's efforts for further improvement were minimized seen the discontinuation of the collaboration.

Not only did a reorganisation take place within Cordaid, the sub branches of OSSA also became independent. OSSA Hawassa branch used to be the coordinating body for reporting, but as of January 2014 the four branches became independent

Cordaid underlines that its decision to end the partnership with OSSA is based upon the changes within Cordaid and not the actual results achieved by OSSA. At the time of the interview (September 2014) Cordaid had not yet received the last progress report that covers the phase-out phase out period (January-June 2014) yet. The final report was received in December 2014.

An exit strategy was developed by OSSA which however proved to be unsustainable.

6 Discussion

6.1 Design of the intervention

Community involvement is increasingly being cited as a vital precondition for creating health-enabling social contexts that enable and support people in optimizing their opportunities for health and well-being (Tawil, Verster, & O'Reilly, 1995, p. 1299). It is said to play a vital role in enabling health-related behaviours and reducing HIV transmission (van Wyk, Strebel, Peltzer, & Skinner, 2006), stigma reduction (Poku & Sandkjaer, 2007), facilitating timely and appropriate accessing of health and welfare services where these exist (Campbell & Cornish, 2010), and supporting optimal treatment adherence (Coetzee et al., 2004). Community mobilization is given a key role in international AIDS policy, due to its perceived role in tackling the challenges of ''reach'' and ''sustainability'' that plague many HIV/AIDS interventions. Policies envisage that community based organisations play a central role in taking responsibility for HIV/AIDS. The scale of the problem, as well as the social marginalization of many affected groups, make it impossible for health and welfare professionals and services to reach the vast number and variety of people vulnerable to HIV and affected by AIDS. Policy documents consistently argue that community organisations are better placed than formal public services to reach ''hard-to-reach'' groups. Furthermore community organisations, drawing on local human resources, and often including the inputs of unpaid volunteers, are seen as more sustainable in the long-term than costly and donor dependent external interventions. A second reason for the international interest in community mobilisation is a pragmatic one in the light of the overall scarcity of health workers in many marginalized settings in which HIV/ AIDS flourishes. A growing number of projects rely on grassroots community members to provide HIV-prevention and AIDS-care (Ogden, Esim, & Grown, 2006; Schneider, Hlophe, & van Rensberg, 2008; van Damme, Kober, & Laga, 2006).

However, for the volunteers to be influential they need to be effective. Campbell and Cornish (2010: 1566) claim that the material context plays an important role in the effectiveness of volunteers: the lack of economic gain associated with project involvement often means that the project failed to resonate with peoples' economic aspirations, severely limiting its ability to mobilise volunteers to carry out project work, and undermining the status of the project in the community.

The above confirms OSSA's project design in terms of working with the idirs and the volunteers to reinforce the HEW of the government. Whereas the idirs play a role in awareness raising activities and possibly help to integrate PLWHIV in society, the volunteers play a crucial role in reaching out to the most vulnerable households in society and providing care and support services. However, working with volunteers implies that NGOs should find ways in which to motivate these, maybe not only in financial terms, but also in other terms such as meetings, training opportunities etc.

A comparison of OSSA's project design with that of JeCCDO, another NGO in Hawassa shows that JeCCDO also works with idirs and an idir coalition. JeCCDO's idirs have the role to set-up and monitor self-help groups that receive start-up capital via the idir that in their turn receive these from the NGO, and idirs receive the necessary training to do so as well as to engage with local administration to address issues. JeCCDO's Idir coalition has the role to influence local policies and practices and does not engage in awareness raising activities that are situated at the level of individual idirs. JeCCDO furthermore uses the government health extension workers to follow up on business progress when visiting PLWHIV. By using the idir and HEW they do not need their own volunteers to do monitoring.

This alternative and decentralised design questions that of OSSA, in particular with regards to the role of the idir coalition and that of the individual idirs and a more integrated way of working with HEW, as well as the role of the micro finance institutions and the saving associations.

A new project needs to carefully compare JeCCDO's and OSSA's intervention strategy.

7 Conclusion

With regards to OSSA's efforts to build a vibrant civil society we conclude the following.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of OSSA are related to the Civic Engagement and Perception of Impact dimension of CIVICUS.

OSSA slightly managed to increase the involvement of the volunteers in supporting OVCs and PLWHIV on a diverse range of issues and it managed to organise guardians into saving associations that, though not providing increased incomes, has contributed to more peoples mutually supporting each other. Apart from this its awareness raising activities help to integrate People Living with HIV (PLWHIV) and vulnerable families that take care of Orphans and Vulnerable Children into society. OSSA also intensified its interactions with beneficiary groups to ensure that its interventions were relevant. These changes notified under Civic Engagement also partly explain those of the Perception of Impact dimension, because there is an overlap between both dimensions. Apart from this, a slight change occurred in the extent to which OSSA supported the idir coalition, the AACs, the PPTCTs in only in the first semester of 2014, intending to transfer OSSA's roles and responsibilities to these structures that are however not capable of fulfilling these. Its collaboration with the local government services intensified in the period under evaluation.

Contribution analysis
The first outcome that we looked for the contribution analysis is based upon the perception (no figures available) that OVCs and PLWHIV improved their social and economic capital to become a full member in society. The most plausible explanation of this change is that the system put in place to identify vulnerable OVCs and PLWHIV is effective; the access to free ART provided by the government, and; community conversations that not only make people aware that PLWHIV can live with effective ART treatments but also helps to identify possibly infected persons. When these conditions are in place, mutually support of PLWHIV, support to these people to engage in IGA or to assist them in finding jobs as daily labourers help them to further reintegrate into society. OSSA's most important contribution consists of their support to organise community conversations in the kebeles and covering other medical costs. Organising PLWHIV in a saving association helps to create mutual support, but obliging members of the association to save money on a bank account of a micro finance institution for one year in a context of rampant inflation is to be considered as an adverse effect of the intervention.

The second outcome that we looked at is the extent to which intermediate organisations like the idir coalition, individual idirs, AACs and the PPTCT support groups increased the number of persons being referred to health centres for testing and access to free ART when necessary. OSSA's most important strategy to work with an idir coalition does not provide the explanation to the outcome. Community conversations organised by idirs are effective and sustainable strategies. Another factor that explains the increase is the availability of free ART, compulsory testing of pregnant women at health centres and voluntary testing of health centre visitors. OSSA's role with regard to this outcome of increased referral systems is not convincing. Their work through the idir coalition does not explain the outcome and volunteers are not sufficiently motivated to do a good job.

Relevance
With regards to the baseline ToC, the interventions and outcomes achieved are not relevant because OSSA wanted to create a civil society that is providing services to society through amongst others a strong idir coalition and strong AAC and PPTCT support groups. These groups are not performing.

With regards to the context in which OSSA is operating, its interventions and outcomes achieved are relevant in terms of supporting community conversations on HIVAIDS and working with volunteers that provide care and support services and assist PLWHIV and the guardians of OVC with IGAs. Through these interventions people can become part of society again. We observe however that the

government itself also creates an environment to prevent HIVAIDS by increasing the possibilities for testing and by the administration of ART free of charge.

With regards to the CS policies of Cordaid, OSSA's interventions and outcomes are slightly relevant because its vision is that strong CBOs and motivated volunteers will bring about change. However OSSA did not succeed in strengthening the capacities of the organisations it works with.

Explaining factors
With regards to internal factors, the evaluation team concludes that; human resources are missing at the OSSA branches that implement the project; OSSA, despite financial management training provided by Cordaid, still misses the capacity to properly manage projects financially. Apart from this, the four project sites that Cordaid supports became independent from each other as of January 2014, further complicating adequate reporting on progress beyond output.

The most important external factors that explain the findings above are that: OSSA faces difficulties to comply with the 30/70% regulation, implying that it decided to economise on its monitoring and evaluation activities. Other factors are the high inflation rate that affects savings by beneficiaries and purchasing power of OSSA's staff and the frequent relocation of health centres which affects the financial capacity of volunteers to refer people to these centres.

With regards to the relation between OSSA and Cordaid we observe that their decision to shift OSSA from the health to the education department in January 2013 implied an end to further collaboration and the implementation of an unsustainable exit strategy.

Design
With regards to the design of the intervention, we would recommend others to compare different interventions of several NGOs that work on HIVAIDS issues in local communities. The role of idirs and of volunteers in working with PLWHIV and OVCs is an important element, but need to be further elaborated. The same applies for the roles of idir coalitions set up by different NGOs. When aiming for improving the livelihoods of PLWHIV and guardians of OVCs, one needs to take into account the rampant inflation rate in Ethiopia, which does not at all favour savings on bank accounts. Organising PLWHIV and guardians of OVCs in self-help groups also will contribute to their futher integration in society through mutual support mechanisms.

Table 3
Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	5
The CS interventions were implemented as designed	3
The CS interventions reached their objectives	2
The observed outcomes are attributable to the CS interventions	1
The observed CS outcomes are relevant to the beneficiaries of the SPO	5

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and resource persons

Documents

Documents by SPO

Title	*Year*
Project Proposal 1 August 2008 – 30 September 2011	
Project Proposal 2013-2015	2012
Phase-Out Period Proposal January-June 2014	2013
Proposal Financial Management Assistance and Technical Assistance	2010
Progress report January-March 2012	2012
Annual Report 1 October 2011 – 30 September 2012	2012
Annual Report 1 January 2012 – 31 December 2013	2014
Final Report on Financial Management Study of OSSA	2012
Second Follow up report Financial Management study 30 November 2013	2013
Financial Report October 2011 -30 September 2012	2012
External Audit Report 1 January 2012 – 31 December 2012	2013
Case stories and sustainability strategy	?
Second Follow-up report for OSSA Financial Management Study	2013
Budget Breakdown January-June 2014	2014
Proposal on Financial Management Assessment and Technical Assistance for OSSA	?
Budget for no cost extension period	2012

Documents by CFA

Title	*Year*
Budget no-cost extension 1 October 2011 – 31 December 2012	2012
Budget proposal 1 January 2013- 31 December 2015	2013
Budget proposal Phase-Out Period January-June 2014	2013
Considerations OSSA proposal November 2012	2012
Considerations OSSA Proposal 2013-2015	2012
Contract no-cost extension until 31 December 2012	2012
Contract OSSA-CORDAID 1 January 2013 – 31 December 2013	2012
E-mail conversation between CORDAID-OSSA about phase-out period	2013
Year plan Ethiopia 2012	2012
Beoordeling Inhoudelijke Rapportage	2011

Documents by Alliance

Title	*Year*
Year report alliance 2011	2011
Beleid tav Zuidelijke Partners	?
Managementsamenvatting	?
MFS II aanvraag fase II	2010
Results Civil Society Baseline	2011
MFS Annual Plan Ethiopia	2012
MFS II jaarverslag 2012	2012
Progress Report 2013 MFS II Communities of Change	2013
Cordaid Annual Report 2011 Alliance CoC	2011
Cordaid Annual Report 2012 Alliance CoC	2012
Biannual progress report January-June 2013	2013
Annex C. Civil Society monitoring survey 2013	2013

Other documents

Alemu, E. September 201. *Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report),* Covenant Development Consult

Campbell, C., and Cornish, F. 2010. Towards a "fourth generation" of approaches to HIV/AIDS management: creating contexts for effective community mobilisation. *Aids Care: Psychological and Socio-Medical Aspects of AIDS/HIV,* vol.22 (2): 1569-1579

Coetzee, D., Boulle, A., Hildebrand, K. Asselman, Custum, G. van, & E. Goemaere. 2004. Promoting adherence to antiretroviral therapy: the experience from a primary care setting in Khayelitsha, South Africa. *AIDS,* Vol. 18: 27-31

Damme, W. van, Kober, K. & M. Laga. 2006. The real challenges of scaling up for ART in sub-Saharan Africa. *Editorial Review from the Institute of Tropical Medicine.* Belgium: Antwerp

Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia.February 2009. *Charities and Societies Proclamation (proc. No. 612/2009)*

Puddington Arch, Freedom in the World. 2013. *Democratic Breakthroughs in the Balance: Selected Data from Freedom House's Annual Survey of Political Rights and Civil Liberties.* Freedom House

Mati J.M., Silva F., Anderson T. April 2010. *Assessing and Strengthening Civil Society Worldwide; An updated programme description of the CIVICUS Civil Society Index: Phase 2008 to 2010*. CIVICUS

Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia. November 2010. *Growth and Transformation Plan 2011 – 2015 (http://www.ethiopians.com/Ethiopia_GTP_2015.pdf)*

Ogden, J., Esim, S. & C. Grown. 2006. Expanding the care continuum for HIV/AIDS: bringing carers into focus. *Health Policy Plan,* vol. 21(5): 333-342

Poku, N., and Sandkjaer, B. 2007. Meeting then challenge of scaling up HIV/AIDS treatment in Africa. *Development in Practice,* vol. 17 (2): 279-290

Schneider, H., Hlopje, H., & D. van Rensburg. 2008. Community health workers and the response to HIV/AIDS in South Africa: tensions and prospects. *Health Policy Plan,* vol.23 (3): 179-187

Tawil, O., Vester, A. & K.R. O'Reilly. 1995. Enabling approaches for HIV/AIDS prevention: can we modify the environment and minimize the risk? *Rapid Science Publishers ISSN 0269-9370*

UNDP. January 2014. *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

United Nations General Assembly, Human Rights Council. 24 April 2013. *Report of the Special Rapporteur on the Rights to Freedom of Peaceful Assembly and of Association, Maini Kiai.*

Wyk, B. van, Strebel, A., Peltzer, K. & D. Skinner. 2006. *Community-level behavioural interventions for HIV prevention in Sub-Saharan Africa.* South-Africa, Cape Town: HSRC Press

Webpages

Author	*Title*	*Webpage link*	*date*
The International Center for Not-For-Profit Law (ICNL)	NGO Law Monitor: Ethiopia	http://www.icnl.org/research/monitor/ethiopia.html	2014
Freedom House	Freedom in the World: Ethiopia	https://freedomhouse.org/report/freedom-world/2014/ethiopia-0	2014
Fund for Peace	Failed States Index	http://ffp.statesindex.org/rankings-2013-sortable	2013
Social Watch	Basic Capabilities Index 2011. The boom and the busted	http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf	2011
Social Watch	Social and Economic Rights Fulfillment Index	http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf	2011
Transparency International	Corruption by Country: Ethiopia	http://www.transparency.org/country/#ETH	2014
Transparency International	Global Corruption Barometer: Ethiopia	http://www.transparency.org/gcb2013/country//?country=ethiopia	2014
Heritage	Economic Freedom Score: Ethiopia	http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf	2014
UNDP	Human Development Indicators Ethiopia	http://hdr.undp.org/en/countries/profiles/ETH	2013
World Bank	Governance Indicators: Country Data report for Ethiopia 1996-2013	http://info.worldbank.org/governance/wgi/pdf/c72.pdf	2013
Institute for Future Studies	World Values Survey Wave 5: 2005-2009	http://www.worldvaluessurvey.org/WVSOnline.jsp	2009

Resource persons

Name of key informant	*Organisation*	*Function in organisation*	*Relation with SPO*	*Contact details including e-mail.*
	Idir coalition	GM	Receives support to work with beneficiaries/ households	
	Tesfa Lesira SHG	SHG casher	Receives support to work with beneficiaries/ households	
	South Ethiopia Door to Door Care Givers Association	secretary	Receives support to work with beneficiaries/ households	
	South Ethiopia Door to Door Care Givers Association	coordinator	Receives support to work with beneficiaries/ households	
	Hawassa Health Office	HIV/AIDS Process Owner	collaborating with SPO	
	High-school	Counsellor/teacher	collaborating with SPO	
	JeCCDO	Project Manager Volunteer Volunteer		
	yenege tesfa mahiber	member	Receives support to work with beneficiaries/ households	
	SHG	SHG member	Receives support to work with beneficiaries/ households	
Zelalem Lemma	OSSA- HAwassa	Project Manager		Zela2k6@yahoo.com
Belay Yilma	OSSA- HAwassa	S/B/ coordinator		Belyil2009@yahoo.com
Afework Yimam	OSSA- HAwassa	Project coordinator		afiworky@yahoo.com
Damenech Chaffo	OSSA- HAwassa	Manager		Dchaffo@yahoo.com
Madelon de Wit	Cordaid	Programme Officer Child & Education department		Madelon.de.Wit@cordaid.nl
Karin de Graaf	Cordaid	Programme-Manager SRH Next Generation Healthcare unit		Karin.de.Graaf@cordaid.nl

Appendix 1 Civil Society Scores

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration

0 = no change occurred, the situation is the same as in 2012

+1 = slight improvement

+2 = considerable improvement

Dimension		Indicators	Question	Change
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+0
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	+0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+ 1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+0
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	-1
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	+0
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	+0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	+0
	10	External financial auditing	How regularly is your organisation audited externally?	+0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	+0

	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	+0
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	+0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	-1

Appendix 2 Changes in civil society indicators between 2012 and 2014

2.1 Civic Engagement

2.1.1 Needs of marginalised groups SPO

In the beginning of 2013, OSSA conducted a needs assessment to identify where it should intervene. Based on this assessment done and discussions held with community leaders (idir leaders), community members as well the project members, orientations were identified. The saving association intervention was one of the orientations identified, while the strengthening of IOs (clubs, volunteer associations) and the establishment of an idir coalition (incorporating 64 idirs) were considered as sustainable measures. Aside from the assessment, OSSA conducts meetings with the clubs, volunteers and coalition it works with and the beneficiaries involved on a regular basis (quarterly meetings). They discuss if things are going smoothly or not and the solutions for the problems being witnessed including efficiency of IOs and implementers. These meetings are also used to report on the progress made by the project. The fact that the beneficiaries were involved in the planning of the project has helped in addressing the specific problems of beneficiaries.

In order to increase the awareness level of the community in general and the marginalized groups in particular, OSSA strengthened the capacities of youth clubs and the idir coalition. These organisations are educated and trained on different issues ranging from health issues such as HIV and PMTCT to skills like resource mobilization, peer education, and counselling. While the clubs work on peer education and awareness creation among the youth, the coalition in collaboration with the 64 member idirs works on increasing the awareness level of the whole community. Most household heads and/or spouses (all adults) attend the coffee ceremonies (CC) organized by the coalition and idirs. In both cases (clubs and coalition) when people come forth willing to be tested they refer them either to OSSA or health centres. The CCs are also used to create awareness on PMTCT which was also identified as a need of the marginalized group. Mothers identified on the CCs are asked for their willingness to be tested and then given direction on how to go about it. Those beneficiaries found to be HIV positive are supported by OSSA by being incorporated in the saving association (if they are interested) and by covering all their medical expenses. OSSA also supports their children if they are HIV positive. The care and support service may be at risk, since there doesn't seem to be a well-established platform or system for the volunteers and the coalition to communicate even though there are several coalition admins who are volunteers.

OSSA provided training to counsellors on health care issue particularly on hygiene and sanitation (H&S). This has resulted in improved knowledge and skills of the counsellors and resulted in better engagement on home to home visits as well as community conversation. The counsellors undertake awareness creation activities on nutrition management and housekeeping (such as washing of clothes and body). As a result, more and more families improved their knowledge and skills. OSSA also trained volunteers on the technique and approaches to providing counselling services to OVC. As a result a number of beneficiary OVC were given counselling service that built their confidence to resume/continue their education. In addition OVC were given tutorial classes as well as school materials. These interventions not only improved the school attendance of OVC but rather boosted their performance and promotion to the next grade or even to university level according to the interviewed resource persons (two volunteers, a health office representative and a coalition representative). Documents to support this claim were not available however. Out of the planned 500 OVC 394 have received materials from OSSA. Of these 394 supported OVC, 50 good performing OVC have enrolled in university.

OSSA is currently exercising the technique of testing the immediate relatives of PLWHIV as the people willingly coming in for testing are mostly negative (they mostly come in because they are confident that they will be negative). However, it is very challenging to convince the relatives to test as they are afraid of the stigma that might follow. We observe that this may be a good way of identifying more PLWHIV for treatment but that OSSA is late in coming up with such a solution as it was only proposed in the phasing out proposal and OSSA has not handed over this system well.

The reason for the change in the needs of marginalized groups is a combination of actors and factors including the SPO but with Dutch funding. Cordaid's funds were used to do the assessment, organize forums and come up with an idea that better serves the issue at hand. Also the increased interest of the society to participate in these discussions, project designs and implementation helped in coming up with ideas (such as the saving association) that address the society's main problems. Since OSSA receives funds from different funders and allocates these funds to different projects, the MFSII contribution in difficult to pinpoint. MFS II funds were utilized in the doing the assessment and in the organisation of coffee ceremonies.

Score: +1

2.1.2 Involvement of target groups SPO

The level of participation of the beneficiaries of OSSA is high as they are involved in planning, implementation and evaluation. This does not mean all beneficiaries but rather representatives, like heads of the idir or clubs. They were part of the project implementation in 2012 and hence are more knowledgeable on which interventions work and which do not. They are part of the discussion on the planning of the project so as to identify and incorporate what the real needs in the community are. They are also involved in the implementation through for instance, the awareness creation CCs where they give testimonies to participants that HIV is not the end of the world and that PLWHIV can leave a normal happy life like any other person by getting treatment. They are also in the evaluation process as they along with other stakeholders discuss on the progress and strength and weakness in the implementation and ways forward. Here what is observed is more of a consistent way of doing things instead of a change since 2012.

Score: 0

2.1.3 Intensity of political engagement SPO

OSSA does not involve in any political activities as an NGO as this is not part of its directive to reaching its mission hence the score 0.

Score: 0

2.2 Level of Organisation

2.2.1 Relations with other organisations SPO

OSSA cooperates with other CSOs (NGOs, associations and CBOs like existing clubs and idirs through the coalition) in the area in order to avoid duplication of efforts. The cooperation with these CSO's has developed into a network and this network meets at least twice a year. In this regard, when one organisation selects beneficiaries the rest attend the meeting to align that they are indeed not supporting that person or the beneficiary receives a letter from the rest of the CSOs stating that he/she is not being supported by them. OSSA also interacts with PLWHIV associations and other CSOs working with community sex workers. Through this interaction duplication of efforts has been minimized which is an effort started before 2012 but has gotten more efficient now. This is an ongoing process since other CSOs are consulted whenever new beneficiaries are selected and through time stakeholders can correct previous mistakes and have an even better system. Due to their frequent interaction with other CSOs OSSA has become a steering committee member of CCRDA southern platform. OSSA is also a member or several networks like OVC task force and the WFP steering committee. No MFSII fund was used in this regard.

The CBOs (1 coalition,6 girls clubs, mother support groups and volunteers) that are supported by OSSA also attend quarterly, semi-annual and annual meetings to report on the status of their tasks, challenges and best practices.

Score: +1

2.2.2 Frequency of dialogue with closest civil society organisation SPO

OSSA meets with the different networks (OVC network, CCRDA, WFP steering committee) mostly twice a year. These meetings take place either to discuss challenges and share experiences and come up with suitable solutions and cooperation system or to ensure that the beneficiaries that are being supported by one CSO is not also supported by the other so as to address the issue of duplication. The most frequent dialogues are once a month with a network with the WFP, the health office and other 6 NGOs addressing PLWHIV and OVC issues. The next is the OVC network with the Women and Children affairs office, Health office and around 10 NGOs meeting quarterly for one actor to present reports of what has been done in turn. OSSA is participating in both networks but there is no change in efficiency since 2012. This is not to say they are not efficient but they are functioning with a stable pace.

Score: 0

2.2.3 Defending the interests of marginalised groups SPO

The CSOs that defend the interests of the marginalized groups are the already existing community structures such as idirs and youth clubs. In OSSA's case the coalition also plays a role as it incorporates people who are volunteers and also idir leaders. This means, as this coalition is strengthened well then the 64 idirs that are member of the coalition are able to address the problems of the marginalized. NGOs may come and go but these community structures are structural. The government does its part but currently that is not much. There is a lot of ground to cover and the focus of the government is in specific issues like making ART freely available, free education to OVCs (as there is insignificant tuition this means no uniform requirement for the destitute students) as part of the MDG. CSOs can help bridge the gap between government efforts and the needs. The CSOs efforts of bridging the gap have not yet reached all targeted individuals but it is progressing from previous years since the number of beneficiaries reached has increased.

There are several incentives for voluntarism in Ethiopia. For the youth the sense of patriotism, optimism and drive for change contributes a lot in addition to the positive impact of doing extracurricular activities for employment. Another aspect is, as the people move into adulthood the religious factor plays a bigger role. Almost all Ethiopians are very religious on whichever belief they follow. Hence, the act of voluntarism is seen as a way to heaven which is the motivational contributor. Volunteers play a very significant role in home based care and support provided by OSSA. Clubs also depend on volunteers to do home based care and support. When seeing the effectiveness of these actors in terms of home based care it is observed that some volunteers stop the service putting in question their effectiveness. It is arguable as to what level should be seen as effective since these people are operating without any payment. However, the issue of their efficiency is not a matter of financial motivation (they don't expect to get money from it) since this was not why they joined the purpose in the first place. Still as any other person they should also earn a living for themselves and run their household which sometimes takes up all their time and as a result they quit the voluntarism. From the 10 volunteers financed by MFSII (60 trained by OSSA for MFSII and USAID projects) in Hawassa since joining in 2008 none quitted but 2 or 3 have not operated fully due to personal problems. Another reason may be that even if they are willing to dedicate their time and effort to helping the needy they may not be able/willing to spend their own money to do so since the allowance they get is too small to cover transportation cost of beneficiaries, some bills or food. Sometimes they even need to pay their own transport cost since they need to travel long distance sometimes. Such things are not taken into consideration when they are in their posts but running costs add up to a significant amount and hence affect the decisions of volunteers and effectiveness in terms of being able to support as many as they are willing to. This has an effect on motivation since volunteers are not able to perform as they would like to because they cannot move around freely in the community since the allowance does not cover their transportation costs nor the costs of the transportation of beneficiaries to health centres. Such things may be solved by incorporating the volunteers within the

coalition (which is involved in IGA). However, this system is not in place so far. In the case that volunteers quite, a system for recruitment and handing over of responsibilities should be in place. However, this required a good management/operational structure which is not really the case for OSSA volunteers but this is seen with other volunteer groups. There is a slight decline in beneficiaries reached in the period 2012-2014 even though most of the volunteers are functioning well in counselling and supporting between 4-7 PLWHIV and unknown numbers of OVC per volunteer. Still as mentioned above 3 of them have been partially or fully non-functional.

Score: -1

2.2.4 Composition financial resource base SPO

OSSA finances its workshops and meetings with different stakeholders using the funds it receives from various donors such as USAID and MFSII. It was observed that the activities done by the SPO are the same for different funds and only the beneficiaries and involved actors differ. The SPO mixes funds in the execution of some activities but in general all funds are used in each of the interventions done by the SPO.

The Financial Management Study (FMS) for OSSA was done in February 2012 that resulted to substantial areas for FM Improvement for OSSA. A first follow up visit was done in April 2013 to assess the status of its implementation and how this Financial Management Capacity Building (FMCB) has helped OSSA in its financial management and operations; and the results of this initial follow up visit, showed a 41.9% progress, i.e. 13 out of 31 action points have already been fully implemented. Still over spending on admin costs and under spending on operation was noticed in the reports from the SPO. Due to various reasons funds have declined from 2012 to 2014 but OSSA can still function without MFSII. The implication of stopping the MFSII fund is that the scale in which OSSA operates will decrease.

Three (3) days FM Training (FMT) was done in November 2012, as part of the FMCB process for all the partners of Cordaid that already went through the Financial Management Study. The primary objective of the FMT is to further strengthen the FMCB of Cordaid's partners like OSSA through letting the participants update their FMS Report with the new findings, learning, and recommendations or action points they encountered during the training; and which they also presented well to their Executive Director on the last day of FMT. This FMT is also a tool for the partners like OSSA to better understand the concepts behind sound Financial Management and to personally apply their learning through a more participative and workshop type of training and for them to also use later on when they're doing their own organisational improvements and monitoring the successful implementation.

From the rather big amount of questions asked in e-mail conversations between OSSA and the financial department of CORDAID on costs calculations and investments in the proposed budget in phase-out proposal for January-June 2014 it seems OSSA still struggles with financial management issues.

Score: 0

2.3 Practice of Values

2.3.1 Downward accountability SPO

According to the organisational structure OSSA has its own general assembly, steering committee, external auditor and board of directors. Therefore, the executive leaders are accountable to these entities and report biannually and annually. The general assembly has been revised after 2011 to incorporate representatives of beneficiaries- PLWHIV. The change has occurred due to this except improving the information flow from OSSA to beneficiaries and vis versa aside from having a close information source on the needs of beneficiaries. But no change is observed when comparing 2012 to 2014.

OSSA reports on its progress to its beneficiaries and other stakeholders including government offices that work with it via written reports (to government office such as health office) or in general

meetings held semi-annually and annually. However, it is the operations that get reported and not the financial status or utilization. This has been the practice for a long time hence no change has occurred regarding this.

Score: 0

2.3.2 Composition of social organs SPO

OSSA has representatives of marginalized target groups and CBOs it is working with in the mandatory social organs. It is said that 10% of the marginalized target groups are members of the mandatory social organs. This has also been the case on the baseline.

Score: 0

2.3.3 External financial auditing SPO

It is mandated by the government that any organisation has to report its financial flow on a yearly basis, where the budget year ends in June. In order to report on the financial activities of an organisation the company/institution/NGO must have a stamped audit report from an external auditor after thorough evaluation of the whole organisational activities. If interested the organisation can conduct an internal audit however times it sees fit but it would still need an external auditor to declare to the government. Accordingly, OSSA conducts this annual audit by an external body.

The external auditor is also entitled to ask for any financial documents for the annual audit since it is necessary to acquire the external audit paper to report to the government.

Score: 0

2.4 Perception of Impact

2.4.1 Client satisfaction SPO

The awareness level of the general community in the project area has increased through the interventions of the SPO via the idir coalition and youth clubs. These CBOs were involved in peer education through different methods to increase the awareness of people with regards to HIV, stigma and PMTCT (coalition). They co-operate on some activities like drama and poem presentation to get the message across. When there are persons who want to go for testing they refer them to OSSA or other testing centres. As these CBOs are approaching parts of the community that they relate to (the idir coalition address community members via idirs, the clubs are responsible for addressing the youth, and the PPTCT are responsible for addressing the OVC's) and they are also part of the community themselves it is easy for them to get the message across, making them the best approach to awareness creation. These CBOs have increased the area coverage within Hawassa and reached more people in terms of awareness creation and HIV testing since 2012.

For those beneficiaries that were identified and received ART treatment, but have very low income incapacitating them to sustain themselves and their families and also those OVCs with elder/destitute guardians, OSSA established, trained and given initial capital to saving associations. So far the effect of the saving associations is minimal since loans have not yet started. Beneficiaries have changed for the better after being involved in IGA. Those people who did not have anything to eat or wear in 2012 and before are now earning and supporting themselves gradually. The businesses of those involved in IGA are earning a subsistent income if not more since being given the initial capital in 2008. In 2013, over the four sites 200 PLWHIV and guardians of OVC are involved in IGA. The guardian club for instance is involved in small business activities preparing food and selling animal feed. They are also encouraging others as a witness to the change that can be found. However, 41% of the people planned to join IGA between 2012 and 2014 have not received initial capital due to the need to increase the amount of the start-up capital because of the high inflation rate.

OSSA furthermore covers medical expenses for PLWHIV and OVCs/children with HIV and provides school materials and uniform for the later. Volunteers that were recruited by the coalition and trained

by OSSA on issues like counselling, advising and health information visit households to counsel both adults and OVCs. They also provide support on household chores when necessary. There is a good relationship between beneficiaries and volunteers due to the nature of the support being provided. Of course, few volunteers are less attentive as observed from the minutes of the general meetings. Volunteers not only do support of household chores but solve family problems and give advices (for instance advising abused women to get legal support) as stated by OSSA, the volunteers and beneficiaries interviewed. Still it was the observation of the in-country research team that the fact that these volunteers are involved in wide range of activities may in a way hinder their efficiency when seeing their performance in only one topic/area.

Beneficiaries speak positively of OSSA due to the strong support they get from the organisation. Their views also stem from the fact that the organisation always responds fast to their needs in terms of, for instance, sending them to health centres and communicating with the centres in cases where the centres create inconvenience for the patients or when the children of the beneficiaries (who are also beneficiaries) get sick and need immediate attention then OSSA provides vehicle and covers the cost or reimburses it immediately. Such support gives the beneficiaries they feeling they can always rely on OSSA.

Score: +1

2.4.2 Civil society impact SPO

The CBOs supported by OSSA are expected to take over the care and support and awareness creation activities after the SPO phases out but it was observed that most of these CBOs specifically the coalition and most of the clubs are not strong enough to work with the intensity expected of them. With regards to awareness creation and referrals these CBOs will be able to execute the activities as they have built their capacity with the help of OSSA and others since 2012. They are already functioning with little or no supervision from OSSA. Awareness creation and referrals requires small finance and in the case of the coalition it is incorporated with the already existing community structure of idirs.

The care and support service however may be at risk since there doesn't seem to be a well-established platform or system for the volunteers and the coalition to communicate even though there are several coalition admins who are volunteers. When OSSA's project phases out, the idea is that the coalition takes over the managing of the volunteers and the provision of counselling service to the newly identified beneficiaries. At the moment of this end line study the coalition is not yet undertaking such efforts. This is not to say there is no relationship amongst the CBOs. As all the volunteers are idir members and hence participate in the CCs, they have access to information. The volunteers furthermore cooperate with the youth clubs in some awareness creation activities. However; the system is very informal and not strong enough and hence may not be as effective. MFSII funding was used for the facilitation of the capacitating and discussion meeting in these cases.

The coalition has been strengthened well in that it was able to send over 20 mothers for PMTCT check-up from one CC meeting as seen from its report to OSSA. The coalition is also mobilizing its own resources to execute its mission on a larger scale. So far the awareness creation activities being done can be said to be effective since many households are covered by the CC meetings conducted by the coalition in cooperation with the idirs. OSSA has also supported the girls clubs to create a coalition and they have got a licence from the regional justice office to work as a CSO. The OVC guardians and PLWHIV saving association were also established in collaboration with town small and micro association coordination office in 2013. These associations are saving consistently with few dropouts. The saving associations have a regulation that people can't borrow money before one year so they have not yet started lending but the plan is to enable the members to borrow money to expand their business after a year. Of course, this can raise the issue of effectiveness as there is high inflation in the country and after a year members are expected to borrow up to 1000br only.

Score: +1

2.4.3 Relation with public sector organisations SPO

OSSA works very closely with some government offices like the regional health office; the women, youth and children office; the finance and economic development office. It is essential to work with these bodies as the smooth implementation of interventions and activities of the SPO requires it. The necessary government offices have to be informed of the activities of any CSO as a procedure and a monitoring strategy on the side of the government. For instance, when one of the volunteers identified an abused girl she first brought her to OSSA for testing then OSSA and the volunteer take the case to the women and children's affairs. OSSA also worked with the health office in a referral system, although this practice has been exercised before 2012 now it has gotten stronger with the betterment of the practice through time.

The participation of public sector organisations in the planning, implementation, monitoring and evaluation of the project has increased significantly as compared to 2012. The relationship with these bodies is strong and positive as was observed during the study. The offices interviewed see OSSA as a supporting body of the government focus to alleviate essential problems within the community. Although some expect it to do more (which may not be possible due to budget and scale of the project) they have no complaints with the things done so far. These bodies get a regular report and communicate frequently with OSSA.

The Coalition is working together with the girls clubs and AACs in addressing the awareness creation among community in many topics including HIV, discrimination and stigma reduction. The girls clubs and AACs also interact with each other to see which areas they are both working in.

Although the influence of OSSA with regards to influencing the policies of the public sector is not visible due to the CSO law of the country, OSSA does invite representatives from the government offices it works with to participate in the general meetings it holds. The offices are aware of the activities done by the SPO and have a set way of operating (hospital sends a slip for the treatment done to referred individuals, OSSA settles invoices after treatment, OSSA reports to the health office and women and children affairs office) which is a change in the regulation or way of working of these bodies.

OSSA has also supported the girls clubs to create a coalition and they have got a licence from the regional justice office to work as a CSO. The OVC guardians and PLWHIV saving association were also established in collaboration with town small and micro association coordination office within the past year. These associations are saving consistently with few dropouts.

Score: +1

2.4.4 Relation with private sector agencies SPO

OSSA doesn't have that much of a relationship with private sector offices. Although some attempts have been done on the topic it is still at the infant stage. OSSA is attempting to work with private health centres and sponsors for the coalition.

Score: 0

2.4.5 Influence upon public policies, rules, regulations SPO

OSSA has not brought any changes on the policies of the public sector offices it is working with other than a change in practice.

Score: 0

2.4.6 Influence upon private sector agencies' policies, rules, regulations SPO

OSSA has not played any part in influencing the regulations and policies within the private sector as its communication with those in the private sector is very minimal.

Score: 0

2.5 Environment

2.5.1 Coping strategies

The new CSO law put in place by the government stating the spending of the funds CBOS receive should be 30% for administrative costs and 70 % for operation (issued in 2009 and implemented as of 2010) has negatively affected CSOs. They are constrained in terms of the man power they hire and the field visits they would conduct especially for M&E as all these are in the 30% limit. These organisations also have to relocate to cheaper offices, which consumes time. With this regard as there is a regulation of 30/70 allocation of fund to administrative and operational costs respectively all funds are allocated accordingly (the regulation was effective on 2010). Not compiling to the law leads to a termination of license. This may be one of the reasons why man power shortage is observed in the project site in Hawassa where the project manager is executing most of the activities. Records show however that the MFSII budget has been considerably overspent on salary, office and transportation costs and seems to have been under-spent on the activity side. OSSA replied that aggregation of the different projects budgets would make complying with the rules possible.

The global economic crisis also negatively affected the achievement of organisational objectives as most donor countries are in economic crisis hence less inclined to donate.

Another regulation affecting the CSO is the law stating that any CSO funded by foreign source cannot engage in lobby and advocacy or right issues. Being that OSSA works with children and marginalized groups it has to act with extra care not to involve in these issues, which makes its work difficult and less efficient than had it been able to lobby. Hence, the SPO is currently working with the public offices and making them part of the planning, implementation and evaluation so they can take their own measures after observing the progress.

Another issue affecting the efforts of OSSA is the high inflation rate which influences the IGA activities done by the saving association. There is high inflation in the country, mostly ranging between 35% and 40%, hence; the initial capital given to individuals is not enough to boost their economic security (income earning and increasing number of meals per day). In response to this, the SPO has increased the initial capital from 1500br to 2500br which in turn decreased the number of beneficiaries addressed.

Score: 0

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-019

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.

RiPPLE end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]
Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

1 Centre for Development Innovation, Wageningen UR, Netherlands
2 IFPRI, Ethiopia

Centre for Development Innovation
Wageningen, February 2015

Report CDI-15-028

WAGENINGEN UR
For quality of life

Klaver, D.C., Jacobs, J., Tefera, W., Getaw, H., Dereje Getu D., February 2015, *RiPPLE end line report; MFS II country evaluations, Civil Society component,* Centre for Development Innovation, Wageningen UR (University & Research centre) and International Food Policy Research Institute (IFPRI). Report CDI-15-028. Wageningen.

This report describes the findings of the end line assessment of the Research Inspired Policy and Practice Learning in Ethiopia and the Nile Region (RiPPLE) that is a partner of the WASH alliance.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses RiPPLE's efforts towards strengthening Civil Society in Ethiopia and it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which RiPPLE contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain RiPPLE's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

© 2015 Centre for Development Innovation, part of the Dienst Landbouwkundig Onderzoek foundation. P.O. Box 88, 6700 AB Wageningen, The Netherlands. T + 31 (0)317 48 68 00, E info.cdi@wur.nl, www.wageningenUR.nl/cdi.

The Centre for Development Innovation uses a Creative Commons Attribution 3.0 (Netherlands) licence for its reports.

The user may copy, distribute and transmit the work and create derivative works. Third-party material that has been used in the work and to which intellectual property rights apply may not be used without prior permission of the third party concerned. The user must specify the name as stated by the author or licence holder of the work, but not in such a way as to give the impression that the work of the user or the way in which the work has been used are being endorsed. The user may not use this work for commercial purposes.

The Centre for Development Innovation accepts no liability for any damage arising from the use of the results of this research or the application of the recommendations.

Report CDI-15-028 |

Contents

Acknowledgements **5**

List of abbreviations and acronyms **6**

1 Introduction **9**

2 Context **11**

3 Description of RiPPLE and its contribution to civil society/policy changes **12**

3.1 Background of the SPO 12
3.1 MFS II interventions related to Civil Society 13
3.1.1 Contracts with the Dutch water Alliance 13
3.1.2 Focus for the Civil Society evaluation component 14
3.2 Basic information 15

4 Explaining factors **16**

4.1 Internal Factors 16
4.2 External Factors 17
4.3 Relations CFA-SPO 17

5 Conclusion **18**

References and resource persons **19**

Acknowledgements

IFPRI and CDI are thanking the staff and the leaders of all Southern Partner Organisations that participated in collecting information for the evaluation of the contribution of these partner organisations to creating a vibrant civil society in Ethiopia. They also thank the Co-Funding Agencies and the Dutch Consortia they are a member of for making background documents available. We hope that this evaluation can support you in better positioning yourself in the Civil Society Arena of Ethiopia.

List of abbreviations and acronyms

ADF	African development Forum
BoFED	Bureau of finance and economic development
BoWE	Bureau of water and energy
CBO	Community Based Organization
CC	Climate Change
CDI	Centre for Development Innovation, Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
CCRDA	Consortium of Christian Relief and Development Association
CGIAR	Consultative Group on International Agricultural Research
CLFZ	Child Labour Free Zones
CMC	Centre Management Committee
CWP	Community WASH Plan
CRDA	Christian Relief and Development Association
CRD	Centre for Research and Dialogue
CS	Civil Society
CSO	Civil Society organization
DFID	UK Department for International Development
DWA	Dutch WASH Alliance
EPA	Environmental Protection Authority
ESPA	Ecological Sustainable Poverty Alleviation
EWA	Ethiopian WASH Alliance
FIETS	Financial, Institutional, Environmental, Technological, and Social Sustainability
FDRE	Federal Democratic Republic of Ethiopia
FLoWS	Forum for Learning on Water and Sanitation
GLoWS	Guided Learning on Water and Sanitation
GTF	Governance and Transparency Fund
GTP	Growth and transformation Plan
HCS	Hararghe Catholic Secretariat (HCS – RiPPLE)
ICCO	Interchurch organization for development cooperation
IFPRI	International food Policy Research Institute
IRC	International Water and Sanitation Centre
IVM	Institute for Environmental Studies
IWMI	International Water Management Institute
IWRM	Integrated Water Resource Management
LARS	Long Term Action Research study
LPA	Learning and Practice Alliance
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MOA	Ministry of Agriculture
MoFa	Ministry of Foreign Affairs
MoWR&E	Ministry of Water Resources and Energy
MFS	Dutch co-financing system
MSE	Micro and Small Enterprises
MSF	Multi Stakeholder Forum (on WASH)
MUS	Multiple Use Services
MWE	Ministry of Water and Energy
NGO	Non-Governmental Organisation
ODI	Overseas Development Institute
PANE	Poverty Action Network in Ethiopia

RAIN Foundation	Rain Harvesting Implementation Network
RiPPLE	Research inspired Policy & Practice Learning in Ethiopia (and the Nile Basin)
RHCC	Rainwater Harvesting Capacity Center
RUAF	Resource Centre on Urban Agriculture and Food Security
RWH	Rain Water Harvesting
SNNPR	Southern Nations, Nationalities and People's Region
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
SWM	Solid Waste Management
ToC	Theory of Change
TVET	Technical Vocational Education and Training
UA	Urban Agriculture
UAP	Universal access program
UNICEF	United Nations Children's Fund
Wageningen UR	Wageningen University & Research centre
WASH	Water, Sanitation and Hygiene
WSS	Water Supply and Sanitation

1 Introduction

This report presents the civil society end line findings of RiPPLE in Ethiopia which is a partner of WASTE, RAIN Foundation and ICCO under the Dutch WASH Alliance (DWA). It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study, RiPPLE is working on the theme/MDG 'Private Sector & Agriculture'.

The end-line assessment for RiPPLE, and in particular the implementation of the MFS II 'Linking sanitation and hygiene (urban waste management) to urban agriculture' project implemented with support of WASTE and ICCO did not take place as expected. Early 2013, WASTE and the RAIN Foundation, implementing another project with RiPPLE, decided to end their partnership with RiPPLE because of missing clarity about progress being made towards outcomes and finances. They asked for an external audit, which provided clarity on the remaining budget which was executed in the first semester of 2013.

As a consequence of the audit all WASH alliance partners seized their collaboration with RiPPLE. Only ICCO resumed its partnership with RiPPLE in the second semester of 2014.

Both internal factors within RiPPLE, such as high staff turnover including executive leaders; external factors such as the 30:70 regulation of the Ethiopian government which forced RiPPLE to considerably reduce its human resources; the mostly annual contracts with different partners of the Dutch WASH Alliance, implying high management costs, all explain the end of the partnership. Only ICCO resumed its activities with RiPPLE in the second semester of 2014.

For this reason no civil society evaluation was conducted for RiPPLE.

2 Context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015.[1] Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country.[2] This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights.[3] This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

[1] November 2010, *Growth and Transformation Plan 2011 – 2015,* Ministry of Finance and Economic Development, (November 2010), Federal Democratic Republic of Ethiopia

[2] February 2009, *Charities and Societies Proclamation (proc. no.621/2009),* Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

3 Description of RiPPLE and its contribution to civil society/policy changes

3.1 Background of the SPO

RiPPLE was established as a WASH research programme from 2006 to 2011 with funding from DFID and core partners including the Overseas Development Institute, IRC International Water and Sanitation Centre and several local Ethiopian organisations. As DFID funding ceased in mid-2011, RiPPLE developed several new funding partnerships including projects with members of the Dutch WASH Alliance, the Dutch Partners for Water Programme, the CGIAR Challenge Programme on Water and Food and a major new planned project with UNICEF amongst others. Since April 2012, RiPPLE became an independent NGO. A new governing body structure was established and Mister Deres Abdulkadir was appointed as the new Executive Director. Since 2012 RiPPLE has known a high turnover rate of staff and Mister Deres Abdulkadir was replaced by Mister Takele Kassa as Executive director from November 2013[4].

RiPPLE evolved during the 2006-2012 period as a key actor and resource centre and knowledge management unit for WASH and related sectors, including rainwater harvesting and climate adaptation. The fact that RiPPLE is recognised as a key actor in the sector is reflected by the different steering committees RiPPLE sits in, in which RiPPLE represents the WASH sector (like PANE, Forum for Learning on Water & Sanitation, CCRDA's WASH Sector Forum (WSF), MoWR&E WASH inventory, DWA Steering Committee, Steering Committee of the Platform on Land & Water Management, Regional Learning & Practice Alliances, etc.).

RiPPLE's motto is:
Financing and delivery of Water, Sanitation and Hygiene (WASH) that is more equitable and sustainable will improve human security and contribute significantly to pro-poor growth through linkages to assets, income and health.

Vision:
The vision of RiPPLE is "*to see all Ethiopians attain sustainable water & food security and live in a clean & healthful environment".*

Mission:
The mission of RiPPLE is *"promote/enhance learning on water & related sectors in Ethiopia and the Nile Region through action research, networking policy practice engagement, knowledge management and capacity building"* "

[4] Interview with Takele Kassa

Strategies:
Strategically, focus themes for RiPPLE are action research, capacity development, policy and practice engagement, networking and learning & sharing in related WASH sectors. It promotes multiple use of rainwater for the following purposes[5]:

- Domestic water use which includes sanitation & hygiene in rural and urban communities;
- Agriculture: small scale irrigation (SSI) for crop production, and livestock watering;
- Environment: water conservation practices in watersheds for use by trees and vegetation cover during drier periods, the recharge of groundwater to be year round/reliable source of water for springs/rivers, and the control of erosion and flood hazards and silt deposition in low lying areas;
- Water uses other than domestic purposes such as industrial, commercial and public.

The ultimate beneficiaries of RiPPLE's work are user communities. Nevertheless owing to the nature of its promotional operations, the main direct beneficiaries of its endeavours are partner organizations such as local and central governments, TVETs, Students, and CSOs/NGOs in the sector whose ultimate objective is to benefit communities in need.

According to the information made available until so far, RiPPLE operates in Oromia, SNNPR, Amhara, Tigray, Amhara, Afar, Dire Dawa Administrative Council, and Somali Region. With the ongoing decentralisation process, the regional Bureaux of Water Resources and Bureaux of Health became responsible for water supply and sanitation programmes and are therefore an important focus for RiPPLE. Apart from this regional focus, it works at federal and at district level. It has offices in Oromio (Hararghe), Tigray (Mekelle), Amhara (Bahir Dar), SNNPR (Hawassa), Harar and Addis Ababa.

Apart from an ongoing collaboration with ICCO of the Dutch WASH Alliance, RiPPLE receives funding from UNICEF and USAID.[6]

3.1 MFS II interventions related to Civil Society

3.1.1 Contracts with the Dutch water Alliance

According to the information made available to CDI, RiPPLE was working with three different members of the WASH Alliance as well as with one thematic partner and managed three different contracts.

1. A tripartite contract existed between WASTE (and RUAF), ICCO and RiPPLE for the project "Productive Use of WASTE and Waste Water linking with Urban Agriculture". (July 2011 – December 2012). This project was implemented in Oromia (5 districts), Afar (1 Zone), and Dire Dawa and national level. Its objectives are:
   - Empowered communities, in particular women and girls, will demand access to and use of safe water, improved sanitation and hygienic living conditions. (CIVICUS – civic engagement)
   - Relevant service providers in the business sector, public sector and civil society will co-operate to respond to need for sustainable, accessible, affordable and demand driven WASH services. One of the activities under this objective is subcontracted with META META (no details available). (CIVICUS, perception of impact)
   - Policy makers and key actors promote and enable the sustainable realization of the right to water and sanitation through their policies, programmes and budget allocations, and are held

[5] RHCC progress report 2011
[6] Interview with Takele Kassa, June 2014

accountable for their achievements in WASH (CIVICUS, perception of impact = policy influence)
- A stable, complementary, effective and accountable alliance (in North and South), in which participating actors feel ownership, share knowledge and coordinate work towards sustainable integration of WASH into policies, strategies and programmes, in order to increase the access to and use of WASH facilities. (CIVICUS, level of organisation).

2. A second relation with RAIN foundation which aims at setting up a Rainwater Harvesting Capacity Centre (RHCC) during a 5 year programme (2011 – 2015). According to WASTE this project has ended in the meanwhile. Expected result areas were:
- Action research, documentation, communication and dissemination of knowledge;
- Strengthening and initiating partnerships and networking;
- Policy, practice engagement and capacity building;
- Monitoring and evaluation to ensure proper implementation of RWH projects;
- Maintain optimal level of organisational capacity for RiPPLE's role as RHCC for the year (Mar. 2011 Feb. 2015).

Apart from the last two result areas, these results contain activities in the CIVICUS dimensions of 'civic engagement', 'level of organisation' and 'perception of impact'.

3. A third contract within the WASH programme was between RUAF and RiPPLE, which was (content wise), the extension of the 1st contract (see above).

3.1.2 Focus for the Civil Society evaluation component

CDI draw a sample during the baseline of Southern Partner Organisations in 2012, according to the most frequently mentioned MDGs or themes indicated in each country. The data base for Ethiopia classified RiPPLE under MDG 1, economic development. Of the three projects implemented with the Dutch Water Alliance, the 'Linking sanitation and hygiene (urban waste management) to urban agriculture' focused most on MDG 1, whereas the other two projects are related to MDG 7c: Access to water and sanitation. In 2012, a baseline assessment was done in Dire Dawa that focussed on urban waste management project that started in July 2011 until December 2012, were prolonged without an additional budget until June 2013. In the first semester of 2013, a net three year project proposals and agreement with the government was prepared but not signed.

3.2 Basic information

Table 1

RiPPLE basic information.

Topics	Answers
Name of SPO	RiPPLE
Consortium	Dutch WASH Alliance (DWA)
CFA	WASTE, ICCO
End date of cooperation	Contract ended 31/12/2012, activities continued until June 2013
MDG/theme	Private sector and agriculture
MFS II project name 1	'Linking sanitation and hygiene (urban waste management) to urban agriculture'
Contract period	July 2011 – December 2012
Total budget	€ 147.000 (€110.000 from WASTE and € 37.000 from ICCO)
Other donors if applicable	
Estimation of % of budget for Civil Society7	100%

Topics	Answers
Name of SPO	RiPPLE
Consortium	Dutch WASH Alliance (DWA)
CFA	RAIN Foundation. The WASTE contribution was paid through the WASTE-ICCO-RiPPLE contract
End date of cooperation	December 2012
MDG/theme	MDG 7 C: Sustainable access to safe drinking water and basic sanitation
MFS II project name 2	'GLOWS- Guided Learning on Water and Sanitation'
Contract period	July 2011 – December 2012
Total budget	€ 40,660
Other donors if applicable	
Estimation of % of budget for Civil Society	

Topics	Answers
Name of SPO	RiPPLE
Consortium	Dutch WASH Alliance (DWA)
CFA	RAIN Foundation
End date of cooperation	April 2013
MDG/theme	MDG 7 C: Sustainable access to safe drinking water and basic sanitation
MFS II project name 3	Rainwater Harvesting Capacity Centre
Contract period	May 1st 2011 – April 30th 2012 May 1st 2012 – April 30th 2013
Total budget RAIN Foundation	€55. 201 for the first contract and €102.641 for the second contract. €157.841 in total
Other donors if applicable	
Estimation of % of budget for Civil Society	22% (based on 5 year original programme)

[7] Costs that relate to civil society development or policy influence are those costs that possibly contribute to the development of the CIVICUS dimensions, excluding coordination and office costs; staff costs and financial reserves.

4 Explaining factors

WASTE informed CDI in March 2014, at the start of the end-line assessment that the contracts between WASTE and RiPPLE were not renewed after December 2012 and that WASTE was in the process of rounding up all relations with RiPPLE. WASTE indicated that the evaluation process might be affected by this, since RiPPLE's motivation to cooperate could be minimal due to these developments.

The main reasons for WASTE to end their partnership with RiPPLE were unclear progress and financial reports, making it impossible to link project activities to outcomes[8]. WASTE asked for an external audit before entering into a new contract. Upon this request, the other WASH alliance members decided to postpone their contract renewals as well. Two external audits were conducted of which the first was rejected. The second external audit was carried out in 2013 and showed residual funds from the July 2011-December 2012 contract that were used to finish some of the outstanding activities for the WASTE-ICCO programme in the first semester of 2013. When the semester report of 2013 was again not up to standards according to WASTE, the CFA decided to not extend the contract. ICCO provided €30.000 to finalise ongoing activities and demanded a restructuring and reform programme in order to consider continuing the partnership.[9] By June 2014 WASTE had already found other alternative partners in Ethiopia to run its programme.

The evaluation team was later informed that the RAIN Foundation terminated its intended five year contract regarding the Rainwater Harvesting Capacity Centre with RiPPLE as of April 2013 for similar reasons[10]. In the meanwhile RAIN Foundation opened its own office in Addis Ababa[11].

ICCO apparently entered into a new contract with RiPPLE after their restructuring efforts until the end of 2014, however CDI was not able to conduct an interview with them. RUAF, like WASTE, wanted to see some activities finalised in 2013 from the 2012 contract and did not extend their contract either.

4.1 Internal Factors

Since 2012, management turnover at RiPPLE has been high.[12] The first executive director turned RiPPLE into an independent organisation, but left very soon after its independence in 2011. Also his successor left the organisation very soon and the current director started working with RiPPLE since November 2013. As a result, oversight over the implementation of activities in relation to long-term strategies might be a problem.[13] RiPPLE tried to tackle the problem by designing a new organisational strategy, which was scheduled to be ready by the end of March 2014 (but not finalised during a visit of CDI in June 2014).

[8] Telephone call with Niels Lenderink (WASTE) on 17-3-2014
[9] Interview Tekele Kassa on 25-6-2014
[10] Interview with Sean Patrick (RAIN Foundation) on 24-3-2014
[11] Interview with Tekele Kassa on 25-6-2014
[12] Telephone call with Sean Patrick (RAIN Foundation) on 24-3-2014
[13] Idem

The high staff turnover of executive leadership went together with highly professional staff leaving the organisation causing problems in terms of organisational capacity and financial oversight[1415] . Managing three contracts with the WASH Alliance, the longest covering one and a half year, possibly also might have added to the missing financial oversight[16].

4.2 External Factors

RiPPLE faced problems with the government regarding the urban waste management project in Dire Dawa and East and West Hararghe, the main reason being that contracts were annual contracts. The Dutch partners (WASTE, ICCO and RUAF)[17] in consequence agreed to formulate a three year programme proposal covering 2013 – 2015, which however did not materialise.

The yearly contracts also have negative implications for RiPPLE, giving it little flexibility to stick to the 30:70 regulation imposed by the government that limits administrative costs to a maximum of 30 % of project budgets. In consequence forcing RiPPLE to cut in their programme costs and to reduce the number of staff: When the new director joined RiPPLE in November 2013, RiPPLE had 42 employees, by the time of the interview in June 2014 this was only 29. This staff reduction has not been well coordinated with the donors and resulted in a delay of delivering and uncertainty about final products.[18]

4.3 Relations CFA-SPO

During the partner selection process, WASTE felt somewhat pressurized to act fast due to the MFS II funding deadline and because there had been staff changes in the responsibility for Ethiopia within WASTE.[19] RiPPLE was chosen by WASTE as a partner because they worked on sanitation, urban waste, and agriculture. In hindsight WASTE acknowledges that RiPPLE may not have been the best partner for their programme which requires competencies in project management and to a lesser extent action research which is the core business of RiPPLE.[20] WASTE itself has also known high staff turnover rates in the past period, which also may have explained the difficulties arisen.

RiPPLE comments that the donors were late in showing their concerns as they could have also shared these concerns in earlier stages such as during planning or semi-annual reporting.[21]

Despite efforts made by CDI to contact ICCO Kampala to obtain other background information on their activities with RiPPLE and their relations, no answers were obtained and skype appointments were cancelled.

Similar attempts were made to establish contact with Rain Foundation, without any result.[22]

[14] E-mail conversation between Niels Lenderink and Takele Kassa on 19-11-2013 and 6-3-2014
[15] Idem
[16] Interview with Niels Lenderink (WASTE) on 7-6-2014
[17] Waste Project Narrative Report January 1 – June 30, 2013.
[18] Feedback from Rene van Veenhuizen (RUAF)
[19] Idem
[20] Interview with Niels Lenderink (WASTE) on 7-6-2014
[21] Feedback from Takele Kassa
[22] In the beginning of 2014 the Rain Foundation informed the evaluation team about their concerns regarding RiPPLE which are incorporated in this report (see footnote 12).

5 Conclusion

The end-line assessment for RiPPLE, and in particular the implementation of the MFS II 'Linking sanitation and hygiene (urban waste management) to urban agriculture' project implemented with support of WASTE and ICCO did not take place as expected. Early 2013, WASTE and the RAIN Foundation, implementing another project with RiPPLE, decided to end their partnership with RiPPLE because of missing clarity about progress being made towards outcomes and finances. They asked for an external audit, which provided clarity on the remaining budget which was executed in the first semester of 2013.

As a consequence of the audit all WASH alliance partners seized their collaboration with RiPPLE. Only ICCO resumed its partnership with RiPPLE in the second semester of 2014.

Both internal factors within RiPPLE, such as high staff turnover including executive leaders; external factors such as the 30:70 regulation of the Ethiopian government which forced RiPPLE to considerably reduce its human resources; the mostly annual contracts with different partners of the Dutch WASH Alliance, implying high management costs, all explain the end of the partnership. Only ICCO resumed its activities with RiPPLE in the second semester of 2014.

For this reason no civil society evaluation was conducted for RiPPLE.

References and resource persons

Documents by SPO

Title	*Year*
HCS/RiPPLE DWA Proposal on Technical and Institutional Capacity Building and Sustainable WASH in Ethiopia	2011
Dutch WASH alliance Ethiopian Program HCS-RiPPLE 2011 budget for WASTE and ICCO	2011
DWA Ethiopian Program HCS-RiPPLE 2011 Annual work plan for WASTE and ICCO	2011
Budget utilization of WASTE&ICCO July 2011-December 2012	2012
1st LPA meeting Proceeding Report: A Learning and Practice Alliance (LPA) Workshop on Waste Management and Urban Agriculture (February 2012)	2012
Financial Report July 2011-December 2012	2012
DWA finance report	unknown
Status report on Dutch WASH alliance project: evidence based approach through action research and Learning and Practice Alliance	2012
WASTE project report January – June 2013	2013
Dutch WASH Alliance report 2012: DWA activity achieved during 2011/12 project year for the Dire Dawa Waste Management, Private Sector and Urban Agriculture Project Activities	2012
Audit report July 2011-December 2012 (by external auditor)	2012
Field Mission Report by Harole Yoseph, 15th-24th August, 2012	2012
WASTE & ICCO project implementation 2011 and 2012 narrative financial report 2011-2012	2012
DWA project 2012 progress report January 2012 – December 2012	2012
Budget Utilization of Waste-ICCO 2011 and 2012	2012
RiPPLE RHCC budget 2012-2015	2011
RiPPLE RHCC progress report May - December 2011	2011
RiPPLE RHCC financial report May – December 2011	2011

Documents by CFA

Title	*Year*
Signed Contract RiPPLE-ICCO-WASTE 1 July 2011 – 31 December 2012	2011
Signed Contract RiPPLE-RAIN 1 May 2011 – 30 April 2012	2011
WASTE Diamond Approach in Urban Waste	2013
PPT Diamond General	2013

Documents by Alliance

Title	*Year*
CSI Country Progress Report	2013

Resource persons consulted

Name of key informant	*Organisation*	*Function in organisation*	*Contact details including e-mail.*
Niels Lenderink	WASTE	Program officer	Nlenderink@waste.nl
Sean Patrick	RAIN	Program Officer	sean@rainfoundation.org
Rene van Veldhuizen	RUAF	Sr. Programme officer	r.van Veenhuizen@ruaf.org
Tekele Kassa	RiPPLE	Executive Director	takele.kassa@rippleethiopia.org

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

Report CDI-15-028

The Centre for Development Innovation works on processes of innovation and change in the areas of food and nutrition security, adaptive agriculture, sustainable markets, ecosystem governance, and conflict, disaster and reconstruction. It is an interdisciplinary and internationally focused unit of Wageningen UR within the Social Sciences Group. Our work fosters collaboration between citizens, governments, businesses, NGOs, and the scientific community. Our worldwide network of partners and clients links with us to help facilitate innovation, create capacities for change and broker knowledge.

The mission of Wageningen UR (University & Research centre) is 'To explore the potential of nature to improve the quality of life'. Within Wageningen UR, nine specialised research institutes of the DLO Foundation have joined forces with Wageningen University to help answer the most important questions in the domain of healthy food and living environment. With approximately 30 locations, 6,000 members of staff and 9,000 students, Wageningen UR is one of the leading organisations in its domain worldwide. The integral approach to problems and the cooperation between the various disciplines are at the heart of the unique Wageningen Approach.