# Endline report – Ethiopia, CARE Ethiopia MFS II country evaluations

Capacity of Southern Partner Organisations (5C) component

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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.

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# Contents

# Acknowledgements

# 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 | REVIVE: From REVIVE to PSNP | 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].

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[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.

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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

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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.

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**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

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### 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.

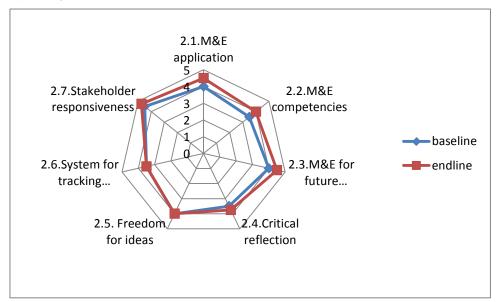## 4.2.1     Changes in the five core capabilities

**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.

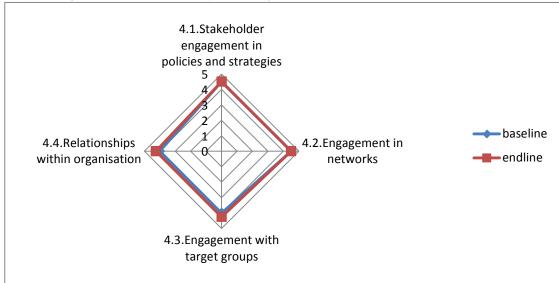Score: from 3.8 to 3.9  (Very minor improvement)

**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.
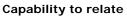
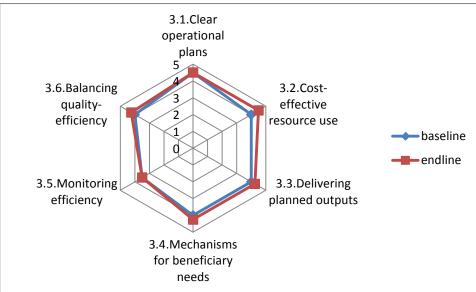Score: from 3.8 to 4.1 (slight improvement)

**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**



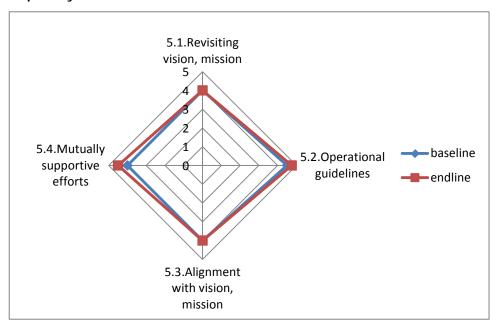Most of the policies and strategies are designed at international level and CARE-Ethiopia designed policies and strategies based on that, and adapting these to the local context. Stakeholder involvement is an integral part of CARE's work at all stages, during strategy formulation and program design, 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 19<sup>th</sup> 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

Capacity that enables to play a facilitative role in quality program delivery through partnership
(1)

Better understanding and knowledge of disaster risk reduction and management (DRRM)
(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)

Knowledge and awareness to carry reconciliation of results versus expenses
(7)

PFR joint partners forum review meeting carried out every 2 months, with MFS II funding
(8)

Training on community managed disaster risk reduction organized by CORDAID (MFS II), 2013
(9)

Agricultural task force quarterly meeting organize by MoA and FAO
(10)

Exploration of knowledge by contacting partners, experts and consulting documents
(12)

Training on M&E (data base management and others) in 2014 by MFS II funding
(15)

East Africa mid term review in Dire Dawa, Ethiopia, 2013 through MFS II funding
(17)

East Africa mid term review in Uganda, 2013 through MFS II funding
(18)

Past experience and knowledge of staff in group formation and use
(19)

Nature of the program that required multi disciplinary approach community engagement
(21)

Exposure to the budget reporting formats of MFS II programs
(22)

Experience gained from implementation of similar projects E.g BREAD IV (a DFID project)
(11)

Participation in climate change strategy development for CARE
(13)

Participation in CARE climate working group that discusses on local adaptation
(14)

Robust M&E system & M&E unit
(23)

Support for planning and quality learning by new impact measurement advisor) since 2013
(16)

Past experience in joint progress monitoring with implementing partners
(20)

**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.
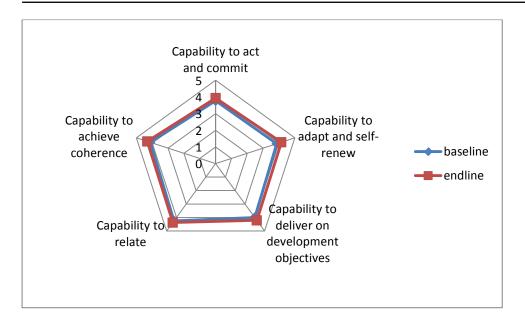
The plan of the evaluation team to also conduct two interviews with CARE partners (not PfR – implementing partner) didn't materialize because the interview overlapped with other activities that were to be carried out in the SPO.

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.

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CARE PRIME April_June 13 Quarterly Report FINAL.docx

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DRM National Policy- English.doc

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ANCP-01 Abstract-2014.doc

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ANCP-02 4 year concept  Revised-2014.docx

ANCP-02 Abstract-2014.doc

ANCP-02 Annual Report-2014.doc

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ANCP-03 Com. participation experience-2014.doc

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A_5c endline_assessment sheet_PfR_Ethiopia_CARE-Eth_CARE-NL_completed_with interview.docx

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H. 5c endline self-assessment of the SPO on organisational capacity – monitoring and evaluation staffn – CARE Eth..docx

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D_5c endline interview guide_(implementing) partners_selected indicators_Ethiopia_CARE Ethiopia.doc

F_5c endline self-assessment sheet_management_Ethiopia_CARE Ethiopia.doc

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# 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;

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[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.

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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

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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.

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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

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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.

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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.

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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.

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 |

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[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.

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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

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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.

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*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).
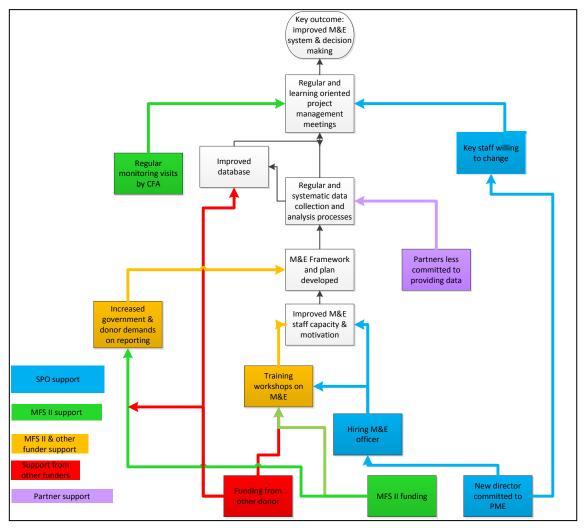


**Figure 1**    *An imaginary example of a model of change*

*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.

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<br><br>Sequence evidence on timing of funding and timing of training<br><br>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)

<u>Summary of capability to act and commit</u>

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)

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)

<u>Summary capability to deliver on development objectives</u>

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)

<u>Summary capability to relate</u>

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)

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