Endline report – Ethiopia, Amref 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, Amref. The format is based on the requirements by the synthesis team and NWO/WOTRO. The endline was carried out in 2014. The baseline was carried out in 2012.

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

Contents

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The Ethiopia 5C evaluation team

List of abbreviations and acronyms

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

1 Introduction & summary

1.1 Purpose and outline of the report

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

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

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

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

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

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

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

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

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

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

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

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

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

1.2 Brief summary of analysis and findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.3 Contracting details

When did cooperation with this partner start:

With WASH Alliance: January 2010

With SRHR Alliance: 2000

What is the MFS II contracting period:

With WASH Alliance: January 2011 - December 2015

With SRHR Alliance: January 2011 - December 2015

Did cooperation with this partner end? YES/NO

With WASH Alliance: NO

With SRHR Alliance: NO

If not, is there an expected end date?

With WASH Alliance: December 2015

With SRHR Alliance: December 2015

2.4   Background to the Southern Partner Organisation

History

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

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

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

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

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

Vision

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

Mission

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

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

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

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

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

Strategies

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

At present the main activities are:

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

The MFS II projects are major projects for Amref Ethiopia.

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

The pastoralist WASH project has the following objectives:

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

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

Activities include:

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

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

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

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

3 Methodological approach and reflection

3.1 Overall methodological approach and reflection

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

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

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

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

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

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

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

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

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

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

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

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

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

The evaluators considered it important to also note down a consolidated SPO story and this would also provide more information about what the SPO considered to be important in terms of organisational capacity changes since the baseline and how they perceived these key changes to have come about. Whilst this information has not been validated with sources other than SPO staff, it was considered important to understand how the SPOs has perceived changes in the organisation since the baseline.

For those SPOs that are selected for process tracing (evaluation question 2), more in-depth information is provided for the identified key organisational capacity changes and how MFS II supported capacity development interventions as well as other actors, factors and interventions have influenced these changes. This is integrated in the next session on the evaluation question on attribution, as described below and in the appendix 1.

How information was collected and analysed for addressing evaluation question 1 and 4, in terms of description of changes in indicators per capability as well as in terms of the general causal map, based on key organisational capacity changes as perceived by the SPO staff, is further described below.

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

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012[5].

Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

1) **Endline workshop at the SPO - self-assessment and 'general causal map'**: similar to data collection during the baseline, different categories of staff (as much as possible the same people as during the baseline) were brought together in a workshop and requested to respond, in their staff category, to the list of questions for each of the indicators (self-assessment sheet). Prior to carrying out the self-assessments, a brainstorming sessions was facilitated to develop a 'general causal map', based on the key organisational capacity changes since the baseline as perceived by SPO staff. Whilst this general causal map is not validated with additional information, it provides a sequential narrative, based on organisational capacity changes as perceived by SPO staff;

2) **Interviews with staff members**: additional to the endline workshop, interviews were held with SPO staff, either to provide more in-depth information on the information provided on the self-assessment formats during the workshop, or as a separate interview for staff members that were not present during the endline workshop;

3) **Interviews with externals**: different formats were developed for different types of external respondents, especially the co-financing agency (CFA), but also partner agencies, and organisational development consultants where possible. These externals were interviewed, either face-to-face or by phone/Skype. The interview sheets were sent to the respondents and if they wanted, these could be filled in digitally and followed up on during the interview;

4) **Document review**: similar to the baseline in 2012, relevant documents were reviewed so as to get information on each indicator. Documents to be reviewed included progress reports, evaluation reports, training reports, etc. (see below) since the baseline in 2012, so as to identify changes in each of the indicators;

5) **Observation**: similar to what was done in 2012, also in 2014 the evaluation team had a list with observable indicators which were to be used for observation during the visit to the SPO.

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

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

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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.

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 Amref Ethiopia that have taken place since the baseline in 2012 are described. The information is based on the information provided by Amref – NL and the EWA coordinator.

Table 1
Information about MFS II supported capacity development interventions since the baseline in 2012

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
Policy/advocacy implementation intervention (SRHR)	- To jointly develop advocacy plan around a central issue Better understanding of what advocacy is and could achieve. - To jointly develop advocacy plan around a central issue	- What is advocacy, - different types of advocacy, - discussion on advocacy activities already carried out in ASK & UFBR, - overview of relevant Ethiopian laws and policies, - making of problem trees and identification of advocacy topics, - stakeholder analysis, - drafting of advocacy plan	March 2014	3000 euro's from the joined activity budget of both UFBR as well as ASK programme. *Because this was a joint effort about half of the budget was MFS II and half "other" DGIS funds.*
Training on PCM & PME (SRHR)	No info	No info	June 2012	No info
PME (outcome measurement training) (SRHR)	- Increased M&E capacity, including qualitative methods - ensure a good execution of the mid-term evaluation of the UFBR programme.	- What is outcome measurement, - outcome and output indicators in the UFBR programme, - review of the UFBR baseline results and tools, - how to facilitate a focus group discussion (including practical exercises), - planning of the outcome measurement in the UFBR programme	September 2013	Approximately 3000 euro's from the joined activity budget of both UFBR as well as ASK programme.
SRHR training	- To increase general SRHR knowledge of Alliance partners - A more comprehensive sexuality curriculum, and more comprehensive and rights-based sexuality information in communities	- Key concepts (sexuality, SRHR); - SRHR situation in Ethiopia; - adolescent development; - aims, objectives, principles of comprehensive sexuality education; - sensitive topics (abortion, sexual diversity, pornography and pre-marital sex)	December 2013	Approximately 3000 euro's from the joined activity budget of both UFBR as well as ASK programme.
Linking and Learning workshop for Amref SRHR and WASH alliance implementing teams from Ethiopia, Uganda, Tanzania and Kenya	- To learn how the implementing teams experience working within an alliance and how this can be further improved.	- Interaction between the teams and a field visit within Afar region	November 2013	Approximately 20.000 euros.

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
	- provide the opportunity to improve the linkages between WASH and SRHR projects - Improvement in efficiency and effectiveness within both alliances, more knowledge exchange between different teams within Amref, more integrated projects and programmes covering both SRHR as well as WASH themes within Amref			
Planning (EWA) Workshops	- enable to identify areas of integration, cooperation, avoid overlaps & fill gaps. Identify which stakeholder we need to work how and what, etc. - improved program integration implemented by different, working towards scaling of the best experiences among partner organizations and engage with sector actors/stakeholders to contribute for system change	- Conducting Theory of Change (ToC) exercise so as to assess the program implementation so far and partnership; including briefing on the concept of ToC - Outlining key activities, roles, objectives, assumptions of WASH Alliance programme in Ethiopia - Review the performance of the EWA programme - Discuss next year activities and targets of the EWA programme - Discuss on the PME related matters (Logframe, indicators and formats)	Annually in February	900-1000 euros for overall alliance
Gender Mainstreaming in WASH	- take the issues of gender at project idea development, study, planning, implementation and m&e - increasing the involvement of women in the operation and maintenance of the system	Concept of gender, how it can be addressed in WASH, the framework, etc	February 2012	
Exchange/learning visits (WASH)	- scale up contributing to system change in the sector in addressing the issues of sustainability, benefits of allocating more budget to WASH and more involvement of the private sector in WASH sector	Multiple Uses of Water service (MUS), WASTE Management, and Community Led Total Sanitation & Hygiene (CLTSH), Recharge, Retention and Re-use (3R). After exchange visit partners included their lessons in their plan. For example Amref has taken the lesson from RiPPLE on waste management and working SMEs, CLTSH, approach are some of the examples.		7194 euros overall cost at alliance level not only for Amref

Title of the MFS II supported capacity development intervention	Objectives	Activities	Timing and duration	Budget
WASH Financing	In trying to address the financial sustainability of WASH services, partners are expected to make WASH services more business oriented which are fundamental in ensuring financial sustainability which is one the main element in challenging the sector.	Framework of sustainable finance, overview of possible options in micro-finance, types of financing, etc	August 2012	
Monitoring and Evaluation with more focus on Outcome Measurement (WASH)	- to better understand outcome level indicators and their linkage with output level ones.	- Monitoring and evaluation, - data and their types, - data collection methods, - sampling techniques, outcome and - outcome indicators	October 2013	8000 euro overall for alliace

Source: B_5C endline_support to capacity development sheet_CFA perspective_SRHR_Alliance_Amref-Ethiopia_Amref-NL-with interview; B_5C endline_support to capacity development sheet_CFA perspective_WASH_Alliance_Amref-Ethiopia_Amref-NL-Tamene

4.2 Changes in capacity development and reasons for change - evaluation question 1 and 4

Below you can find a description of the changes in each of the five core capabilities (4.2.1). This information is based on the analysis of the information per each of the indicators. This detailed information for each of the indicators describes the current situation, and how and why it has changed since the baseline. In addition to this staff present at the endline workshop were asked to indicate what were the key changes in the organisation since the baseline. The most important is key organisational capacity changes have been identified, as well as the reasons for these changes to come about. This is described in a general causal map, both as a visual as well as a narrative. The detailed general map is described in 4.2.2.

4.2.1 Changes in the five core capabilities

Capability to Act and Commit

The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. As a result, decisions are made more on time now, and the organizational structural change enables the management to give high technical support to the project staff.

There is more strategic and operational guidance to staff, which is related to the new organisational structure and improved feedback mess mechanisms. This has enhanced staff commitment. Additional mechanisms that have been put in place to enhance staff motivation and reduce staff turnover include: internal promotion reallocation to new projects; staff capacity building; institutionalization of hardship allowance (although field staff say they have low hardship allowances); equal per diem to all staffs; mechanism of sharing grievances to the management; regular job evaluation. Staff indicated that they still have low salaries compared to other partners. Strategies are well articulated and based on an improved monitoring and evaluation system, and the strategies are still the basis of daily operations. The skills of Amref staff has improved due to a range of trainings for project management and other staff, either on management related issues or technical issues. Amref has been able to diversify its funding and doubled its operational budget since the baseline. This diversification of funding has improved due to having a business development manager who spearheads program development and communication, and a fund raising manager to coordinate fund raising efforts. Amref has developed and implemented fundraising strategies.

Score: from 3.5 to 4.5

Capability to adapt and self-renew

Overall, the monitoring and evaluation, has improved within Amref since the baseline in 2012: more staffs are being trained in M&E and now have M&E responsibilities and there is a pool of experts working on M&E; and a M&E manual and M&E tools have been developed; Amref M&E systems are well integrated with the programs and projects; there is now a program database which is assessed on a monthly basis for compliance; and planning and review meetings are more regular and they now more involve staff, clients and other stakeholders in review and planning. However, there is still room for improvement in terms of using information for strategic decision-making, routine M&E and in terms of documenting progress and challenges.

Score: from 3.3 to 3.8 (slight improvement)

Capability to deliver on development objectives

On the whole this capability has slightly improved. There is an improvement in terms of having clear operational plans; using resources more cost-effectively; monitoring efficiency and balancing quality with efficiency due to having a quality assurance mechanism in place. Furthermore, outputs have been better delivered and the reserve very slight improvement in terms of having mechanisms in place to deal with beneficiary needs.

Score: from 3.7 to 4.1 (slight improvement)

Capability to relate

Since the baseline Amref has improved engagement with stakeholders, by being more involved in networks, both at local as well as at international level. This engagement has also assisted Amref in developing their policies and strategies. Furthermore, there has been an improvement in terms of having senior management visiting the field more frequently, and engaging with staff in terms of providing the technical support, as well as engaging with beneficiaries. Amref has also improved effective communication within the organization through strengthening the communication department, regular meetings with staffs to internalize policies, regulation and create open environment for discussion among each other. There is also commitment of top management in encouraging team work documentation and communication of decisions and staffs are free to talk and share ideas among each other. Besides, the organization structure allows shorter communication lines, creating teams and supporting functionality, assigned program managers to decentralize roles.

Score: from 3.5 to 4.2 (slight improvement)

Capability to achieve coherence

Overall there has been a slight improvement in this capability. This is due to having a broadened vision and commitment to the society, and the Business plan was revisited with staff involvement. Staff are able to internalize the vision, mission, and statement through staff orientation and regular

meetings. Furthermore, there was revision and roll out of different manuals like procurement guidelines, HR manual and the development of the APMS guideline, quality assurance tools for strategic directions etc. , and staff has been oriented on this. Further alignment of projects, strategies and associated operations with the vision and mission of the organisation has been done by having a new business plan that aligns with the strategic plan and by having programs aligned with the Amref business plan. There are a little more mutually supportive efforts at operational level, but approaches to crosscutting issues have had little improvement.

Score: from 3.2 to 3.8 (slight improvement)

4.2.2 Key organisational capacity changes - general causal map -

Below you can find a description of the key changes in organisational capacity of Amref Health Africa Ethiopia since the baseline as expressed by Amref staff during the endline workshop. First, a description is given of how this topic was introduced during the endline workshop by summarising key information on Amref from the baseline report. This information included a brief description of the vision, mission and strategies of the organisation, staff situation, clients and partner organisations. This then led into a discussion on how Amref has changed since the baseline.

During the endline workshop, Amref staff agreed that the following key changes in terms of organisational capacity took place in the organisation since the baseline:

1. Improved leadership capacity (2)
2. Improved staff capacity (3)
3. Improved resource mobilization competences (4)

According to staff these three changes have contributed to improvement of the overall performance and implementation capacity of Amref (1). Each of these three key organisational changes are explained below.

Improved leadership capacity (2)
Leadership capacity has improved because of a more active engagement of the new advisory council at national level and the international Board at corporate level (6); improved leadership knowledge and skills (7) through continuous and short term training organised by Amref (9); and performance targets that were set for leaders [8].
A leadership change in country director as well as deputy director at Amref-ET has caused many positive changes. In April 2012 a new country director [10] was appointed. Earlier a new Deputy Director was appointed. The new country director initiated a "behavioural survey" [11] supported by Amref headquarters in Nairobi, to assess the capacity, needs and gaps of the staff. This helped to develop an organizational code of conduct based on the findings.
Also, performance targets were set for leaders [8] to close the gap that was identified through the behavioral survey conducted by Amref global (11) and this also contributed to improved leadership. According to staff examples of evidence of the improved leadership capacity can be observed in the Visibility, Growth and Competences (VGC) document that was initiated and developed by Amref-ET leadership; the staff consultation initiated by the (new) country director, and increased follow-up & technical support from management.

Improved staff capacity (3)
Staff capacity was another key change that was observed by Amref staff present at the endline workshop. They mentioned that this is evidenced by improved staff competencies in planning, M&E and PCM among others things (12). In addition, compared to the baseline the different teams are coherent (13) when given assignments and working in harmony to come up with better results. In addition there is closer follow-up and technical support by management (14);
According to staff the improved staff competences [12] happened because new and capable staff were recruited [18], e.g. in M&E, communication and fundraising skills, who helped to do the work as well as mentor the others. In addition staff capacity was improved through close follow-up and technical support by management (14); regular experience sharing meetings (weekly and monthly) [20] and staff training in PME and other topics [19].

The improved team coherence (13) resulted from the more regular experience sharing meetings (weekly and monthly) [20]. This more frequent experience sharing [20] as well as the closer follow-up & technical support from management (14) were resulting from the leadership changes at Amref country level [10]'.

Improved resource mobilization competences (4)

Resource mobilization competences [4] have improved, which is evident by the donor diversification; the increased nr. of winning proposals, projects, and geographical coverage; and the strong partnerships both local and international.

According to Amref staff resource mobilisation has improved, because of improved concept and proposal writing skills of staff [15], which was due to training and of recruiting staff with fundraising skills [18]; taking up business development as a special focus [16]; and the increased capacity to create partnerships [17], from the assistance they had in networking by Amref-NL and other offices (23). But the most important factor is Dutch support in terms of salary, training, donor contacts, and technical reviews [22], which has contributed to a considerable extent to the improved resource mobilization competences).

Each of these areas are further explained below. The numbers correspond to the numbers in the visual.

AMREF-ETH general causal map

Improved performance and implementation capacity (1)

Improved leadership capacity (2)

Improved staff capacity (3)

Improved resource mobilization competences (4)

Active engagement of new board [6]

Improved leadership knowledge and skills [7]

Performance targets set for leaders [8]

Improved staff competences (planning, M&E and PCM, and other, technical knowledge and skills (12)

Improved team coherence (13)

Close follow-up & technical support from management (14)

Improved concept paper & proposal writing skills (15

Business development taken as special focus (16)

Increased capacity to create partnerships (17)

Leadership training [9]
• Short term
• Continuous through the leadership training of AMREF

Recruitment of staff with better technical competences, e.g. M&E, fundrasing, communication (18)

Staff training In PME and other, technical knowledge and skills (19)

Regular experience sharing meeting : monthly, weekly (20)

Dutch support salary, training, donor contact, technical review (22)

Networking capacity Building by AMREF - NL & other offices (23)

Financed by HQs& other donors through SPOs (24)

Organizational structure reform (21)

Behavioral Survey conducted by global AMREF [11]

Leadership changes at AMREF country level [10]

4.3 Attributing changes in organisational capacity development - evaluation question 2 and 4

Note: for each country about 50% of the SPOs has been chosen to be involved in process tracing, which is the main approach chosen to address evaluation question 2. For more information please also see chapter 3 on methodological approach. For each of these SPOs the focus has been on the capability to act and commit and the capability to adapt and self-renew, since these were the most commonly addressed capabilities when planning MFS II supported capacity development interventions for the SPO.

For each of the MFS II supported capacity development interventions -under these two capabilities- an 'outcome area' has been identified, describing a particular change in terms of organisational capacity of the SPO since the baseline. Process tracing has been carried out for each outcome area. The following outcome areas have been identified under the capability to act and commit and the capability to adapt and self-renew. Also the MFS II capacity development interventions that could possibly be linked to these outcome areas are described in the table below.

Table 2
Information on selected capabilities, outcome areas and MFS II supported capacity development interventions since the baseline

Capability	Outcome area	MFS II supported capacity development intervention
To act and commit	Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services	SRHR workshop on sexual behavioural change, Dec 2013; Policy/advocacy implementation training workshop on SRHR, March 2014; Bi-annual UFBR review & planning meetings; SRHR Outcome measurement workshop, Sept. 2013; EWA (WASH) outcome measurement training in September 2013; Facilitation skills training mid-2012; Rutgers Foundation training on sexual taboos, December 2013; Annual SRHR Alliance review meetings in the Netherlands for national programme coordinating units; Workshop in Nairobi on sexual diversity, April/May 2012; Annual training in comprehensive sexual education (CSE) and gender: August 2012, Nairobi; March/ April 2013, Uganda; April 2014, Nairobi
To adapt and self-renew	Improved Planning, Monitoring and Evaluation (PME) capacity	Annual Ethiopian WASH Alliance (EWA) workshops on reporting and planning: 2011/2012, 2012/2013 and 2013/2014 ; PME training for MFS II project staff (SRHR & WASH) early 2012; PCM and PME training in June 2012; Organisational Capacity Assessments (OCA) MFS II (2011 and 2013); SRHR Outcome Measurement training workshop, Sept 2013; WASH PME/Outcome measurement training conducted in Awash in Nov 2012; WASH Outcome Measurement training workshop, Sept 2013

The next sections will describe the results of process tracing for each of the outcome areas. This includes describing the identified key organisational capacity changes, what these changes are expected to lead to and what are the underlying reasons for these organisational capacity changes.

4.3.1 Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services

Both end line workshop Amref participants as well as the Amref-NL Portfolio holder consider the Amref staff to have improved their competence to deliver SRHR services [1] since the baseline in 2012 *(source: CFA assessment sheet A)*. Participants during the endline workshop indicated that Amref is member of different alliances and networks. They also indicated that in a recent USAID publication Amref Ethiopia is mentioned as the main influential NGO on SRHR issues in Ethiopia particularly in pastoral areas of the country like Afar, South Omo and as of this year Somalia Region as asked by the government. Furthermore, Amref provides long-term training support in higher institutions for more than 1600 trainers from government and other partners on different topics like midwifery, nursing, etc. It developed training manuals and a national curriculum for upgrading health extension workers which is accredited by the Ministry of Health (MoH). Training health extension workers has started from the MFS II in 2011 and progressed up to now. According to workshop participants Amref is recognized and provides technical support to the government of Ethiopia to apply for the Global Fund in community strengthening, gender and human rights and is paid for doing that *(source: end line workshop)*. An organisational capacity assessment (OCA) executed twice in 2011 and 2013 also recorded growth in thematic and programmatic aspects of SRHR (and WASH) *(source: OCA REPORT Amref ET Final 2013)*.

Four key areas can be distinguished that contributed to this improvement:
1. Improved SRHR planning and implementation competences [4]
2. Improved networking skills for advocacy and lobbying on SRHR issues [25]
3. Improved knowledge on gender, sexuality and SRHR issues [3]
4. Change of attitude and more openness to talk about sex and sexuality [14]

Each of these areas are further explained below. The numbers correspond to the numbers in the visual.

Improved competences to plan and implement SRHR services [4]
One of the reasons for improved staff competencies to deliver SRHR services is that their competencies to plan and implement SRHR services have improved since the baseline. These improved competencies are the result of:
- Increased number of skilled staff and reproductive health professionals [28]
- Regular scheduled visits and advice from programme managers [11]
- Better understanding of the link between services, knowledge and enabling environment, including policy environment [24]
- Joint planning and coordination of activities with other Amref departments and with other Alliance members [34]
- Improved understanding of and focus on desired outcomes [37]
- Improved facilitation and ToT skills [12]
- Sexuality education curriculum to train youth/schools adopted from Rutgers WPF [43]
- Identified Program priority areas [42]

Each of these areas as further explained below.

Increased number of skilled staff and reproductive health professionals [28]: According to Amref staff present at the endline workshop, compared to the baseline in 2012 Amref-ET has now more skilled staff and reproductive health professionals (government employed) which leads to improved SRHR planning and implementation competences. This is the result of an increased number of health workers trained in SRHR issues [20] and the recruitment and training of more staff in SRHR issues at Amref [27]. The increased number of health workers and giving them appropriate training [20] has been a process that has started already during MFS I *(source: endline workshop; Logical Framework for UFBR project 2011-2015)*. The appointment of more Amref staff and training them in SRHR issues was a result of the organisational restructuring in September 2013 [26], which involved creating different departments and delegation of responsibilities to newly appointed program

managers of these departments, thus creating an extra management layer which speeded up processes *(sources: endline workshop; CFA assessment sheet A)*.

According to staff **the more regular scheduled field visits by organisational leadership and programme managers, including M&E, HR and financial managers, and also from the National Programme Coordinator** compared to the baseline [11] are another reason for improved staff SRHR planning and implementation competences *(source: endline workshop)*. The more regular scheduled field visits help to provide staff onsite support and ground level problem identification and analysis. These more regular visits are the result of a "strong technical leadership" [30] *(sources: endline workshop; almost all staff assessment sheets and interviews)*. With "strong technical leadership" Amref staff explained that they meant leadership that can consider political issues and the external environment and use this to give good actual information and technical guidance, in this case on SRHR issues. Amref's strong technical leadership [30] is due to the assignment of dedicated managers and the creation of other support functions [29], as a direct result of the organisational restructuring in September 2013 [26] *(sources: endline workshop; CFA assessment sheet A)*.

According to staff the **better understanding of the links between health services, knowledge and enabling environment, including policy environment [24]** *(source: endline workshop)* has also contributed to improved planning of SRHR services in the sense that the understanding of how one area influences the other also gives the understanding that actions have to be planned for all these areas to provoke positive behavioural changes in SRHR issues. This improved understanding was a direct result of two MFS II capacity development interventions: The SRHR workshop on sexual behavioural change in December 2013 [2] *(sources: endline workshop; CFA assessment sheet B)* and the workshop on the SRHR policy implementation training conducted in March 2014 [17] (*sources: endline workshop; CFA assessment sheet B; 2014.03.17 Policy implementation training minutes)*, both from the SRHR Alliance. More about these two workshops is explained here beneath under "Improved networking skills for advocacy and lobbying on SRHR issues [25]".

The **joint planning and coordination of activities within Amref and with other Alliance members [34]** was a result of jointly identifying issues and challenges for implementation [36] at the SRHR policy/advocacy training workshop in March 2014 [17, *see above*] and the UFBR (SRHR) bi-annual review meetings (in 2013, early 2014 in Addis Ababa, June 2014 in Hawassa [33] *(sources: endline workshop; 2013.10.02_Report bi-annual meeting UFBR and OM workshop; Logical Framework for UFBR project 2011-2015)*. At the policy/advocacy training workshop [17] issues for lobbying and advocacy were identified. The UFBR bi-annual review meetings [33] are a joint review of progress, the way forward, and identifying and addressing problems. According to staff Amref had a problem of (lack of) complementarity/synergy with the two other UFBR partners before the baseline but the review meetings have led to better links between Amref activities and activities of the partners and planning for joint activities, like the joint preparation of Information Education and Communication/Behavioural Change Communication IEC/BCC materials, and a TV programmes on SRHR in Afar language. During the review meeting also a SWOT analysis was conducted to identify challenges for implementation *(sources: end line workshop; CFA assessment sheet B)*

According to staff the **improved understanding of, and focus on desired outcomes [37]** is another reason for improved SRHR services planning. This was the result of the outcome measurements training of the SRHR Outcome measurement workshop in September 2013 [6] (*sources: end line workshop; CFA assessment sheet B; 2013.10.02_Report bi-annual meeting UFBR and OM workshop)* and the annual Ethiopian WASH Alliance (EWA) review meetings and the outcome measurement training in 2013 in particular [7] *(sources: end line workshop; CFA assessment sheet B; Reflection on the Outcome Monitoring Process and Methodology@24122013-Tewelde Report on EWA workshop planning reporting ToC report 25 Feb.-1 Mar. 20032015)*. More about these workshops is explained in the PME causal map.

The improved capacity to train others in facilitation skills [12] was also important according to Amref staff. These are a result of the facilitation skills training mid-2012, according to Amref staff MFS II funded [5] *(sources: end line workshop; 2012 Amref annual report]*, and were further enhanced by a ToT training on youth friendly services in April 2014 by the Family Guidance Association of Ethiopia (FGAE) for Amref staff and local government partners [23] *(source: end line workshop)*. According to

staff Amref used to facilitate training by externals but since the facilitation skill training of mid-2012 [5] some of the training was facilitated by internal staffs.

At the endline workshop staff mentioned that they **adopted the** computer-based World Starts With Me (WSWM) **sexuality education curriculum of Rutgers WPF to train youth/ schools [43]** which helped to improve planning and implementing SRHR services. Rutgers WPF is the lead partner of the SRHR Alliance *(source: end line workshop).* However, Amref ET started working with the WSWM curriculum in 2013 as part of another project (with ICCO, funded by Dutch Embassy) in the same geographical area as the UFBR project. It is complementing and linked to the UFBR programme, but it is not part of the programme. In the UFBR programme Amref has developed its own sexuality education and life skills manual (*source: feedback CFA).*

Program priority areas [42] were identified with the help of Amref's Strategy Reproductive Maternal Child Health (RMCH) developed in June/ July 2012 [41] (*source: end line workshop*). Programme priority areas are also identified during the annual SRHR Alliance review meetings for national programme coordinators [38] in the Netherlands (*source: end line workshop; Reflection on the Outcome Monitoring Process and Methodology@24122013-Teweld; Logical Framework for UFBR project 2011-2015)*

Improved networking skills for advocacy and lobbying on SRHR issues [25]
A second reason for improved staff competencies to deliver SRHR services is that staff have improved their networking skills for advocacy and lobbying on SRHR issues [25] *(source: endline workshop).* This is the result of better understanding of staff of the link between service provision, knowledge about SRHR issues and creating an enabling environment, which includes the policy environment [24] *(source: endline workshop)* to provoke positive behavioural changes in SRHR issues. According to Amref staff the better understanding of these relationships and their interaction were a result of two MFSII capacity development interventions: the SRHR workshop on sexual behavioural change in December 2013 [2] *(sources: endline workshop; CFA assessment sheet B)* and the workshop on the current policy environment on SRHR conducted in March 2014 [17] *(sources: endline workshop; CFA assessment sheet B; 2014.03.17 Policy implementation training minutes)*, both from the SRHR Alliance.

The "SRHR workshop"/training on sexual behavioural change in December 2013 (2)
provided the 18 participating staff members from Amref ET, YNSD, TaYA and FGAE, the four partners from the UFBR and ASK programmes, with more factual knowledge on key SRHR concepts, adolescent development, sensitive topics like homosexuality, the SRHR situation in Ethiopia; and on comprehensive sexuality education. In the longer term it is expected to lead to a more comprehensive sexuality curriculum [9], and more comprehensive and factual and rights-based sexuality information in communities [10]. *(source: CFA assessment sheet B).*

The Policy/advocacy implementation training workshop [17] complemented this factual knowledge with knowledge about (different types of) advocacy, advocacy activities already carried out in ASK & UFBR, an overview of relevant Ethiopian laws and policies, making of problem trees and identification of advocacy topics, stakeholder analysis, and drafting of an advocacy plan. The training resulted in a better understanding among the 17 participating staff (from the four partner organisations of the UFBR and ASK programmes) of what advocacy is and could achieve. According to Amref staff at the endline workshop the training workshop has led Amref to team up with Alliance members like TaYA (Talent Youth Association) on policy advocating and lobbying on SRHR issues and helped to identify informed action for lobbying and advocacy. In the longer term it is expected from this training workshop that an advocacy action plan will be implemented with partners [8] *(Sources: CFA assessment sheet B; Final work plan UFBR 2014).*

Amref-ET is not lobbying & advocating itself due to legal restrictions, but is the interlinking organization that provides information to other organizations that do lobby & advocacy. However, they do their share of 'policy influencing' through their contacts with government officials, for instance by organising workshops on SRHR for government officials. E.g. in 2012 Amref conducted a workshop to strengthen SRHR networking at Awash town with partners and NGOs working in SRHR. The workshop

aimed to strengthen the network of these organizations in the region. The objective of the workshop was that the SRHR sector is better able to individually and jointly implement interventions, learn and carry out lobby/advocacy activities and achieve sustainable results. *(source: end line workshop; 2012 Amref annual report)*. Nowadays, at the grassroot level community members like youth associations, community leaders, religious leaders, etc. are doing advocacy and lobbying to create awareness creation on communities' perception on SRHR service provision by Amref. Also, Amref is member of different alliances and member of networks and is mentioned as the main influential NGO on SRHR issues in Ethiopia particularly in pastoral areas of the country like Afar, South Omo and as of this year Somalia Region asked by the government. This influence helped to have more influence on policy advocacy and lobbying *(sources: end line workshop; Final work plan UFBR 2014)*.

Improved knowledge on gender, sexuality and SRHR issues [3]
This is the third reason for improved staff competences to deliver SRHR services. This knowledge was improved because of the following reasons:
- Regular scheduled visits and advice from programme managers [11]
- The MFSII SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]
- Cascaded training to other staff of MFSII Alliances (international) workshops and training [22]
- ToT in RSH/PCMT, April 2014 [40] – non MFSII

Staff indicated that especially the **regular visits and advice from organisational leadership and programme managers,** notably of the National Programme Coordinator [11] have contributed to a better exposure to sexual diversity issues [3] (*source: end line workshop).*
The improved knowledge on gender, sexuality and SRHR issues [3] was also gained at the **SRHR workshop on sexual behavioural change in December 2013 [2]**

Amref staff also benefitted from **"cascaded training" [22]**. These are often international training/ workshops at which only few staff can participate [22] (*source: endline workshop*). These cascaded trainings included:
- Annual SRHR Alliance review meetings in the Netherlands [38] *(source: endline workshop; Logical Framework for UFBR project 2011-2015)*. At these meetings all National Programme Coordination units of the Alliance come together and share experiences. According to Amref staff participation of the National Programme Coordination unit at these meetings helped staffs to better understand sexual diversity issues (*source: endline workshop*).
- Participation at an international workshop in Nairobi (April/May 2012) on sexual diversity, attended by steering committee members and the previous National Programme Coordinator [39] was mentioned as having improved staffs exposure and knowledge about sexuality issues [3] *(source: endline workshop).*
- The annual training in comprehensive sexual education and gender organised by the maternal neonatal and child health programme Amref HQ in Nairobi [21*] (source: endline workshop; CFA assessment sheet B)*. These training workshops for Amref staff from different country offices took place in March 2012 in Nairobi, in March/April 2013 in Uganda and in April 2014 in Nairobi again. In 2012 workshop participants were introduced to gender and gender based violence. In 2013 participants were introduced to sexuality, sexual behaviour and violation of sexuality. In 2014 a field visit was made to a (SRHR?) trained area in Kenya. Especially at this training staff were expected to pass this on to other staff, e.g. the procurement officer who participated provided lessons and also went to south Omo programme area to discuss it with colleagues there [21] *(source: end line workshop).*

Furthermore, Amref staff enhanced their knowledge on sexuality and reproductive health issues by participating in the **ToT in Sexual and Reproductive Health (SRH) and Prevention of Child to Mother Transmission (PCMT) training in April 2014 [40]** (non-MFSII)(*source: end line workshop).*

Change in attitude and more openness to talk about sex and sexuality [14]
Staff's competences to deliver SRHR services are also influenced by a change in staff's attitude and more openness to discuss these sensitive issues. [14*] (sources: endline workshop; CFA assessment sheet A)*. According to Amref staff and CFA this was achieved by the following interventions:

- Cascaded training to other staff from MFS II capacity development interventions [22]
- the MFSII SRHR workshop on sexual behavioural change Dec 2013 [2], in particular the Rutgers WPF training on sexual taboos [35] that was given during that workshop

By passing on the information that was discussed at the international training workshops on sexuality, SRHR and sensitive and taboo issues to staff with **"cascaded training" [22]** (see above), staff automatically needed to discuss and be open about these issues themselves. At the endline workshop they acknowledged that this has caused changes in their attitude about sex and sexuality and that they became more open and free and less shy to discuss these issues, not only among colleagues, but also among family. It has also helped to discuss these issues at field level where they are often not well understood by the community (source: end line workshop).

The **Rutgers WPF training on sexual taboos in December 2013 [35],** during the SRHR workshop on sexual behavioural change [2], was mentioned by the CFA, who indicated that there was a noticeable change in mind set because of training of Rutgers WPF about taboo subjects like abortion and homosexuality. With this training Rutgers WPF tried to make staff see the difference between facts and opinions about these subjects (*source: CFA assessment sheets A and B).*

Please note that the numbers in the visual below and the narrative above correspond to each other.

AMREF-ETH improved SRHR services

Implemented advocacy plan [8]

More comprehensive sexuality curriculum 9

More comprehensive and rights-based sexuality information in communities 10

Improved staff competences to deliver SRHR services [1]

Improved competences to plan and implement SRHR Services [4]

Improved networking skills for advocacy and lobbying on SRHR issues [25]

Improved knowledge on gender, sexuality and SRHR issues [3]

Change in attitude and more open to talk about sex and sexuality [14]

Increased number of skilled staff & repr. health professionals [28]

Regular visits and advice from organisational leadership and programme managers [11]

Better understanding of link between health services, knowledge and enabling environment, including policy environment [24]

Joint planning and coordination of activities with other AMREF departments and other alliance members [34]

Improved understanding of and focus on desired outcomes [37]

Improved capacity to train others in facilitation skills [12]

Sexual curriculum to train youth/ schools adopted from Rutgers [43]

Identified Program priority areas [42]

Cascaded training to other staff from MFSII CD interventions [22]

ToT training on SRH & PCMT training, April 2014 [40]

Rutgers WPF training on sexual taboos, Dec 2013, MFSII [35]

Increased number of RH trained health workers [20]

Strong leadership [30]

Identified issues and challenges for implementation [36]

Strategy for RMCH, July 2012 [41]

SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]

Recruitment and training of more staff [27]

Dedicated managers assigned and other support functions created [29]

Organizational restructuring, Sept 2013 [26]

SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]

SRHR Policy/ advocacy implementation training workshop, March 2014, MFSII [17]

Bi-annual UFBR review & planning meetings, MFSII [33]

SRHR Outcome measurement workshop, Sept. 2013 [6]

EWA outcome measurement training in 2013 [7]

Facilitation skills training mid-2012, MFSII [5]

ToT on Youth Friendly services, April 2014, FGA [23]

SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]

Annual SRHR Alliance review meetings in NL for nat. Progr. Coord., MFSII [38]

Workshop in Nairobi on sexual diversity, April/May 2012, MFSII [39]

Annual training in comprehensive sexual education and gender: March 2012, Nairobi March/ April 2013, Uganda April 2014, Nairob, organised by Amref HQ [21]

SRHR workshop on sexual behavioural change Dec 2013, MFSII [2]

4.3.2 Improved planning, monitoring and evaluation (PME) Capacity

Based on Amref self-assessments, interviews and end line workshop discussions, improved Planning, Monitoring and Evaluation (PME) capacity came out as a prominent change/improvement since the baseline. Amref staff at the end line workshop as well as the Amref-NL programme officer specified the PME changes/improvements compared to the baseline as follows:

- M&E is now considered as the main agenda for higher management; M&E results and information are now used in new proposal writing and development; there is regular (monthly) and joint review of project performance of all projects instead of once or twice a year conducted by a separate unit or person; timeliness, completeness and quality of reports has improved; M&E is more outcome oriented now. Previously, the focus was just on monitoring activities and outputs, and reflective meetings and critical reflection were not regular.
- Amref-ET has evidence-based planning now based on M&E results: planning is more flexible and realistic, i.e. based on available resources and capacity; there is joint planning and reviewing within Amref departments, i.e. programme, project, finance, and M&E staff all develop proposals jointly. Previously this was done only by the programme manager. According to staff implementation performance of projects improved of 65-80% of the projects because of improved planning. Now they are able to make realistic plans as well as implementing as making the necessary follow up.
- Furthermore, stakeholders like government; local implementing partners and key international partners are now involved in project development and during annual evaluation and planning, which was not the case before.
- Amref-ET also has an enhanced role in supporting (financially) and participating in Woreda based planning (plan and budget preparation process) coordinated by the Ministry of Health (MoH). This means that Amref-ET is contributing to government planning by mapping its resources and sharing this at "platform level" (gatherings of organizations working on similar issue created by the government, mainly MoH and regional bureaus).   In this platform programs are jointly implemented. Amref-ET contributed with ToT trainings (with financial & technical support) given to staff who are expected to give training to lower level implementers.
- The Organisational Capacity Assessment (OCA) report Amref ET of 2013 concluded that "PME systems that promote learning registered improvement from 2.41 in 2011 to 2.50 2013, the team indicated that there has been capacity building in PME, and reporting of results has improved"

Two key areas can be distinguished that contributed to these improvements:

1. Improved planning capacity (26)
2. Improved M&E capacity (2)

According to Amref-ET staff the biggest drivers for the improved PME capacity (1) in general were:

1. Leadership change (a new Director was appointed in April 2012 [31]
2. Reprogramming/ restructuring of the organization, effective from October 2013 [32]
3. Standardization of M&E tools and procedures [41], which Amref staff mentioned as 'System strengthening', including developing standards for different professionals on how to implement projects and systems.

How these "drivers" and other factors have led to the improved planning capacity [26] and improved M&E capacity [2] is described below.

Improved planning capacity (26)

Planning capacity of Amref-ET has improved due to 4 main reasons:

- Improved management support to field offices and planning exercises [37]
- Improved planning knowledge and skills [29]
- Change from regional, geographic planning/ geographic approach to programme-based planning [38]
- New PME organizational structure and new PME staff hired [33]

Also improved M&E capacity [2] is contributing to improved planning capacity [26], this will be described separately.

Improved management support to field offices and planning exercises [37]: according to Amref staff at the end line workshop, there is improved participation of management staff in the planning process (both technical and financial) with Amref-ET key departments *(Sources: end line workshop)*. HQ management staff, i.e. Programme, HR and Finance staff as well as the National Program Coordinator pay more field visits to Amref field offices. The more regular scheduled field visits help to provide staff onsite support and ground level problem identification and analysis. More involvement of HR staff in field related activities has led to better understanding of the field situation and team work. Improved management support was a result of the organisational restructuring in September 2013 [32] *(Sources: end line workshop; CFA assessment sheet A; almost all assessment sheets and interviews with staff)*, which came about as a result of a behavioural survey [39] *(Source: end line workshop)*. This was initiated by the new country director, who was appointed in April 2012 [32] *(Sources: end line workshop)*. The behavioural survey [39] helped to identify gaps and flaws in the organization and this led to restructuring of the organisation. The change in organisational structure involved creating different departments and delegation of responsibilities to the (newly appointed) program managers of these departments. Before all decisions had to be taken or needed to be approved by the (Deputy) Director, which caused delays in programme implementation. Since September 2013 decision making power has then partly been delegated to the new management layer. This resulted in more timely decision making and a more pro-active approach. *(Source: CFA assessment sheet A).* Now programs have their own focal persons. Everything is more structured with the new programme managers *(Sources: end line workshop; CFA assessment sheet A; almost all assessment sheets and interviews with staff; Amref Programme Management System (APMS) Guide 2013-June 28th)*

Improved planning knowledge and skills [29]: the improved planning knowledge and skills are a result of improved understanding of the concepts and use of the Theory of Change (TOC) [34] *(Sources: end line workshop; CFA assessment sheet A)*, a shared understanding and coming to an agreement about previous year performance and coming year planning [11] *(Sources: end line workshop; CFA assessment sheet B)*, and an improved understanding of theory and use of planning concepts like logframe, indicators, reporting & planning formats, etc. [13] *(Sources: end line workshop; CFA assessment sheet B)*. According to Amref staff these improved planning knowledge and skills are to a large extent the result of the Ethiopian WASH Alliance (EWA) annual reporting and planning workshops [3A-Feb 2012, 3B-Feb 2013, 3C-Jan 2014] *(Sources: end line workshop; CFA assessment sheet B)*. At these workshops the different EWA partners came to a common understanding of their performance in the previous year and the targets and activities for the coming year [11] *(Sources: end line workshop; CFA assessment sheet B)*, with the help of visualizing this with a Theory of Change (ToC). Each year other PM&E subjects get special attention. In the 2013 workshop, the theory and concepts of ToC [34] were discussed and used for planning, as well as the common planning concepts and tools (logframe, indicators, reporting & planning formats)[13] *(Sources: end line workshop; CFA assessment sheet B; Report on EWA workshop reporting ToC report 25 Feb.-1 Mar.2013)*. At the planning workshop of 2014 outcome measurement [16] got special attention. *(Sources: end line workshop; CFA assessment sheet B).*

Change from regional, geographic planning/ geographic approach to programme-based planning [38]: according to staff at the endline workshop this was a result of the organizational restructuring [32]. Before this, it was difficult to support the regions as there was bad communication between HQ and field. The field was more or less autonomous. Now there is better communication between the regions and HQ because the operations are planned programme based rather than geographically organized. *(Sources: end line workshop; self-assessment sheet F (management staff)).*

New PME organizational structure and new PME staff hired [33]: with the restructuring of the organisation [32] a PME department was created and a PME manager appointed which enhanced the focus on PME. New and more senior staffs were employed. The size of MFS II funding (which came from both SRHR and WASH Alliances) allowed Amref to hire new PME staff, which was needed because of a growing programme portfolio. Amref staff: "now we have both dedicated M&E officers and programme managers, before we had no programme managers. Now extra hands are serving under the head of programme: new and more senior staffs are employed" *(Sources: end line workshop; CFA assessment sheet A; Field trip report ML&GB 16-24 September 2013)*

Improved M&E capacity (2):
According to Amref staff at the endline workshop the M&E capacity of Amref improved because of:

- New PME organizational structure and new PME staff hire [33]
- Improved report writing skills [22]
- Improved M&E knowledge and skills [40]
- Use of standardized M&E procedures and tools [41]

The **new PME organizational structure and new PME staff hired [33]** are a direct result from the restructuring [32] and MFS II funds allowing hiring PME staff, for both see above. Both MFSII Alliances paid the salary for M&E managers and coordinators at national level but the salary for the top management came from the overhead cost of projects. In the first quarter of 2014, a new M&E manager was hired, who also plays an important role in the further professionalization of the organisation's M&E system, and its alignment with the overall Amref Health Africa M&E system. The SRHR Alliance[6] has hired a PME coordinator for one year to assist the three organisations with the mid-term evaluation. This PME-Coordinator is supporting the National Programme Coordinator of the UFBR and ASK programmes. Both the National Programme Coordinator and the PME Coordinator are "hosted" by Amref, but are working for the SRHR Alliance (UFBR programme) and the Youth Empowerment Alliance (ASK programme). The PME coordinator started in October 2013. He is responsible for PME of the ASK & UFBR programme, including the outcome measurement of the UFBR programme and the baseline of the ASK programme. Furthermore, there was a PSO capacity building programme (Dutch funded but non-MFSII) [18] to build capacities of managers (3-year project) *(Sources: end line workshop; Baseline report)*. This was meant to develop human resources and implement more projects. Because of this Amref-ET increased its overhead. One of the M&E officers was paid from the PSO funding (2009-mid 2012). Those positions were very critical, but this ended mid-2012. Hiring new M&E staff was also the result of two organizational capacity assessments (OCA) [21], requested by the Dutch Government as a condition for MFS II funding, and carried out for programmes within the SRHR and WASH alliances, to determine Amref-ET's ability to deliver results to their clients *(Sources: end line workshop; Baseline report)*. The OCAs were internal and done twice, one in November 2011, one in November 2013 with Alice Lakati (Nairobi Amref office). During the OCA 2011 it was found out that M&E was one of Amref-ET's weaknesses. Staff rated their own capacity and problems, management followed up. This resulted in

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[6] Note: The SRHR alliance consists of three partners: Amref, YNSD and TaYA. The Youth Empowerment alliance consists of four partners: Amref, YNSD, TaYA and FGAE. Both programmes focus on SRHR, but are implemented in different geographical areas and have a different focus.

more resources for M&E, more M&E staff (33), and more (PSO funded) training [18] *(Sources: end line workshop; Baseline report; OCA report 2011).* The second self-assessment recorded growth in thematic and programmatic aspects of WASH and SRHR, resource mobilization, human resource management and PME systems that promote learning. *(Sources: end line workshop; CFA assessment sheet A; OCA Amref ET final report 2013)*

Improved report writing skills [22]: The improved quality of reports is mentioned by the CFA as a particular element of the improved M&E capacity. Also the OCA of 2013 concluded that compared to 2011 the reporting on results and quality of reporting had improved. It also concluded that PME has been strengthened because there are new systems [33] and reporting of results has improved *(Sources: end line workshop; CFA assessment sheet A).* Project staff has been trained by Amref HQ in report writing. According to Amref staff the continuous request and or/feedback from donors for timely and quality reporting [47], especially from the Amref-NL office, has pushed them to improve report writing. This request and/or feedback from donors was also made during the annual (MFSII funded) WASH workshops (3A, 3B, 3C) *(Sources: end line workshop; EWA workshop planning reporting ToC report 25 Feb-1 Mar 2013).* Amref-ET staff realizes that if reporting is done well, Northern Amref offices (US, Canada and Europe) can focus better on fundraising. Contact with donors is indirect through the intermediary offices in the North. There are visits and feedback from these offices and donors [53] about reporting, planning and evaluation and other general issues *(Sources: end line workshop; CFA assessment sheet A).* When they see a problem they alert Amref Ethiopia. They also alert Amref-ET to think about standardization and the need for timeliness and quality reports [47] *(Source: end line workshop).* On a quarterly basis some of these issues are further discussed with Amref-NL. Report writing skills have also improved because of checklists that have been developed for reporting [46] by the Amref-ET office as well as tools for customized/developed flowcharts for each project [52] *(Sources: end line workshop; 2014 annual plan; Amref Programme Management System (APMS)),* including time frame. Also, Amref staffs mention that there is a new quality assurance team [54] in addition to the new staffing – they are thinking about sending automated reminders in the future (the internal QA officer of Amref-ET learned about this from Amref Tanzania during an exchange visit). *(Source: end line workshop).* The SRHR alliance gave training on online reporting. However, the online reporting has been abandoned because it could not deliver what the Alliance had expected. In addition, outcome reporting training was given by Amref-NL to staff *(Source: 5c endline interview M&E staff)*

Improved M&E knowledge and skills [40]: Project staff has been trained by Amref HQ and Amref NL in M&E and this has increased staff's knowledge of and involvement in M&E. Compared to the baseline, field staff of the SRHR and WASH Alliances projects have more attention to regular monitoring of progress, and are more actively involved in data gathering. In 2013 both Alliances focused more on outcomes, for example in the mid-term evaluation of the UFBR programme, which focused on the functioning of the SRHR Alliance in Ethiopia and on the mid-term results of the programme. In addition to this, the (Amref-NL) M&E adviser and the country lead have been very active in providing M&E support and constructive comments on reports to the field teams. According to Amref-NL investments in the M&E knowledge of staff has paid off *(Sources: end line workshop; CFA assessment sheets A and B).*

In early 2012 PME training for MFS II project staff and partners (SRHR & WASH) (PME staff, project staff, government and local partners) was given to understand result areas, new formats, and familiarizing to new formats. [56] This training was customized and targeted to the reporting formats of the projects. Also general PME topics were introduced. After this training, the staff had internalized their knowledge for reporting *(Source: end line workshop).*

In June 2012 a PCM and PME training on M&E tools was given (MFS II, SRHR alliance)[6], familiarizing staff, local NGOs, and government partners with the new PME format and this has led to improved PME skills and knowledge on the UFBR project, internalization of M&E project components and performing as well as thinking up to outcome level/results [16] *(Sources: end line workshop).* An Amref ET manager found this training very useful because practicing PCM and PME helped on the project implementation

and monitoring at field level with colleagues and local partners. It also helped to discuss with government partners on the PCM and PME implementation at field level in the health facilities and communities, for example in the Regional Health Bureau (RHB) and at district level. At health facility level it improved recording, reporting and documentation. At organisational level he noticed an improvement in transparency, discussions with the team and follow up and analysis of result /outcomes of monthly performed activities against planned activities. *(Source: PCM and PME training June 2012_5c endline questionnaire training management perspective).*

Both SRHR and WASH Alliances invested a lot in training on outcome measurement which contributed to the improved knowledge and skills [40] and focus more on outcomes instead of only outputs [16] *(Sources: end line workshop; CFA assessment sheets A and B).* Starting from the end of December 2013 until mid-February 2014 a mid-term review of the UFBR programme [5] was carried out, which focused on the functioning and the results of the SRHR Alliance in Ethiopia. A one week outcome measurement training was conducted in September 2013 [7] in Addis Ababa for all staff involved in the mid-term evaluation. This PME-outcome measurement training was given to ensure a good execution of the mid-term evaluation of the UFBR programme. It enabled staff to do focus group discussions and increased M&E capacity for Outcome Measurement (16), including qualitative methods. This resulted in a combination of both quantitative and qualitative tools used to gather and triangulate information [4]. Field staff was actively involved in the evaluation *(Sources: end line workshop; CFA assessment sheets A and B; 2013.10.02_Report bi-annual meeting UFBR and OM workshop).* One of the project officers who participated to this training declared that the training had an effect on the organizational capacity because the organisation's objectives are to bring outcomes that benefit the community. Therefore, knowing how to measure those outcomes is very crucial. It even influenced his thinking in daily life: he realized the difference between outputs and outcomes, so when performing activities he now focuses on how to achieve the outcome. Another participant found the training very useful because it enabled them to identify weaknesses and strengths of their project and how to improve the project performances. However he claimed that time was too short to include all measurement tools and to practice the tools properly, and that additional outcome measurement training was desired. The participants said they improved their knowledge and skills in outcome measurement, and more specifically how to conduct in-depth interviews, develop questionnaires and conduct Focus group discussions. *(Sources: 2 X Outcome Measurement Sept 2013 5c endline training questionnaires participant perspective)*

Also the WASH alliance organised outcome measurement training:

- A PME/Outcome measurement training was conducted in Awash for one week in Nov 2012 by the WASH alliance [35]; *(Source: end line workshop).*
- Furthermore an Outcome Measurement Capacity Building training workshop was held in September 2013 [15] *(Sources: end line workshop; CFA assessment sheet B)*; The report *(Reflection on the Outcome Monitoring Process and Methodology)* says: "Before embarking on the measurement of the outcome results for 2013 of the WASH interventions of the eight EWA partner organizations, the PME adviser of the DWA organized this capacity strengthening and support activity for the EWA partners. The rationale to initiate this capacity strengthening and support activities to partners was input from partner organizations on need for capacity strengthening and underlining of the same by the Country Coordinators during the DWA Country Coordinators Workshop held in October 2012". The training workshop included monitoring and evaluation, data and their types, data collection methods, sampling techniques, outcome and outcome indicators as the main topics. It also included FLOW for data collection [36] with the help of digital device such as tablets or smart phones. *(Sources: CFA assessment sheets B; Reflection on the Outcome Monitoring Process and Methodology@24122013-Tewelde)*

According to Amref staff there was experience sharing and learning in the international annual M&E managers meetings of country offices worldwide [42], in 2013 in Uganda and end of March/early April 2014 in Tanzania [44] *(Source: end line workshop).* At these meetings the M&E managers or training organizers provide training feedback for Amref offices which helps to correct PME gaps they have; M&E staff also participated in enriching different guidelines for Amref. Project areas are visited, looking at implementation of projects in relation to M&E. Some of the tools are practiced and shared between the

countries. In 2014 there was a special training topic on strengthening research linkages with M&E [45] *(Source: end line workshop)*.

Amref staff at the endline workshop mentioned that the BMFS-foundation gave training on M&E, developing logframe and M&E tools [48] just after the start of the TB/HIV project in September 2012.

Staff M&E knowledge and skills were also improved by the PSO financed (Dutch, but not MFSII) capacity development programme [18], also mentioned above. This was developed as a result of an organizational capacity assessment (OCA) [21] in 2011, requested by the Dutch Government as a condition for MFS II funding. As mentioned above, this influenced the training that took place to address the identified capacity gaps, including M&E training as this was identified as a weak area *(Sources: end line workshop; CFA assessment sheet A; baseline report)*.

Other training was funded out of a Training fund [49] arranged by Amref Ethiopia and funded from projects, e.g. to send people to trainings in Nairobi organized like a business venture. 2% of salary is put in a pot for learning. *(Source: end line workshop)*

Use of standardized M&E procedures and tools [41]: According to the CFA the M&E system of Amref-ET has continued to improve and has been professionalized. More qualitative tools are used now *(Source: CFA assessment sheets A)*. According to Amref Programme staff as well as administrative and HRM staff, M&E systems are well integrated and linked with programs and projects. According to programme staff this was partly a result from financial MFS II support for M&E systems *(Sources: end line workshop; interviews with programme, and admin and HRM staff staff)*. Also quality assurance guidelines have been developed and a Program Development Online data system.

Now there are Standardized M&E procedures and tools (41) for programme management (data collection, reporting, and presentation), developed by M&E departments, initiated/ adapted/ modified/ developed by HQ, and put in practice since March 2013. It was financed by NL. Some procedures and tools are new, others were pre-existing, but adapted and modified for Amref purposes. Thus, it was compiled by HQ, but funded with MFS II money *(Sources: end line workshop; self-assessment sheets of management, program and field staff; Amref Programme Management System (APMS))*.

The abovementioned Amref Programme Management Systems (APMS) [51] is mandatory to be used by the project managers for planning, follow up etc. The APMS existed before 2011, but was revised in 2013. The revision has integrated other Amref processes and information systems to minimise duplication of efforts and use one platform in designing as well as implementing projects and programmes in Amref. It has also summarised steps and milestones for each phase and linked to this draft. Additionally there are annexes and tools with links on the intranet for easier reference as well as the Technical Assistance Framework. According to Amref staff after revision this has become the "Bible/Koran". It has 7 steps that each project manager needs to know. Before revision, the utilisation was poor. Management is now demanding staff to use the APMS and therefore PME is improving. It is not directly because of this guide, but to the focus of the manager to use the policy. *(Source: end line workshop; Amref Programme Management System (APMS))*

As also explained under "improved reporting skills" (above), checklists have been developed for reporting [46] within Amref offices, and tools for customized/developed flowcharts for each project [52]. Earlier different formats were used for logframes or flowcharts for different projects, these are now standardized. *(Sources: end line workshop; 2014 annual plan; Amref Programme Management System (APMS))*. The reporting checklists that were developed for different staff functions [46] help the manager to monitor projects. *(Source: end line workshop)*

During the international Amref M&E annual meeting in March 2014 [42] there was practice with tools, and rolling out of standardized tools in the field *(Source: end line workshop)*.

In Feb 2014 there was an M&E training based on Amref's M&E training manual with principles, guidance, etc. on M&E [43], for middle level managers in Addis for Amref Ethiopia staff – the manual is focused on

standardizing M&E systems within Amref, how evaluation is taking place, how to develop ToRs, etc *(Source: end line workshop).*
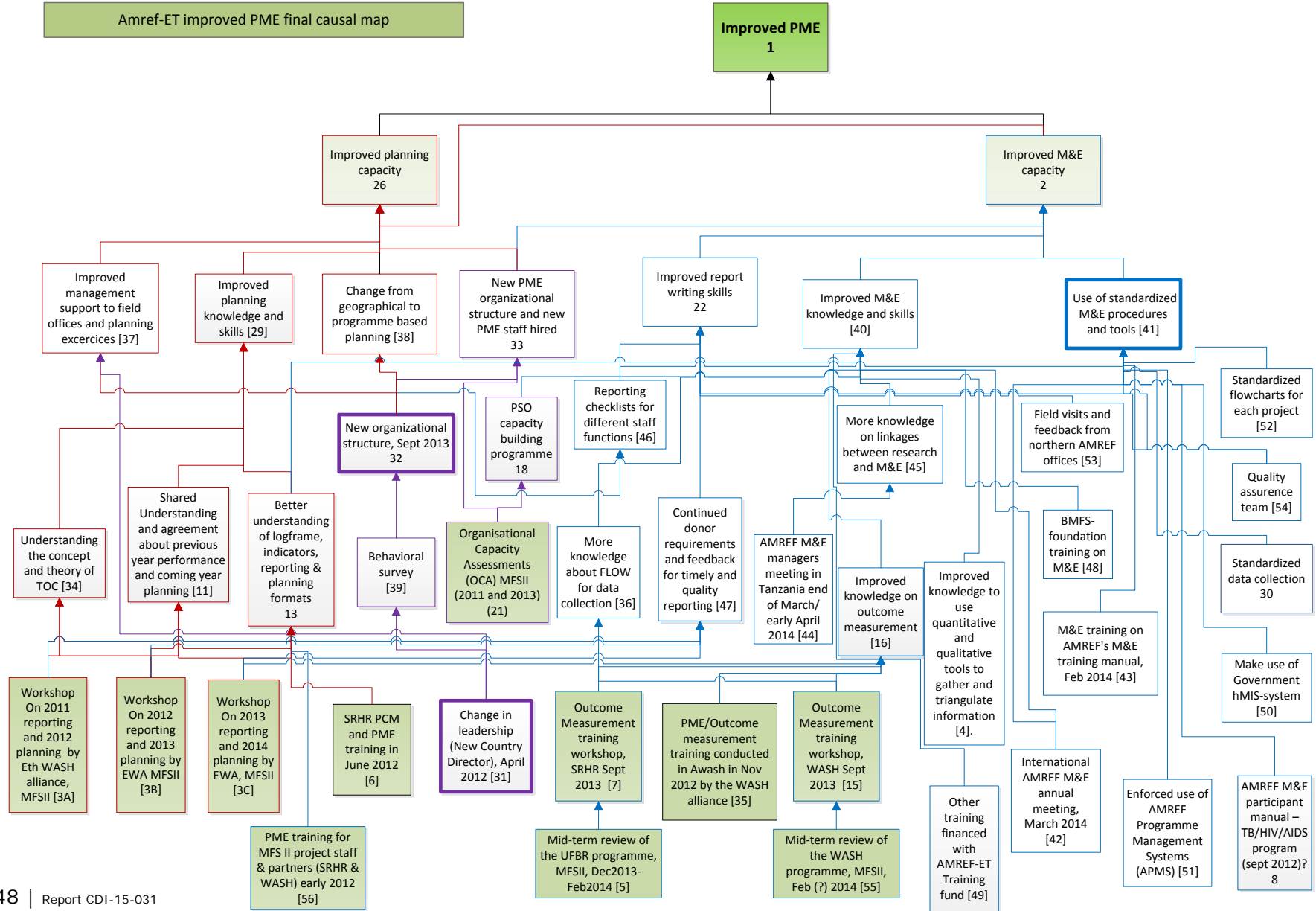
According to the APMS the M&E system must promote the use of nationally approved data collection tools including the Community Based Health Management Information System (CBHMIS) [50]. This was confirmed by Amref staff. Therefore they sometimes do not have to collect their own data. *(Source: end line workshop).* Also, there is a new quality assurance team [54] in addition to the new staffing, which has influenced the use of standard M&E procedures and tools. *(Source: end line workshop).*

In addition to the above mentioned issues, there is also the Amref M&E participant manual of the TB/HIV/AIDS program (sept 2012) [8] *(source: Amref Monitoring and Evaluation Participant Manual 25092012)*: The manual is tailored towards Monitoring and Evaluation (M&E) capacity enhancement for Amref Ethiopia. This guide to planning, monitoring and evaluation has been developed to aid the management of TB[7] programmes to equip Amref staff and partners to collect standardized data and help in the interpretation and dissemination of these data for programme improvement. Amref staff at the endline workshop mentioned that they "borrowed" from these monitoring tools for other programs.

Please note that the numbers in the visual below and the narrative above correspond to each other.

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[7] TB = Tuberculoses

Amref-ET improved PME final causal map

Improved PME
1

Improved planning capacity
26

Improved M&E capacity
2

Improved management support to field offices and planning excercices [37]

Improved planning knowledge and skills [29]

Change from geographical to programme based planning [38]

New PME organizational structure and new PME staff hired
33

Improved report writing skills
22

Improved M&E knowledge and skills [40]

Use of standardized M&E procedures and tools [41]

New organizational structure, Sept 2013
32

PSO capacity building programme
18

Reporting checklists for different staff functions [46]

More knowledge on linkages between research and M&E [45]

Field visits and feedback from northern AMREF offices [53]

Standardized flowcharts for each project [52]

Understanding the concept and theory of TOC [34]

Shared Understanding and agreement about previous year performance and coming year planning [11]

Better understanding of logframe, indicators, reporting & planning formats
13

Behavioral survey [39]

Organisational Capacity Assessments (OCA) MFSII (2011 and 2013) (21)

More knowledge about FLOW for data collection [36]

Continued donor requirements and feedback for timely and quality reporting [47]

AMREF M&E managers meeting in Tanzania end of March/ early April 2014 [44]

Improved knowledge on outcome measurement [16]

Improved knowledge to use quantitative and qualitative tools to gather and triangulate information [4].

BMFS-foundation training on M&E [48]

M&E training on AMREF's M&E training manual, Feb 2014 [43]

Quality assurance team [54]

Standardized data collection
30

Workshop On 2011 reporting and 2012 planning by Eth WASH alliance, MFSII [3A]

Workshop On 2012 reporting and 2013 planning by EWA MFSII [3B]

Workshop On 2013 reporting and 2014 planning by EWA, MFSII [3C]

SRHR PCM and PME training in June 2012 [6]

Change in leadership (New Country Director), April 2012 [31]

Outcome Measurement training workshop, SRHR Sept 2013 [7]

PME/Outcome measurement training conducted in Awash in Nov 2012 by the WASH alliance [35]

Outcome Measurement training workshop, WASH Sept 2013 [15]

International AMREF M&E annual meeting, March 2014 [42]

Enforced use of AMREF Programme Management Systems (APMS) [51]

Make use of Government hMIS-system [50]

AMREF M&E participant manual – TB/HIV/AIDS program (sept 2012)? 8

PME training for MFS II project staff & partners (SRHR & WASH) early 2012 [56]

Mid-term review of the UFBR programme, MFSII, Dec2013-Feb2014 [5]

Mid-term review of the WASH programme, MFSII, Feb (?) 2014 [55]

Other training financed with AMREF-ET Training fund [49]

5 Discussion and conclusion

5.1 Methodological issues

In preparation for the assessment, the Ethiopian 5C assessment team visited Amref Health Africa Ethiopia (Amref)staff in the organizations' head office in Addis Ababa and explained the purpose and the process of the 5C end line assessment. During the visit the team agreed on the workshop dates including the type and number of staff who would attend the workshop. In addition to this, the team also gave the "support to capacity development sheet" to be filled by Amref staff.

The Ethiopian 5C assessment team conducted the assessment in four visits. First visit, to conduct the self-assessment workshop with a total of 15 participants and ask the staff to fill the self-assessment form in their respective five subgroups (management (3); program (3); M&E (3); HRM and administration (4) and field staff (2). Out of the 15 participants, 13 were present during the baseline study in 2012. This was followed by a second visit to carry out a brainstorming session and develop a general causal map that explains the key organisational capacity changes that have happened in Amref after the baseline in 2012. The third visit was made to conduct an interview with one representative from each subgroup to triangulate the information collected through the self-assessments and to better understand the organisational capacity changes in Amref's capacity since 2012. This was done after the 5C assessment team reviewed the completed self-assessment forms. Finally, the fourth visit was made to carry out the process-tracing workshop. In the process tracing workshop three change areas that were identified based on the review of the various documents received from the SPO and CFA, including the results of the self-assessment workshop, were presented to the workshop participants. First they were asked if they also agreed with the team's assessment in terms of this key organisational capacity change to focus on during process tracing. These were organisational capacity changes within the capability to act and commit and the capability to adapt and self-renew and which could possibly be linked to MFS II capacity development interventions. Whilst an initial causal map was drawn, a workshop causal map was drawn fresh, and after verification, information from the initial causal map was incorporated.

The process tracing exercise helped to get the information for description of changes in organisational capacity, and the attribution of changes in capacity of Amref to specific factors and (MFS II and non-MFS II funded) the capacity development interventions.

The evaluation team also collected data from staff that attended the different trainings they received since the baseline in 2012 and the change that has come about at personal or organizational level as a result of the trainings. The information generated from these training questionnaires was integrated into the process tracing causal maps.

The plan of the evaluation team to also conduct two interviews with Amref partners materialized partially. One interview with a partner was conducted successfully through email. However, the interview with the other partner failed because the interviewee declined to respond to the questions because he had little knowledge about the questions asked.

By and large, there has been a lot of information available to be able to do adequate data analysis.

5.2 Changes in organisational capacity development

This section aims to provide an answer to the first and fourth evaluation questions:

1. *What are the changes in partner organisations' capacity during the 2012-2014 period?*

4. *What factors explain the findings drawn from the questions above?*
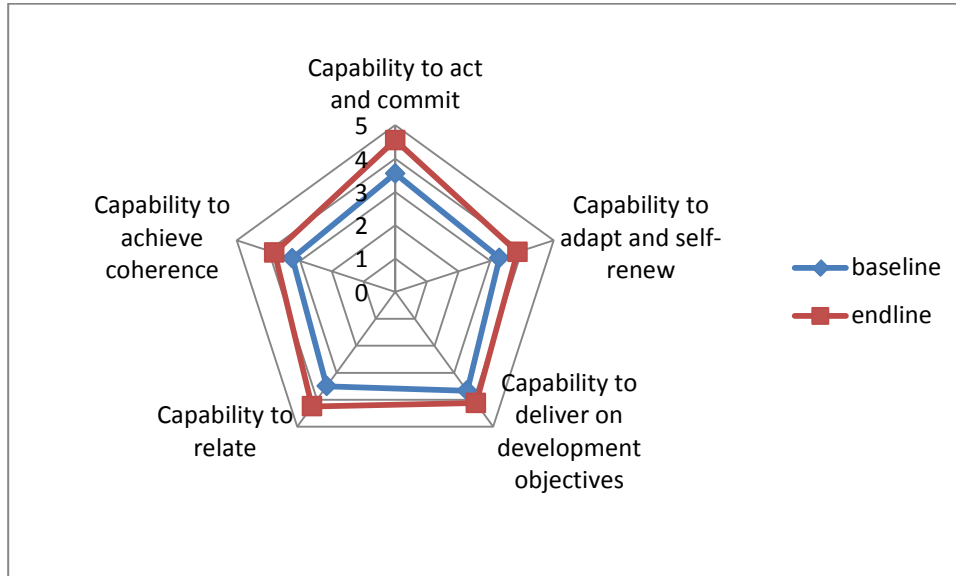
Below the changes in each of the five core capabilities are further explained, by referring to the specific indicators that changed. In all of these capabilities improvements took place.

Over the last two years many improvements took place in the indicators under the capability to act and commit. The new leadership introduced a matrix style organisational structure and appointed new programme managers. This led to more timely decisions and better technical support and strategic guidance for staff. Field staffs are now also better guided by management. There was a slight improvement in the indicator on staff turnover as staff retention has been successful due to internal promotion of staff and ample opportunities for capacity building. With the new organisational structure, organisational management also improved. Amref now has a strategic document and a Visibility, Growth and Competency (VGC) document that has been developed based on situational analysis. The skills of staff improved in project cycle management, technical issues, finance, M&E and logistics. This was mainly due to training from e.g. the SRHR and WASH Alliances. Due to the reestablishment of the Training Committee the right staff go to the relevant trainings for them and the training budget is used in a better way. Staff financial incentives improved in terms of hardship allowances and per diem for staff. Amref has diversified its funding base to 30 donors and has doubled its operational budget since the baseline. The fundraising procedures also improved as there is now a fundraising manager and clear internal procedures for fundraising strategies.

In the capability to adapt and self-renew Amref also improved all indicators. They improved their M&E implementation because of having a pool of M&E experts, a new Amref Information Management System (AIMS) in place, an M&E manual, which all lead to better reports. In terms of M&E competences, there is more M&E staff who have improved their M&E skills in SRHR and WASH Alliances trainings. Following the new structure, there is now an M&E manager who oversees the M&E at program level. Management has worked on an overview of evaluation results to use for decision making. The new leadership has also established a forum to discuss performance and project implementation for critical reflections. Discussions are noted down in action points and action on these is tracked. Because of the delegation of decision making power (to programme managers) staff feel more free to discuss their ideas. Amref is now scanning its operating environment more systematically through e.g. increasing their representation at the Ministry of Health through Technical Working

Groups. The organisation is also more responsive to stakeholders like the government and community by involving them in problem identification and M&E.

In terms of the capability to deliver on development objectives, Amref again shows some improvement in all indicators. Operational plans are now regularly revised and staff is eager to learn from results and adhere to operational plans. Through the new project management structure there is a pull system for effective use of resources like vehicles and equipment which has led to more cost-effectiveness. Budgets are revised to be realistic and linked to timely planning which has helped in better delivering on planned outputs. A beneficiary feedback mechanism strategy has been institutionalised and is now being piloted. In terms of monitoring efficiency, there are regional based assessments for joint monitoring of results. For balancing quality and efficiency Amref has a quality assurance mechanism in place, works with its AIMS and has better record keeping than during the baseline.

In the capability to relate, Amref has improved as well. Stakeholders are now engaged during the programme design phase. Amref is involved in new networks due to its ASK programme with the Youth Empowerment Alliance. The new organisational structure has led the Country Director and Deputy Country Directors to visit the programme sites more regularly. In terms of internal relations, there is now a communications department with a communications manager who resolves disputes through subcommittees. There is also a new HR and admin manager and communication lines are shorter. This all has improved the relations within the organisation.

Finally, Amref has improved in its capability to achieve coherence because all staff have been involved in revisiting the vision, mission and strategies of the organisation and the VGC strategies have been developed. In terms of operational guidelines, manuals for HR, procurement and quality assurance are now in place and field staff is informed about this. There is also a new knowledge management committee. All Amref's programmes are aligned with the new business plan which in turn is aligned to the strategic plan of the organisation. There is programme integration during the design and implementation phases and some programmes are implemented in the same geographical areas. During the endline workshop some key organisational capacity changes were brought up by Amref's staff: improved leadership capacity, improved staff capacity and improved resource mobilization competences. The evaluators considered it important to also note down the SPO's story and this would also provide more information about reasons for change, which were difficult to get for the individual indicators. Also for some issues there may not have been relevant indicators available in the list of core indicators provided by the evaluation team.

According to Amref staff present at the endline workshop leadership capacity improved because of a more active engagement of the new advisory council at national level and the international Board at corporate level ; improved leadership knowledge and skills, through continuous and short term training; and performance targets that were set for leaders. These performance targets were set to address the gaps identified in the behavioural survey conducted by Amref headquarters in Nairobi. Staff capacity improved because of improved staff competences in planning, M&E and PCM among others things; improved team coherence and close follow up; and technical support by the management. Staff improved their competences because new staff was recruited; regular experience sharing meetings; and staff training in PME and technical topics. The improved team coherence resulted from the more regular experience sharing meetings. This more frequent experience sharing as well as the closer follow-up & technical support from management can be attributed to the leadership change at Amref country level. The last organisational capacity change that was considered an important change by Amref staff, improved resource mobilisation competences, happened because of improved concept and proposal writing skills of staff; taking up business development as a special focus; increased capacity to create partnerships and Dutch support in terms of salary, training, donor contacts and technical reviews. Staff improved their writing skills because of training and recruiting of staff with fundraising skills. The focus on business development came from organisational restructuring introduced by the new director at country level. The increased capacity to create partnerships can be attributed to the assistance they had in networking from Amref-NL and other offices. On the whole, the changes that were considered as most important organisational capacity changes since the baseline in 2012, were improved leadership capacity, improved staff capacity and

improved resource mobilization capacity. Many of these changes have been brought about by a change in leadership at country level, and a behavioural survey by Amref global. There is no particular mention made of MFS II funded capacity development interventions but during process tracing these have clearly come up and we therefore refer to 5.3, where the role of MFS II funded capacity development interventions in organisational capacity changes of Amref will be further explained.

5.3 Attributing changes in organisational capacity development to MFS II

This section aims to provide an answer to the second and fourth evaluation questions:
1. *To what degree are the changes identified in partner capacity attributable to development interventions undertaken by the MFS II consortia (i.e. measuring effectiveness)?*
2. *What factors explain the findings drawn from the questions above?*

To address the question of attribution it was agreed that for all the countries in the 5C study, the focus would be on the capability to act and commit and the capability to adapt and self-renew, with a focus on MFS II supported organisational capacity development interventions that were possibly related to these capabilities. 'Process tracing' was used to get more detailed information about the changes in these capabilities that were possibly related to the specific MFS II capacity development interventions. The organisational capacity changes that were focused on were:

- Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services[8]; and
- Improved planning, monitoring and evaluation (PME) capacity.

The first organisational capacity change falls under the capability to act and commit. The last one (PME) falls under the capability to adapt and self-renew. The organisational capacity change areas that were chosen are based on document review as well as discussions with the SPO and CFA.
Each of these organisational capacity changes is further discussed below.

The following issues are discussed for the MFS II funded activities that are related to the above mentioned organisational capacity changes:
a. Design: the extent to which the MFS II supported capacity development intervention was well-designed. (Key criteria: relevance to the SPO; SMART objectives)
b. Implementation: the extent to which the MFS II supported capacity development was implemented as designed (key criteria: design, according to plans during the baseline);
c. Reaching objectives: the extent to which the MFS II capacity development intervention reached all its objectives (key criteria: immediate and long-term objectives, as formulated during the baseline);
d. the extent to which the observed results are attributable to the identified MFS II supported capacity development intervention (reference made to detailed causal map, based on 'process tracing').

Please note that whilst (d) addresses the evaluation question related to attribution (evaluation question 2), the other three issues (a, b and c) have been added by the synthesis team as additional reporting requirements. This was done when fieldwork for the endline process had already started.

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

Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services

The following MFS II capacity development interventions supported by Amref-NL were linked to the key organisational capacity, change "Improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services":

1. SRHR workshop on sexual behavioural change, Dec 2013 [2]
2. Policy/advocacy implementation training workshop on SRHR, March 2014 [17]
3. Bi-annual UFBR review & planning meetings [33]
4. SRHR Outcome measurement workshop, September 2013 [6]
5. EWA (WASH Alliance) Outcome Measurement workshop, September 2013 [7]
6. Facilitation skills training mid-2012 [5]
7. Rutgers WPF training on sexual taboos, December 2013 [35]
8. Annual SRHR Alliance review meetings in the Netherlands for National Programme Coordinators (NPCs) [38]
9. Workshop in Nairobi on sexual diversity, April/May 2012 [39]

The numbers between brackets correspond to the numbers in the visual (causal map, see below this section).

The above mentioned MFS II funded capacity development interventions are included here as well as in the causal maps and narratives. This is because the effects of these interventions were observed during process tracing as related to the organisational capacity change area 'improved staff competencies to deliver sexual reproductive health rights services', and they came up during document review, endline workshop, interviews and self-assessments.

1. SRHR workshop on sexual behavioural change, Dec 2013 [2]

Design

This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The immediate objective stated during the baseline for SRHR training in general was to provide SRHR Alliance partners with SRHR knowledge, for this particular training it was to provide more factual knowledge on key SRHR concepts, adolescent development, sensitive topics like homosexuality, the SRHR situation in Ethiopia, and on comprehensive sexuality education. The long term objective stated during the baseline was to have a better implementation, for this particular training to have a more comprehensive sexuality curriculum and more comprehensive and rights-based sexuality information in communities.

This kind of knowledge was not mentioned as important in the Theory of Change (ToC) developed during the MFS II 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. Two UFBR programme staff members who participated in this training mentioned this training as very relevant, because it increased their knowledge and skills in sexual reproductive health, so that they could improve project performance and achieve the project goals. They also mentioned that it was very useful to them for providing the SRHR services and to speak the same language on SRHR issues for and with the stakeholders, so that the quality of SRHR in their region could be improved.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

The training was given to 18 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) and took place in December 2013. These participating staff members passed on their information to health care workers, school youth and other stakeholders. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that participating staff members have passed on knowledge gained at the training workshop and one staff member mentioned that changes can be observed in the activities in schools, volunteers, youth and health facilities and that this training was important for organizational capacity. It is not clear to what extent the long term objectives have been reached.

2. Policy/advocacy implementation training workshop on SRHR, March 2014 [17]
Design

This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The immediate objective of this training workshop stated during the baseline was to improve knowledge on policy implementation by the SRHR alliance partners; during the endline the joint development of an advocacy plan around a central issue was also mentioned. The long term objective stated during the baseline was a better alignment of the work of the alliance partners to the policy framework of the Ethiopian government on SRHR. and stated during the endline an implemented advocacy plan was also mentioned.

This kind of knowledge was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. However, two UFBR participating staff members mentioned that the training was very relevant to them because they learned how to develop messages to advocate for young people at regional level. They thought the training was very useful for the organization because they are working on advocacy at different levels.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

The training was given to 17 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) and was conducted in March 2014. The training was about (different types of) advocacy, advocacy activities already carried out in ASK & UFBR programmes, an overview of relevant Ethiopian laws and policies, making of problem trees and identification of advocacy topics, stakeholder analysis, and drafting of an advocacy plan. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Not having objectives that were defined as SMART objectives makes it difficult to assess this issue. However, based on the process tracing causal map it can be said that the training resulted in a better understanding among participating staff of what advocacy is and could achieve. According to Amref staff at the endline workshop the training workshop has led Amref to team up with Alliance members like TaYA (Talent Youth Association) on policy advocating and lobbying on SRHR issues and helped to identify informed action for lobbying and advocacy. It enhanced the capacity of the organisation to work closely with government officials and it improved transparency, and discussions with the team and follow up. It is too early to assess to what extent the long term objectives are achieved.

3. Bi-annual UFBR review & planning meetings [33]
Design

Review meetings were planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. The objective of these meetings is a joint review of progress, the way forward, and identifying and addressing problems.

These meetings were mentioned as relevant in the Theory of Change (ToC) developed during the MFSII 5C baseline survey for an effective M&E system, notably for analysis and use of M&E findings.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation

These meetings are conducted bi-annually through joint review of progress and thinking through the way forward, and identifying and addressing problems. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Since the objectives were not formulated in a SMART way, it is difficult to assess whether the objectives have been reached. However, according to staff present at the endline workshop Amref had a problem of (lack of) complementarity/ synergy with the two other UFBR partners before the baseline, but the review meetings have led to better links between Amref activities and activities of the partners and planning for joint activities, like the joint preparation of Information Education and Communication/Behavioural Change Communication IEC/BCC materials, and the joint development of TV programmes on SRHR in Afar language.

4. SRHR Outcome measurement training workshop, Sept. 2013 [6]

This intervention was planned during the baseline and is described only briefly here for its relevance in relation to "improved competences to deliver SRHR services". It will be described in more detail under the "improved PME capacity" section of this chapter. The immediate objectives of this workshop stated during the baseline were to improve staff knowledge on outcome indicator measurement and of qualitative data gathering methods. It was also thought that it would ensure a good execution of the mid-term evaluation of the UFBR programme. The training was given to 13 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) and was conducted in September 2013. The training was about what outcome measurement is, outcome and output indicators in the UFBR programme, review of the UFBR baseline results and tools, how to facilitate a focus group discussion (including practical exercises), and planning of outcome measurement in the UFBR programme. According to Amref staff present at the endline workshop, the training resulted in an improved understanding of, and focus on desired outcomes which contributed to improved competences to plan and implement SRHR Services. It was also indicated that the quality of reports had improved. One participating staff found the training very useful because it enabled them to identify weaknesses and strengths of the UFBR project and how to improve the project performances. It seems that the short term objective has been achieved and also the long term objective to some extent, but not having objectives that were defined as SMART objectives makes it difficult to assess this issue.

5. EWA (WASH Alliance) Outcome Measurement workshop, September [7]

This training was given before embarking on the measurement of the outcome results for 2013 of the WASH interventions of the eight EWA partner organizations. The training resulted in more outcome oriented planning and implementation in general, including SRHR services, as described above. This training will be discussed more in detail in the "Improved PME" section of this chapter.

6. Facilitation skills training mid-2012 [5]

Design

This intervention was not mentioned as planned for during the baseline survey. Details about the specific design are not known, but that wasn't the focus of this evaluation.

This kind of training was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but according to staff the usefulness of this training was to have the competences now to give facilitation skills training themselves instead of having to hire an external consultant for this.

Implementation

The evaluation team does not have details about the participants or the subjects of this training. As far as the evaluation team knows, it was implemented during the endline as an MFS II funded capacity development intervention that took place mid-2012.

Reaching objectives

Whilst details about the objectives of the workshop were not known to the evaluation team, since this wasn't the focus of this evaluation, the training capacitated staff to give facilitation skills training themselves, as can be observed in the process tracing causal map. This seems to be an important result of the training but since the objectives are not known it is not possible to say to what extent the objectives have been achieved.

7. Rutgers WPF training on sexual taboos, December 2013 [35]

Design

In fact this was not a separate training, but it was part of the MFSII SRHR workshop on sexual behavioural change in December 2013 (see above). According to the CFA the objective of this particular training was to make staff see the difference between facts and opinions about taboo subjects. Details cannot be provided, since this wasn't the focus of this evaluation.

This kind of training was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. Subject related topics are referred to in general terms: "technical competencies on strategic areas". However, it was mentioned as important by the CFA, because to provoke change in behaviour it was considered crucial to be able to distinguish between facts and opinions.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask for SMART objectives specifically.

Implementation

The training was given by Rutgers WPF to the 18 staff members of the UFBR and ASK programmes in Ethiopia (Amref ET, YNSD, TaYA and FGAE) participating in the SRHR workshop on sexual behavioural change that took place in December 2013. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives

Not having SMART defined objectives makes it difficult to assess this issue, but according to the CFA this particular training has provoked a change in mind set of Amref staff about taboo subjects. This has led to a change in staff's attitude and more openness to discuss these sensitive issues. Participating staff members passed on their information and used it with health care workers, school youth and other stakeholders to discuss taboo subjects. In that sense the objective seems to be achieved.

8. Annual SRHR Alliance review meetings in the Netherlands for National Programme Coordinators (NPCs) *[38]*

Design

These review meetings were not mentioned as planned for during the baseline, although they are mentioned in the UFBR logical framework. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. At these meetings programme coordinators come together to share experiences and identify programme priority areas.

Annual review meetings in general were specifically mentioned as relevant in the Theory of Change (ToC) developed during the MFS II 5C baseline survey.

Objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline.

Implementation
These meetings are organised annually to share experiences and to share experiences and identify programme priority areas. Also specific SRHR subject related issues are discussed. SRHR programme coordinators attend. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Since the objectives are not known, it is difficult to assess whether the objectives have been reached. However, according to Amref staff they benefitted through "cascaded' training on the SRHR subject related matters, which helped staffs to better understand gender, sexuality and SRHR issues, and changed their attitude to talk more open about these issues.

9. *Workshop in Nairobi on sexual diversity, April/May 2012 [39]*
Training on SRHR issues was mentioned as planned for in general terms during the baseline, this training was not mentioned in particular. In general objectives for SRHR training were improved knowledge of alliance partners on SRHR (immediate) and better implementation of the UFBR project (longer term). Details about this particular training element cannot be provided, since this wasn't the focus of this evaluation.
This kind of training was not mentioned as important in the Theory of Change (ToC) developed during the MFSII 5C baseline survey, but this ToC was very much geared towards managerial and support service topics, not to subject related topics. Subject related topics are only referred to in general terms: "technical competencies on strategic areas".

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). However, the evaluation team did not ask the CFA for SMART objectives specifically.

Implementation
Three Amref staff from Ethiopia participated at this training: The Director of YNSD (UFBR partner organisation, also in the steering committee of the UFBR programme), the former NPC (Mr. Tilahun) and the Amref UFBR Project Manager. The training was facilitated by a technical advisor from Rutgers WPF and dealt with different issues related to sexual diversity, sexual identity, sexual minority groups, etc.
As far as the evaluation team knows, the training was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Since the objectives of this training are not known it is not possible to assess to what extent the objectives have been achieved. However, according to Amref staff at the endline workshop it improved their knowledge on gender, sexuality and SRHR issues because the participating staff passed on their information and knowledge to other Amref-ET staff members. In that sense the immediate objective seems to be achieved.

Attribution of observed results to MFS II capacity development interventions
The improved staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services were due to:
5. Improved SRHR planning and implementation competences [4]
6. Improved networking skills for advocacy and lobbying on SRHR issues [25]
7. Improved knowledge on gender, sexuality and SRHR issues [3]
8. Change of attitude and more openness to talk about sex and sexuality [14]
(see 4.3.1)

The improved networking skills for advocacy and lobbying on SRHR issues can be fully, and the other three organisational capacity changes can to a large extent be attributed to MFS II supported capacity development interventions.

1. The improved SRHR planning and implementation competences can partly be attributed to a better understanding of the link between SRHR services, knowledge and an enabling environment, including the policy environment; joint planning and coordination of SRHR activities with other Amref departments and other Alliance members; and an improved understanding of and focus on desired SRHR outcomes. These can all to a large extent be attributed to MFS II supported capacity development interventions. For another part the improved SRHR planning and implementation competences can be attributed to factors that can only be partly attributed to MFS II capacity development support, i.e. the competences to train others in facilitation skills; or cannot at all be attributed to MFSII interventions, i.e. the increased number of skilled staff & reproductive health professionals; the regular scheduled visits and advice from programme managers; and the sexual curriculum to train youth/ schools adopted from Rutgers WPF. Concerning the latter: Rutgers WPF is the lead partner of the SRHR Alliance. However, Amref ET started working with the WSWM curriculum in 2013 as part of another project (with ICCO, funded by Dutch Embassy) in the same geographical area as the UFBR project. It is complementing and linked to the UFBR programme, but it is not part of the programme. In the UFBR programme Amref has developed its own sexuality education and life skills manual, but this was not mentioned at the endline workshop, probably because it is in Amharic and hard copies are used in schools where no computer is available..

2. The improved networking skills for advocacy and lobbying on SRHR issues can be entirely attributed to MFS II capacity development interventions, notably the SRHR workshop on sexual behavioural change in December 2013, and the SRHR policy/advocacy implementation training workshop in March 2014, through improved understanding of the link between service, knowledge and enabling environment, including policy environment.

3. The improved knowledge on gender, sexuality and SRHR issues can to a large extent be attributed to MFS II capacity development interventions, notably the SRHR workshop on sexual behavioural change in December 2013, the annual SRHR Alliance review meetings in NL for National Programme Coordinators, the Nairobi workshop on sexual diversity, April/May 2012,. For another part this improved knowledge is due to regular scheduled visits and advice from programme managers, and the annual trainings in comprehensive sexual education (CSE) and gender and a more recent (April 2014) given training on SRH and Prevention of Child to Mother Transmission (PCMT).

4. The change of attitude of staff and more openness to talk about sex and sexuality can be almost entirely attributed to MFS II capacity development interventions, notably the annual SRHR Alliance review meetings in NL for National Programme Coordinators, the Nairobi workshop on sexual diversity, April/May 2012, and the Rutgers WPF training on sexual taboos, during the SRHR workshop on sexual behavioural change in December 2013.

On the whole, based on the process tracing causal map, the changes that took place since the baseline in 2012 in terms of improved Amref ET staff competencies to deliver Sexual and Reproductive Health Rights (SRHR) services can be largely attributed to MFS II supported capacity development interventions, such as training and workshops on SRHR related issues, SRHR outcome measurement, SRHR advocacy, and SRHR Alliance review meetings. To a lesser extent the improved competences to deliver SRHR services can be attributed to other, non MFS II related changes, i.e. training of Amref HQ, the recruitment of already skilled staff & reproductive health professionals at organisational level; the regular scheduled visits and advice from programme managers; and the sexual curriculum to train youth/ schools adopted from Rutgers WPF.

Improved planning, monitoring and evaluation (PME) Capacity

The following MFS II capacity development interventions supported by Amref-NL were linked to the key organisational capacity change "Improved planning, monitoring and evaluation (PME) Capacity":

1. Annual Ethiopian WASH Alliance (EWA) workshops on reporting and planning: 2011/2012 [3A], 2012/2013 [3B] and 2013/2014 [3C]
2. PME training for MFS II project staff (SRHR & WASH) early 2012 [56]
3. PCM and PME training in June 2012 [6]
4. Organisational Capacity Assessments (OCA) MFS II (2011 and 2013) (21)
5. SRHR Alliance outcome measurement training in September 2013 [7]
6. WASH PME/Outcome measurement training conducted in Awash in Nov 2012 [35]
7. EWA (WASH Alliance) Outcome Measurement training workshop, September 2013 [15]

The numbers between brackets correspond to the numbers in the visual (causal map, see below this section).

The above mentioned MFSII funded capacity development interventions are included here as well as in the causal maps and narratives because the effects of these interventions were observed during the endline and they came up during document review, workshop, interviews and self-assessments.

1. *Annual EWA workshops on reporting and planning: 2011/2012 [3A], 2012/2013 [3B] and 2013/2014 [3B]*
Design
These review meetings were planned for during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. Short- and long-term objectives were indicated in the baseline: immediate objectives were "improved knowledge of planning and good quality work plans" and "quality planning throughout the remainder of the programme" in the long term. During the endline survey short and long term objectives were formulated as "come to a common understanding of their performance in the previous year and the targets and activities for the coming year" and at the long term an improved program integration implemented by different stakeholders, working towards scaling of the best experiences among partner organizations, and engaging with sector actors/stakeholders to contribute for system change is expected.

Annual review meetings were specifically mentioned as relevant in the Theory of Change (ToC) developed during the MFSII 5C baseline survey.

The expected effects were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline in 2012, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation
These review meetings are conducted annually in the first quarter of the year. Subjects at these workshops in general are to outline the key activities, roles, objectives, assumptions of the WASH Alliance programme in Ethiopia; to review the previous year performance of WASH Alliance programme; to discuss the coming year's activities and targets of the WASH Alliance programme and to discuss on PME related matters (logframe, indicators and formats). Also to identify areas of integration, cooperation, avoid overlaps & fill gaps; identify which stakeholder they need to work how and what, etc. Each year other PM&E subjects get special attention. In the 2013 workshop, the theory and concepts of Theory of Change (ToC) were discussed and used for planning, as well as the common planning concepts and tools (logframe, indicators, reporting & planning formats). As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Since the objectives were not formulated in a SMART way, it is difficult to assess whether the objectives have been reached. However, according to the CFA these workshops enabled Amref staff to understand who is doing what and a have led better cooperation among partners. Also, relevant

partners to work with are discussed and identified. The ToC for Amref helped to better visualize what they wanted to change as a program and work out in detail the different activities under program areas (sanitation, hygiene and water). According to Amref staff these workshops improved their planning skills, because they improved their understanding of the concepts and use of the Theory of Change (TOC), led to a shared understanding and agreement about previous year performance and coming year planning, and an improved understanding of theory and use of planning concepts like logframe, indicators, reporting & planning formats, etc. Thus the immediate objectives of these workshops seem to have been reached, but not having SMART indicators makes it difficult to assess to what extent long term objectives have been reached.

2. *PME training for MFS II project staff (SRHR & WASH) early 2012 [56]*
Design
This training was not mentioned as planned for during the baseline survey in 2012. The reason is perhaps that it took place before the baseline but it was nevertheless mentioned at the endline workshop. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. According to Amref staff at the endline workshop, this training was given to familiarise them with result areas and new reporting formats.

Training in and familiarising with reporting formats was not mentioned as relevant at the capacity building ToC of the baseline workshop, although M&E came up as an important issue and thereby makes the topic relevant to the SPO.

Implementation
This training was given to MFSII (SRHR & WASH) project staff and partners at the beginning of 2012 (just before the baseline). SRHR & WASH PME and project staff, government and local partners participated. Topics were understanding result areas, new formats, and to become customized and targeted to reporting formats of the projects. Also general PME topics were introduced. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Since the specific objectives are not known, it is difficult to assess whether the objectives have been reached. However, Amref staff at the endline workshop said that this training had given them a better understanding of logframe, indicators, reporting & planning formats, and that they had internalized their knowledge for reporting. In that sense the objective seems to have been reached.

3. *SRHR PCM and PME training in June 2012 [6]*
Design
This intervention was planned during the baseline. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation. However, in the baseline the short-term objectives were formulated as follows: "improved quality of reporting", "better understanding of PCM and PME". Long-term objectives were formulated as "quality monitoring on objectives" and "quality progress reports".

Although it is not the same wording, M&E and project design competences were mentioned as relevant in the ToC developed during the MFS II 5Cbaseline workshop. A training participant thought the training was very relevant because he learnt to plan, implement and monitor project implementation with the stakeholders.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but the evaluation team did not ask the CFA for SMART objectives specifically during the baseline.

Implementation
The training was given to staff, local NGOs, and government partners by the SRHR Alliance and was conducted in June 2012. As far as the evaluation team knows, it was implemented as designed,

however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
According to staff and the CFA the training resulted in improved PME skills and knowledge on the UFBR project, internalization of M&E project components and performing as well as thinking up to outcome level results. An Amref ET manager found this training very useful because according to him practicing PCM and PME helped on the project implementation and monitoring at field level with colleagues and local partners. It helped to discuss with government partners on the PCM and PME implementation at field level in the health facilities and communities, for example in the Regional Health Bureau (RHB) and at district level. At health facility level it helped to improve recording, reporting and documentation. At organisational level he noticed an improvement in transparency, discussions with the team and follow up and analysis of result /outcomes of monthly performed activities against planned activities. Based on this testimony it seems that objectives have been achieved, but not having objectives that were defined as SMART objectives makes it difficult to assess this issue.

4. *Organisational Capacity Assessments (OCA) (2011 and 2013) (21)*
Design
This activity was planned for, as requested by the Dutch Government as a condition for MFS II funding. These Organisational Capacity Assessments (OCA) allow organizations to reflect and carry out self-assessments to determine their ability to deliver results to their clients. The OCA was designed as a self-assessment with Amref staff. As indicated in the baseline report, the immediate objectives were formulated as "improvement on project management cycle, reporting, gender" and the long-term objective was formulated as "strengthening of the organisation towards maturing stage".

OCA was not mentioned specifically as relevant during the ToC workshop at the baseline survey, although assessment of technical gaps was mentioned. But during the endline workshop it was mentioned as important because it identified weaknesses and necessary training.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but the evaluation team did not ask the CFA for SMART objectives specifically during the baseline.

Implementation
The OCA was organized twice for programmes within the SRHR and WASH alliance: in 2011 and 2013. In 2011, 13 staff participated and in 2013 10 staff. The 2013 one was a "light" version, with less subjects to assess (Thematic areas of WASH and SRHR; Resource mobilization and use; External Relations; Human resource management; PME systems to promote learning; Approaches and cross-cutting issues). Based on need, the staff also assessed three additional components for the purpose of providing the organization feedback. The components that were later included and assessed are: Governance; Organizational culture; Organizational management and administration.

Reaching objectives
The OCAs identified weaknesses and have directly or indirectly influenced the training that took place to address the identified capacity gaps, including M&E training in general as this was identified as a weak area, the hiring of new (M&E) staff, and a PSO funded capacity building programme for more managerial capacity. This was meant to develop human resources and implement more projects. The 2013 OCA noted improvements in the subjects assessed. Not having objectives that were defined as SMART objectives makes it difficult to assess this issue, and in the causal map a direct link with an improved project management cycle (most likely this was meant to be 'project cycle management'), reporting and gender has not been established as such in the PME causal map. As indicated above, there has been some influence in terms of strengthening planning, monitoring and evaluation. Therefore the long-term objective "strengthening the organisation towards maturing stage" has been partly reached.

5. *SRHR Alliance outcome measurement training in September 2013 [7]*
Design
This intervention was planned during the baseline. The immediate objectives of this workshop stated during the baseline survey were to improve staff knowledge on outcome indicator measurement and of qualitative data gathering methods. The long term objective was increased M&E capacity, including the use of qualitative methods and good quality reports on outcome indicators. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Although worded as outcome measurement, M&E competences were mentioned as relevant in the ToC developed during the MFS II 5Cbaseline workshop. A training participant thought the training was very relevant because it enabled them also to identify gaps, weakness and strength of project implementation, and to learn for the future how to improve project quality performance. To have these competences was also indicated as important during the baseline workshop.

These objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound). Then again, the evaluation team did not ask the CFA for SMART objectives specifically during the baseline, but rather asked about the expected or observed immediate and long term effects of the interventions.

Implementation
The training was given to 13 staff members of the UFBR programme in Ethiopia (Amref ET, YNSD, and TaYA) and was conducted in September 2013. The training was about what outcome measurement is, outcome and output indicators, review of baseline results and tools, how to facilitate a focus group discussion (including practical exercises), and planning of outcome measurement in the UFBR programme. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
The training resulted in a better understanding among participating staff of, and focus on desired outcomes, and of how to use qualitative data gathering methods, e.g. how to conduct in-depth interviews, focus group discussions, develop questionnaires and other qualitative techniques. According to Amref staff the improved understanding of, and focus on desired outcomes contributed to improved SRHR services planning. It was also indicated that the quality of reports had improved. One of the project officers who participated to this training declared that the training had an effect on the organizational capacity because the organisation's objectives are to bring outcomes that benefit the community. Therefore, knowing how to measure those outcomes is very crucial. Another participant found the training very useful because it enabled them to identify weaknesses and strengths of projects and how to improve project performances. However he claimed that time was too short to include all measurement tools and to practice the tools properly, and that additional outcome measurement training was desired. The participants said they improved their knowledge and skills in outcome measurement, and more specifically qualitative data gathering methods. It seems that the short term objective has been achieved and also the long term objective to some extent, but not having objectives that were defined as SMART objectives makes it difficult to assess this issue.

6 *WASH PME/Outcome measurement training conducted in Awash in Nov 2012 [35]*
Design
This specific capacity development intervention was not mentioned in the baseline report. This training was mentioned at the MFSII 5C endline workshop by Amref staff, but very little information is available. No design or objectives are known. It was relevant because it contributed to improved M&E which was considered important during the baseline survey.

Implementation
This PME/Outcome measurement training was conducted in Awash for one week in Nov 2012 by the WASH alliance. It is not known to whom this training was given and how it was implemented.

Reaching objectives
According to Amref staff the training has led to a better understanding of outcome measurement. However, not having objectives makes it difficult to assess to what extent the objectives have been reached.

7. EWA (WASH Alliance) Outcome Measurement training workshop, September 2013 [15]
Design
This training workshop was not mentioned as planned for during the baseline. However, immediate and long-term objectives have been given during the endline survey: the immediate objective of this training was to improve the capacity in conducting outcome measurement, and guidance for the development of a joint approach to outcome monitoring for the Ethiopian WASH Alliance. The long term objective was to enhance the partner's capacity to improve outcome level results of different interventions. Details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Outcome measurement was not specifically mentioned as important at the baseline ToC workshop, but it was mentioned several times during the endline workshop, and can thus be considered as relevant to the organisation.

The objectives were not formulated in a SMART way (specific, measurable, achievable, relevant and time-bound), but this also wasn't the focus of this 5C study.

Implementation
This intervention was conducted in 22-24 September 2013 before embarking on the measurement of the outcome results for 2013 of the WASH interventions of the eight EWA partner organizations. The PME adviser of the DWA organized this capacity strengthening and support activity for the EWA partners.. Three staffs – project coordinator, project assistant and WASH program manager were trained on outcome measurement. The training workshop included monitoring and evaluation, data and their types, data collection methods, sampling techniques, outcome and outcome indicators as the main topics. It also included FLOW for data collection with the help of digital device such as tablets or smart phones. As far as the evaluation team knows, it was implemented as designed, however, details about the specific design cannot be provided, since this wasn't the focus of the evaluation.

Reaching objectives
Immediate effects observed was an improved understanding of outcome indicators. It seems that short term objectives are (partly) reached but to what extent the long term objectives have been achieved cannot be assessed, by not having SMART formulated objectives.

Attribution of observed results to MFS II capacity development interventions
The "Improved planning, monitoring and evaluation (PME) Capacity" of Amref staff was due to:
    1. Improved planning capacity [26]
    2. Improved M&E capacity [2]

Both improved capacities can partly be attributed to MFS II supported capacity development interventions:
1. The improved planning capacity can be attributed to improved management support to field offices and planning exercises; improved planning knowledge and skills; change from regional, geographic approach to programme-based planning; and a new PME organizational structure and new PME staff hired. The improved planning knowledge and skills can be attributed to MFS II supported capacity development interventions, i.e. the review meetings of both Alliances and the SRHR PME and PCM training. The improved management support to field offices and planning exercises, and the change from a regional, geographic approach to programme-based planning cannot be attributed to MFS II interventions but are related to a process of organisational changes that started with changes in leadership in April 2012. The new PME structure and new PME staff hired can partly be attributed to MFS II capacity development support, because of financial MFS II support and the PSO capacity building programme as a result of the MFS II supported organisational capacity assessment. For the other part this change was due to the organisational changes mentioned above.

2. The improved M&E capacity can be attributed to the new PME organizational structure and new PME staff hired; improved report writing skills; improved M&E knowledge and skills; and the use of standardized M&E procedures and tools. The new PME structure and new PME staff hired can partly be attributed to MFS II capacity development support, as described above. The improved report writing skills was mainly due to Amref HQ training in report writing as a result of donor requests and developing a standardised system (APMS), as is the case for the use of standardized M&E procedures and tools. To some extent the improved report writing skills and the use of standardised M&E procedures and tools can be attributed to MFS II support, i.e. the attention paid to both issues at review meetings, the detailed assistance to in report writing to project officers of UFBR and WASH Alliances. and PME and outcome measurement trainings.

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

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Results of brainstorming-Amref .docx

Outcome pathway Amref-ET with narative.docx

List of Respondents

Alliance/CFA officers:

No.	Name	Function
1	Marlijn Lelieveld	Country Lead Ethiopia for the SRHR Alliance and portfolio holder (Amref NL)
2	Gudule Boland	M&E Adviser (Amref NL)
3	Veerle Ver Loren van Themaat	former Country Lead Ethiopia and senior portfolio holder (Amref NL)
4	Noortje van Langen	junior portfolioholder (Amref NL)
5	Tamene Chaka	Country coordinator Ethiopia WASH Alliance (EWA)

Amref Ethiopia staff:

No.	Name	Position
1	Frehiwot Derbe	Program staff
2	Gadissa Hailu	Field staff
3	Yonathan Samuel	WASH program manager
4	Tezeta Meshesha	Communication & Fund Raising manager
5	Tsehay Birhanu	Field Office
6	Tedla Mulatu	Capacity Building manager
7	Samson Tadiwos	PME Manager
8	Jemal Yousuf	Project manager
9	Muluken Dessalegn	Project manager
10	Dawit Seyum	Program staff
11	Baye Denekew	M&E officer
12	Befekadu Bezabih	HR& Admin manager
13	Aoke Tasew	Deputy Country Director
14	Tigist Fantu	M&E office
15	Meseret Tamiru	HR Officer

Others:

Appendix 1   Methodological approach & reflection

1.   Introduction

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

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

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

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

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

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

2.   Changes in partner organisation's capacity – evaluation question 1

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

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

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

The description of indicators for the baseline in 2012 served as the basis for comparison during the endline in 2014. In practice this meant that largely the same categories of respondents (preferably the same respondents as during the baseline) were requested to review the descriptions per indicator and indicate whether and how the endline situation (2014) is different from the described situation in 2012.[9] Per indicator they could indicate whether there was an improvement or deterioration or no change and also describe these changes. Furthermore, per indicator the interviewee could indicate what interventions, actors and other factors explain this change compared to the baseline situation. See below the specific questions that are asked for each of the indicators. Per category of interviewees there is a different list of indicators to be looked at. For example, staff members were presented with a list of all the indicators, whilst external people, for example partners, are presented with a select number of indicators, relevant to the stakeholder.

The information on the indicators was collected in different ways:

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

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

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

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

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

Below each of these steps is further explained.

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

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

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

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

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

1. *How has the situation of this indicator changed compared to the situation during the baseline in 2012? Please tick one of the following scores:*
   - o   -2 = Considerable deterioration
   - o   -1 = A slight deterioration
   - o   0 = No change occurred, the situation is the same as in 2012
   - o   +1 = Slight improvement
   - o   +2 = Considerable improvement
2. *Please describe what exactly has changed since the baseline in 2012*
3. *What interventions, actors and other factors explain this change compared to the baseline situation in 2012? Please tick and describe what interventions, actors or factors influenced this indicator, and how. You can tick and describe more than one choice.*
   - o   Intervention, actor or factor at the level of or by **SPO**: …… .
   - o   Intervention, actor or factor at the level of or by the **Dutch CFA (MFS II funding)**: …. .
   - o   Intervention, actor or factor at the level of or by the **other funders**: …… .
   - o   **Other** interventions, actors or factors: …… .
     - o   Don't know.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

General causal map

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

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

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

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

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

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

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

An endline workshop with the SPO was intended to:

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

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

Brainstorm on key organisational capacity changes and influencing factors: a brainstorm was facilitated on key organisational capacity changes since the baseline in 2012. In order to kick start the discussion, staff were reminded of the key findings related to the historical time line carried out in the baseline (vision, mission, strategies, funding, staff). This was then used to generate a discussion on key changes that happened in the organisation since the baseline (on cards). Then cards were selected that were related to organisational capacity changes, and organised. Then a 'general causal map' was developed, based on these key organisational capacity changes and underlying reasons for change as experienced by the SPO staff. This was documented as a visual and narrative.This general causal map was to get the story of the SPO on what they perceived as key organisational capacity changes in the organisation since the baseline, in addition to the specific details provided per indicator.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Background information on process tracing

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

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

  Theory testing process tracing uses a theory from the existing literature and then tests whether evidence shows that each part of hypothesised causal mechanism is present in a given case, enabling within case inferences about whether the mechanism functioned as expected in the case and whether the mechanism as a whole was present. No claims can be made however, about whether the mechanism was the only cause of the outcome.

  Theory building process tracing seeks to build generalizable theoretical explanations from empirical evidence, inferring that a more general causal mechanism exists from the fact of a particular case.

  Finally, explaining outcome process tracing attempts to craft a minimally sufficient explanation of a puzzling outcome in a specific historical case. Here the aim is not to build or test more general theories but to craft a (minimally) sufficient explanation of the outcome of the case where the ambitions are more case centric than theory oriented.

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

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

Below a description is provided of how SPOs are selected for process tracing, and a description is provided on how this process tracing is to be carried out. Note that this description of process tracing provides not only information on the extent to which the changes in organisational development can be attributed to MFS II (evaluation question 2), but also provides information on other contributing factors and actors (evaluation question 4). Furthermore, it must be noted that the evaluation team has developed an adapted form of 'explaining outcome process tracing', since the data collection and analysis was an iterative process of research so as to establish the most realistic explanation for a particular outcome/ organisational capacity change. Below selection of SPOs for process tracing as well as the different steps involved for process tracing in the selected SPOs, are further explained.

Selection of SPOs for 5C process tracing

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

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

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

ETHIOPIA

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

Table 1

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

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

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to

strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the

CFA compared to other capabilities.

Source: country baseline report, Ethiopia.

Below you can see the table describing when the contract with the SPO is to be ended, and whether both SPO and the CFA expect to focus on these two selected capabilities (with MFS II funding). Based on the above-mentioned selection criteria the following SPOs are selected for process tracing: Amref,

ECFA, FSCE, HUNDEE. In fact, six SPOs would be suitable for process tracing. We just selected the first one per CFA following the criteria of not including more than one SPO per CFA for process tracing

Table 2

SPOs selected for process tracing – Ethiopia

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

INDIA

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

Table 3
The extent to which the Dutch NGO explicitly targets the following capabilities – India[10]

Capability to:	BVHA	COUNT	DRIST I	FFID	Jana Vikas	Samar thak 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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[10] RGVN, NEDSF and Women's Rights Forum (WRF) could not be reached timely during the baseline due to security reasons. WRF could not be reached at all. Therefore these SPOs are not included in Table 1.

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

INDONESIA

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

Table 5
The extent to which the Dutch NGO explicitly targets the following capabilities – Indonesia

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

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

Source: country baseline report, Indonesia.

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

Table 6

SPOs selected for process tracing – Indonesia

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

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

LIBERIA

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

Table 7

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

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

Note: Number 1 stands for not targeted, 5 for intensively targeted. These scores are relative scores for the interventions by the CFA to

strengthen the capacity of the SPO. The scores are relative to each other, a higher score means that this capability gets more attention by the

CFA compared to other capabilities.

Source: country baseline report, Liberia.

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

Table 8

SPOs selected for process tracing – Liberia

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

Key steps in process tracing for the 5C study

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

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

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

A detailed causal map (or model of change) = the representation of all possible explanations – causal pathways for a change/ outcome. These pathways are that of the intervention, rival pathways and pathways that combine parts of the intervention pathway with that of others. This also depicts the reciprocity of various events influencing each other and impacting the overall change.

A causal mechanism = is the combination of parts that ultimately explains an outcome. Each part of the mechanism is an individually insufficient but necessary factor in a whole mechanism, which together produce the outcome (Beach and Pedersen, 2013, p. 176).

Part or cause = one actor with its attributes carrying out activities/ producing outputs that lead to change in other parts. The final part or cause is the change/ outcome.

Attributes of the actor = specificities of the actor that increase his chance to introduce change or not such as its position in its institutional environment.

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

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

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

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

The CFA was asked to describe all the MFS II supported capacity development interventions of the SPO that took place during the period 2011 up to now. The CDI team reviewed this information, not only the interventions but also the observed changes as well as the expected long-term changes, and

then linked these interventions to relevant outcomes in one of the capabilities (capability to act and commit; and capability to adapt and self-renew).

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

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

- <u>5C Indicators</u>: this was to identify the changes that took place between baseline and endline. This information was coded in Nvivo.
- Information related to the <u>capacity development interventions implemented by the CFA</u> (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 <u>theory of change</u> 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 <u>the planned MFS II support</u> to organisational development and the expected short-term or long-term results in one of the selected capabilities;
  - During the endline the <u>CFA i</u>ndicated a link between <u>the implemented MFS II capacity development interventions</u> 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 <u>SPO</u> indicated a link between <u>the implemented MFS II capacity development interventions</u> 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).
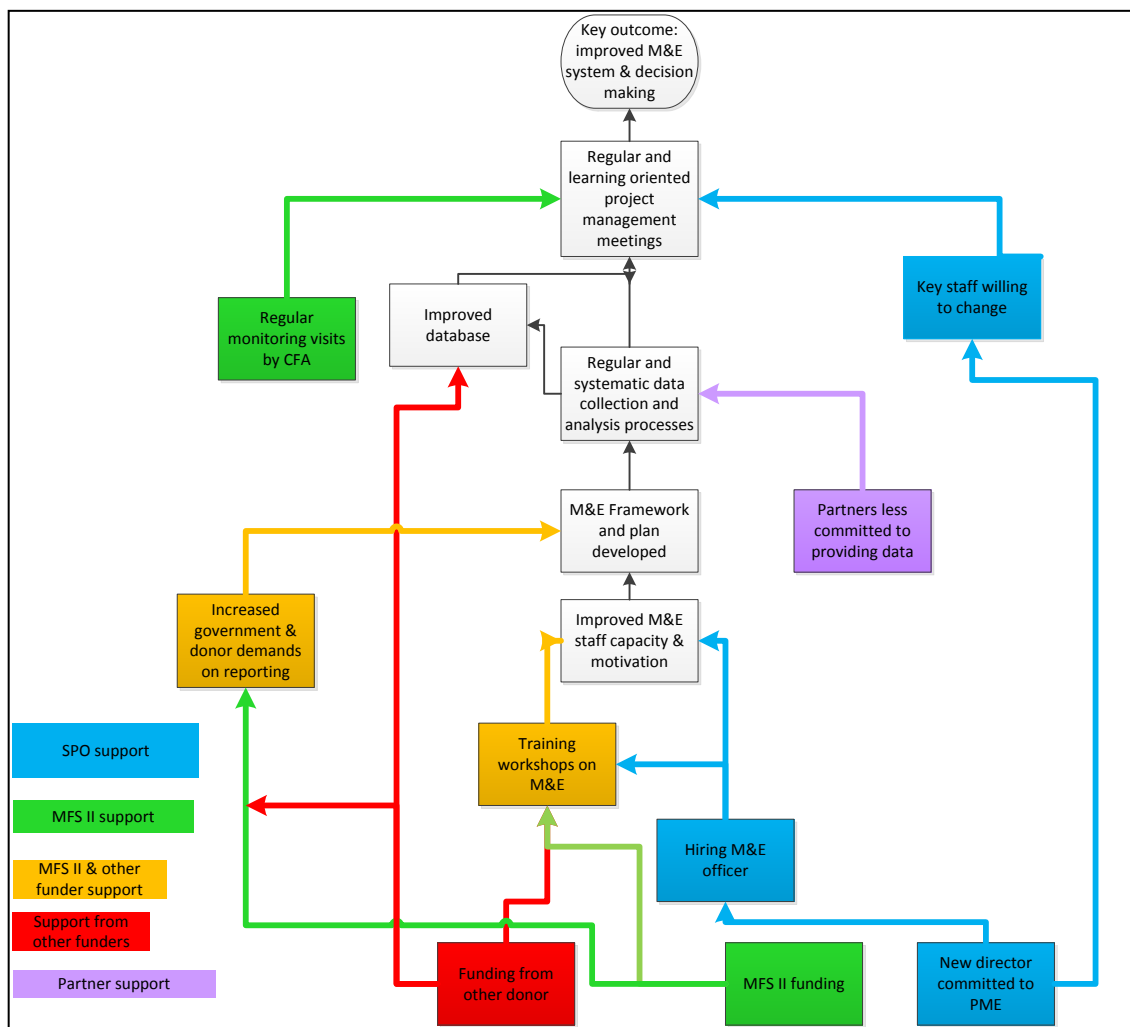
Figure 1   *An imaginary example of a model of change*

*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

Sequence evidence on timing of funding and timing of training

Content evidence: what the training was about | Example: Training report SPO Progress reports interviews with the CFA and SPO staff Financial reports SPO and CFA |

Please note that for practical reasons, the 5C evaluation team decided that it was easier to integrate the specific questions in the narrative of the initial causal map. These questions would need to be

addressed by the in country team during the process tracing workshop so as to discover, verify or discard particular causal mechanisms in the detailed, initial causal map. Different types of evidence was asked for in these questions.

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

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

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

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

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

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

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

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

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

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

4. Explaining factors – evaluation question 4

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

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

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

5. Methodological reflection

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

Use of the 5 core capabilities framework and qualitative approach: this has proven to a be very useful framework to assess organisational capacity. The five core capabilities provide a comprehensive picture of the capacity of an organisation. The capabilities are interlinked, which was also reflected in

the description of standard indicators, that have been developed for the purpose of this 5C evaluation and agreed upon for the eight countries. Using this framework with a mainly qualitative approach has provided rich information for the SPOs and CFAs, and many have indicated this was a useful learning exercise.

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

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

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

A few remarks need to be made:

- Outcome explaining process tracing is used for this purpose, but has been adapted to the situation since the issues being looked at were very complex in nature.
- Difficulty of verifying each and every single change and causal relationship:
- Intensity of the process and problems with recall: often the process tracing workshop was done straight after the general endline workshop that has been done for all the SPOs.In some cases, the process tracing endline workshop has been done at a different point in time, which was better for staff involved in this process, since process tracing asks people to think back about changes and how these changes have come about. The word difficulties with recalling some of these changes and how they have come about. See also the next paragraph.
- Difficulty of assessing changes in knowledge and behaviour: training questionnaire is have been developed, based on Kirkpatrick's model and were specifically tailored to identify not only the interest but also the change in knowledge and skills, behaviour as well as organisational changes as a result of a particular training. The retention ability of individuals, irrespective of their position in the organisation, is often unstable. The 5C evaluation team experienced that it was difficult for people to recall specific trainings, and what they learned from those trainings. Often a change in knowledge, skills and behaviour is a result brought about by a combination of different factors , rather than being traceable to one particular event. The detailed causal maps that have been established, also clearly pointed this. There are many factors at play that make people change their behaviour, and this is not just dependent on training but also internal/personal (motivational) factors as well as factors within the organisation, that stimulate or hinder a person to change behaviour. Understanding how behaviour change works is important when trying to really understand the extent to which behaviour has changed as a

result of different factors, actors and interventions. Organisations change because people change and therefore understanding when and how these individuals change behaviour is crucial. Also attrition and change in key organisational positions can contribute considerably to the outcome.

Utilisation of the evaluation

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

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

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

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

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

<u>5C Endline process, and in particular thoroughness of process tracing often appreciated as learning process:</u> The SPO perspective has also brought to light a new experience and technique of self-assessment and self-corrective measures for managers. Most SPOs whether part of process tracing or not, deeply appreciated the thoroughness of the methodology and its ability to capture details with robust connectivity. This is a matter of satisfaction and learning for both evaluators and SPOs. Having a process whereby SPO staff were very much engaged in the process of self-assessment and reflection has proven for many to be a learning experience for many, and therefore have enhanced utility of the 5C evaluation.

Appendix 2 Background information on the five core capabilities framework

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

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

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

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

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

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

- **Competencies** are the energies, skills and abilities of individuals.

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

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

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

There is some overlap between the five core capabilities but together the five capabilities result in a certain level of capacity. Influencing one capability may have an effect on one or more of the other capabilities. In each situation, the level of any of the five capabilities will vary. Each capability can become stronger or weaker over time.

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

Below you will find a description for each of the indicators under each of the capabilities, what the situation is as assessed during the endline, how this has changed since the baseline and what are the reasons for change.

Capability to act and commit

1.1. Responsive leadership: 'Leadership is responsive, inspiring, and sensitive'

This is about leadership within the organisation (operational, strategic). If there is a larger body then you may also want to refer to leadership at a higher level but not located at the local organisation.

During the baseline Amref was in the process of a leadership change. Since then the experience of the management has considerably improved. The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. The provision of technical support has improved as a result of the assignment of a program manager. As a result, decisions are made more on time now, and the organizational structural change enables the management to give high technical support to the project staff. Proactive engagement and positive relations of the management with Alliance members is well visible these days.

Score: from 3 to 4 (improvement)

1.2. Strategic guidance: 'Leaders provide appropriate strategic guidance (strategic leader and operational leader)'

This is about the extent to which the leader(s) provide strategic directions

Compared to the baseline there are more frequent visits and guidance to the field staff, field offices and to program offices by top management including the country director and deputy country director. There is an improvement in internalization of organizational procedures and compliance to Performance Appraisals. Feedback mechanisms from staff to management and vice versa through weekly, monthly and joint review meetings, as well as by email are in place. New program managers are recruited and there is better strategic guidance and technical support by each team and the level of authority of the Program Manager is improved. Local partners are also involved in the project management cycle. All these changes resulted in a better staff commitment.

Score: from 3 to 4 (improvement)

1.3. Staff turnover: 'Staff turnover is relatively low'

This is about staff turnover.

Compared to the baseline there is a slight improvement in staff turnover. A number of retaining mechanisms are in place to retain staff such as reallocation of staff either to the new projects or promoted to a new position, capacity building by identifying the gaps and based on performance appraisal. In addition new job grading is also in place. A regular job evaluation and institutionalization of hardship allowance are also factors to retain staffs. However, field staffs argue that they have low competitive salaries compared to other partners and low hardship allowances are still a challenge in retaining competent staffs. Some also state that yet there is no real incentive that affects staff turnover.

Score: from 3 to 3.5 (slight improvement)

1.4. Organisational structure: 'Existence of clear organisational structure reflecting the objectives of the organisation'

Observable indicator: Staff have copy of org structure and understand this

According to an organizational capacity assessment in 2013, governance had improved compared to 2011 due to the existence of an advisory council. The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. Also human resources management has improved due to the improvement in defining clear job descriptions and assigning appropriate staff levels. There is an improvement in organizational management and administration which is reflected by a better organizational structure and organizational policies and procedures.

Score: (no score at baseline, but estimated to be 2.5 in hindsight) – 3.5 (improvement)

1.5. Articulated strategies: 'Strategies are articulated and based on good situation analysis and adequate M&E'

Observable indicator: strategies are well articulated. Situation analysis and monitoring and evaluation are used to inform strategies.

Since the baseline, Amref-Ethiopia has developed Strategic documents and the VGC (Visibility, Growth and Competence) plan with goals and implemented them. Strategies are well articulated and based on an improved monitoring and evaluation system, Situational analysis is made before projects are designed

Score: from (no baseline information available) to 3.5.

1.6. Daily operations: 'Day-to-day operations are in line with strategic plans'

This is about the extent to which day-to-day operations are aligned with strategic plans.

Routine operations of the organization are guided by its strategic plan, business plan and annual plans. After the baseline, the visibility growth and competency plan (VGC) has been developed and became operational. In line with the strategic plan, quality assurance tools guidelines were developed. In addition, Amref's online Program development management system has been developed and become functional. At the moment Amref is developing its second business plan.

Score: from 5 to 5 (no change)

1.7. Staff skills: 'Staff have necessary skills to do their work'

This is about whether staff have the skills necessary to do their work and what skills they might they need.

Compared to the baseline the availability of training opportunities has increased. Over 40% of the staffs got training in the last two years. Some trainings have been given after identifying the gaps. Leadership, management and governance trainings have been given to the project managers and partners. There has also been skill gap filling trainings to other staff members such as drivers and procurement committee members. There was also experience sharing for Amref staff. Project cycle management and technical subjects training have been given to staffs and project managers to fill the skill gap. As a result of the trainings, improvement in sharing information, handling finance and logistics including procurement and M&E capacity is reported. In addition, there is a noticeable change in mind set in "value clarification" because of a training by Rutgers WPF about taboo subjects like abortion and homosexuality. Support staffs report that they still need more training.

Score: from 4 to 4.5 (slight improvement)

1.8. Training opportunities: 'Appropriate training opportunities are offered to staff'

This is about whether staff at the SPO are offered appropriate training opportunities

Training is still provided by Alliances and Amref HQ. Amref is working in upgrading its staffs' academic status to the level of master's degree. The former Training Committee is re-established into a Staff Development and Training committee that has TORs that allow them to nominate/select training beneficiaries among staff . The committee request staffs to identify their annual training plan. Hence, staffs are getting an equal opportunity to get training. The reestablishment of the committee reduces selection bias and increased transparency of pertinent staff selection for trainings. In addition, from the VGC plan the competency component has identified strategic training needs of the staff. Now the 2% training budget is utilized in a better way and the number of trained staff has increased. Some of the trainings like MBA in leadership is now upgraded to Global Executive MBA level. Staffs have been trained on the following issues: leadership, management, and governance trainings for project managers and partners; project cycle management and technical subjects training (e.g. by Rutgers WPF) for project managers and other staff; specific trainings for drivers and procurement committee members.

Score: from 4 to 4.5 (slight improvement)

1.9.1. Incentives: 'Appropriate incentives are in place to sustain staff motivation'

This is about what makes people want to work here. Incentives could be financial, freedom at work, training opportunities, etc.

In Amref, internal promotion has been institutionalized to staffs. Amref is working in upgrading its staffs' academic status to the level of master's degree. In terms of financial incentives, there has not been any change since the baseline except the institutionalization of hardship allowance and equal per diem to all staffs. Very recently salaries have been increased. Amref designed a mechanism of sharing grievances to the management and this creates a good working environment. The proper treatment of staffs in a reasonable manner by the respective managers results in improved networking among Amref offices. Additional mechanisms for keeping staff are reallocation of staff either to the new projects or promoted to a new position; capacity building by identifying the gaps and based on performance appraisal; regular job evaluation. However, field staffs argue that they have low competitive salaries compared to other partners and low hardship allowances.

Score: from 4 to 4.25 (very slight improvement)

1.9.2. Funding sources: 'Funding from multiple sources covering different time periods'

This is about how diversified the SPOs funding sources are over time, and how the level of funding is changing over time.

Amref has diversified its sources of funding, in which the big donors such as UNICEF, Netherlands government, EC, DFID and EUROMONEY and others are becoming Amref's major partners. The operational budget of Amref is now doubled compared to its baseline situation; it's now operating with around 10 million USD budget per fiscal year. Together with its operational budget, Amref's geographic area of intervention has expanded from three to five regions mainly through clinical outreaches, LMG training and Health Workers training interventions. Currently, Amref is implementing over 24 projects with over 30 donors. As part of diversifying funds, the new organizational structure allows programs to work on proposal development.

Score: from 4 to 5 (improvement)

1.9.3. Funding procedures: 'Clear procedures for exploring new funding opportunities'

This is about whether there are clear procedures for getting new funding and staff are aware of these procedures.

Amref has now a business development manager who spearheads program development and communication, and a fund raising manager to coordinate fund raising efforts. Amref has developed and implemented fundraising strategies. The restructuring of Amref's program development helps the organization to have clear internal procedures of fundraising. Amref has done donor mapping and also organized a local fundraising event in October 2014. Amref has operationalized new software, which helps to access indicators of activity, output and outcome. The data validation and quality assurance process has also improved. Amref has established a fundraising department that is continuously searching for available funding opportunities.

Score: from 3 to 4 (improvement)

Summary capability to act and commit
The new leadership has established a new, matrix style, organizational structure with the appointment of new managers and delegation of responsibilities. As a result, decisions are made more on time now, and the organizational structural change enables the management to give high technical support to the project staff.

There is more strategic and operational guidance to staff, which is related to the new organisational structure and improved feedback mess mechanisms. This has enhanced staff commitment. Additional mechanisms that have been put in place to enhance staff motivation and reduce staff turnover include: internal promotion reallocation to new projects; staff capacity building; institutionalization of hardship allowance (although field staff say they have low hardship allowances); equal per diem to all staffs; mechanism of sharing grievances to the management; regular job evaluation. Staff indicated that they still have low salaries compared to other partners. Strategies are well articulated and based on an improved monitoring and evaluation system, and the strategies are still the basis of daily operations. The skills of Amref staff has improved due to a range of trainings for project management and other staff, either on management related issues or technical issues. Amref has been able to diversify its funding and doubled its operational budget since the baseline. This diversification of funding has improved due to having a business development manager who spearheads program development and communication, and a fund raising manager to coordinate fund raising efforts. Amref has developed and implemented fundraising strategies.

Score: from 3.5 to 4.5

Capability to adapt and self-renew

2.1. M&E application: 'M&E is effectively applied to assess activities, outputs and outcomes'

This is about what the monitoring and evaluation of the SPO looks at, what type of information they get at and at what level (individual, project, organizational).

There is a pool of experts working on M&E, sometimes individuals are assigned for specific projects. Also M&E tools have been developed. Amref M&E systems are well integrated with the programs and projects. The number of staffs who are engaged in M&E has increased. In Amref standardization and a quality assurance system is in place, together with this an Amref Information Management System (AIMS) is developed to replace Amref Program Data (APD), what happened in the third quarter of 2014. Improved quality of reports is reflecting the better M&E system of Amref. The staffs of the SRHR and WASH Alliances are actively working on regular monitoring and data collection. Amref has also developed an M&E manual. It has also put in place a program data base which is assessed on a monthly basis for compliance. Operational plans are revised on a regular basis (quarterly and annually) and higher level management more frequently monitors projects to follow their implementation. Strategic and routine M&E still remains a challenge and an OD consultant argues that documentation on what has been done and challenges were not available for easy tracking, and could be improved.

Score: from 3 to 4 (improvement)

2.2. M&E competencies: 'Individual competencies for performing M&E functions are in place'

This is about whether the SPO has a trained M&E person; whether other staff have basic understanding of M&E; and whether they know what information to collect, how to process the information, how to make use of the information so as to improve activities etc.

The number of staffs who are engaged in M&E has increased. Amref recruited a dedicated M&E manager for the Ethiopia office and performed M&E restructuring. The M&E system of Amref is now organized by program level not at the project level which resulted in project staffs lacking basic M&E skills. The M&E system has addressed individual M&E staff competences and these have improved through training in M&E and report writing and mentoring. The training provided by the SRHR and WASH Alliances on outcome measurement has also contributed to staffs improved knowledge of M&E. However, some staffs argue that Amref does not consider M&E an important tool and hence neither the training nor the equipment bring a difference. They argue that M&E has to be recognized as an important tool and then build the capacity and fulfil the equipment.

Score: From 3 to 3.5 (slight improvement)

2.3. M&E for future strategies: 'M&E is effectively applied to assess the effects of delivered products and services (outcomes) for future strategies'

This is about what type of information is used by the SPO to make decisions; whether the information comes from the monitoring and evaluation; and whether M&E info influences strategic planning.

Most staff see little change since the baseline, although there has been a restructuring and an M&E tool has been developed. Sometimes effort is made to review the evaluation results and incorporate this into new proposals. Management has started to review the financial and physical reports and utilize it for decision making. However, some staffs argue that utilization of M&E results needs to be improved.

Score: From 3 to 3.5 (slight improvement)

2.4. Critical reflection: 'Management stimulates frequent critical reflection meetings that also deal with learning from mistakes'

This is about whether staff talk formally about what is happening in their programs; and, if so, how regular these meetings are; and whether staff are comfortable raising issues that are problematic.

The new leadership of Amref has created a forum to discuss performance or project implementation status. Various formal platforms for staff engagement are in place such as regular SMT (Senior Management Team), Program Technical Team meetings, subcommittee meetings, monthly meetings. Annual and bi-annual meetings are also conducted. These meetings come up with action points with tracking mechanisms that are discussed with staff concerned and feedback is provided to the concerned departments. The Program Technical Team conducts technical reviews. Monthly performance review meetings are conducted and action points developed and shared. There are frequent meetings between program staff and supervisors. Although there is not a well-organized critical reflection system there are forums were M&E data are used. Some argue that although there are frequent meetings, actions are not taken frequently. However staff can talk freely about their mistakes.

Score: from 3 to 3.5 (slight improvement)

2.5. Freedom for ideas: 'Staff feel free to come up with ideas for implementation of objectives

This is about whether staff feel that ideas they bring for implementation of the program are welcomed and used.

Amref Staffs are free to come up with ideas and they are encouraged to do so by creating different forums such as a suggestion box, monthly meetings, and direct email to the director. This is even more encouraged by the better motivation of Country Director and Deputy Country Director to

implement some of the ideas generated. Though staffs are still a bit shy, the delegation of decision making power made staff more comfortable to discuss ideas for the implementation of the programme with management. It was observed that staffs are more involved to discuss ideas. Various staff attended staff development trainings including group leadership trainings. This facilitated forums for considering staff input.

Score: from 3 to 3.5: (slight improvement)

2.6. System for tracking environment: 'The organisation has a system for being in touch with general trends and developments in its operating environment'

This is about whether the SPO knows what is happening in its environment and whether it will affect the organization.

Amref Ethiopia is a board member of CCRDA and CORHA (largest NGO and CSO networks). Its representation at the Ministry of Health level has increased through Technical Working Groups. Amref signed MOUs with universities and regional health bureaus to strengthen partnerships and align Amref with new initiatives and policy directions. Hence, Amref's participation in different government and non-government workshops and meetings has improved. Partial decentralization in both programs and support units has taken place. Nearly all program staff and management are interacting with the overall environment for tracking changes and progresses. The restructuring increased participation and scanning of the environment, which is done more systematically now.

Score: from 4 to 4.5 (slight improvement)

2.7. Stakeholder responsiveness: 'The organisation is open and responsive to their stakeholders and the general public'

This is about what mechanisms the SPO has to get input from its stakeholders, and what they do with that input.

Even though Amref has a broad agenda and also operates at community level, its role is not well known by the community. Recently, there has been a slight improvement in partnering with different stakeholders like government officials. Government officials are now participating in problem identification, monitoring and evaluation and redesigning of projects. This helps Amref to get the opinions of its clients and to be responsive to client needs. The community participation has also improved recently. Amref is now a member of influential networks and technical working groups. To increase stakeholders' responsiveness, Amref has improved its media utilization including social media. Amref has developed a VGC framework as well. Formal launching and exit events for projects and periodic reporting to partners including financial transparency have improved stakeholders responsiveness to Amref's presence.

Score: from 4 to 4.5 (slight improvement)

Summary capability to adapt and self-renew
Overall, the monitoring and evaluation, has improved within Amref since the baseline in 2012: more staffs are being trained in M&E and now have M&E responsibilities and there is a pool of experts working on M&E; and a M&E manual and M&E tools have been developed; Amref M&E systems are well integrated with the programs and projects; there is now a program database which is assessed on a monthly basis for compliance; and planning and review meetings are more regular and they now more involve staff, clients and other stakeholders in review and planning. However, there is still room for improvement in terms of using information for strategic decision-making, routine M&E and in terms of documenting progress and challenges.

Score: from 3.3 to 3.8 (slight improvement)

Capability to deliver on development objectives

3.1. Clear operational plans: 'Organization has clear operational plans for carrying out projects which all staff fully understand'

This is about whether each project has an operational work plan and budget, and whether staff use it in their day-to-day operations.

Amref develops annual and quarterly operational plans. These are communicated to the staffs and staffs are expected to develop their own plan based on the overall plan. A results based work planning guiding tool (format) enables to prepare clear operational plans. Operational plans are revised on a regular basis (quarterly and annually) and higher level management more frequently monitors projects to follow their implementation. UFBR and WASH program plans are revised during the annual review meetings based on the annual plans. Because of this staffs were keen to learn from their results, share successes and challenges, and adherence to plans. Day to day implementation was good. There is also regular budget revision and improvement in operational budget planning and implementation. Amref has developed procurement guidelines. As a result, annual procurement plans are in place and Amref has recruited two procurement officers and assigned procurement committee members. However, to maintain qualified staffs for procurement in Afar remains a problem, since due to the remoteness and adverse conditions of the nomadic region where the SRHR and WASH Alliances programs are implemented. Amref management staff was committed to follow recommendations and provide trainings for staffs following MFS II – OCA support to identify gaps in terms of having realistic operational plans.

Score: from 4 to 4.5 (slight improvement)

3.2. Cost-effective resource use: 'Operations are based on cost-effective use of its resources'

This is about whether the SPO has the resources to do the work, and whether resources are used cost-effectively.

Amref has created a new project management structure and has facilitated different joint planning meetings, provided technical support and established a pull system for effective utilization of resources like office, vehicles, equipment, printers, etc. This structure helped to improve the cost effectiveness and efficiency of the organization. Amref has started selectively to invest money in high impact investments and integrate work to effectively use resources. Though more is needed to improve in this regard, Amref has identified and set priorities on what and when to spend and increased control mechanisms on the overall administration expenses compared with the time of the baseline survey. MFS II has assisted to improve cost effectiveness and efficiency efforts through OCA. Other funders have also set strict policies to adhere to cost effectiveness and efficiency.

However, the 30/70 CSO law of the Ethiopian government remains to be a challenge for the capacity development efforts in terms of operational issues, because this is considered to fall under the 30% organizational costs. This sometimes limits capacity development efforts.

Score: from 4 to 4.5 (slight improvement)

3.3. Delivering planned outputs: 'Extent to which planned outputs are delivered'

This is about whether the SPO is able to carry out the operational plans.

Although routine monitoring and evaluation and documentation of interventions remains challenging, the organization has implemented its planned activities. Due to the existence of budget revision for realistic and timely planning, Amref has better performed in delivering planned outputs. It was pointed out that there is increased physical and financial performance and enhanced client satisfaction since the baseline. There is also monthly performance review and frequent monitoring of progresses up to field level which helped to deliver outputs as planned. However, even when planned outputs are delivered, there are concerns on the sustainability in relation to finances and continuity. Some staffs felt that there is not sufficient checking for cost effectiveness and that there is a need to improve periodic performances of projects.

Score: from 4 to 4.5 (slight improvement)

3.4. Mechanisms for beneficiary needs: 'The organization has mechanisms in place to verify that services meet beneficiary needs'

This is about how the SPO knows that their services are meeting beneficiary needs

Compared to the baseline most is the same in this regard. However, Amref has formally institutionalized and is piloting a beneficiary feedback mechanism strategy. The organization has introduced a data based beneficiary list and identified beneficiary selection criteria. Frequent review meetings with beneficiaries have been done. Program and financial documents are shared with local authorities at district level. As a result the credibility of the organization in delivering quality outputs and meeting the beneficiaries demand has increased. However, according to an OD consultant, Amref Ethiopia still appears weak in terms of engaging beneficiaries in planning, monitoring and evaluation; improving in this respect would sustain interventions and ensure ownership.

Score: from 4 to 4.25 (very slight improvement)

3.5.Monitoring efficiency: 'The organisation monitors its efficiency by linking outputs and related inputs (input-output ratio's)'

This is about how the SPO knows they are efficient or not in their work.

Amref has given great attention to efficiency both at the operational and leadership level. One of the examples is field office level coordination of activities. Improved coordination, program integration and restructuring has been accomplished. Amref also developed a VGC framework for different geographic intervention areas. It also conducted regional based assessments with a joint monitoring system. However, some staffs stated that Amref has done a lot of contracting out.

Score: from 3 to 3.5: (slight improvement)

3.6. Balancing quality-efficiency: 'The organization aims at balancing efficiency requirements with the quality of its work'

This is about how the SPO ensures quality work with the resources available

Amref Ethiopia has designed environmentally friendly projects with respect to geographic and thematic focus. In line with the strategic plan, quality assurance tools guidelines were developed. An appropriate quality assurance mechanism is in place where technical assistance and follow up from headquarter and project managers are given. Since 2012, there is an increasing attention to quality improvement in different levels of the project management. An improved database system has been established and training on Amref Information Management System (AIMS)) has also been provided. Since 2012, Amref has better record tracking, more diversified funds (although still mostly earmarked funds, and not all donors want to invest in M&E), and better awareness of information despite that the Amref data base is little used due to the serious flaws of internet connection. The malfunctioning internet and telephone connections hinder communications enormously. Email communications are mainly through private email addresses, and people work from internet cafés.

Score: from 3 to 3.5 (slight improvement)

Summary capability to deliver on development objectives
On the whole this capability has slightly improved. There is an improvement in terms of having clear operational plans; using resources more cost-effectively; monitoring efficiency and balancing quality with efficiency due to having a quality assurance mechanism in place. Furthermore, outputs have been better delivered and the reserve very slight improvement in terms of having mechanisms in place to deal with beneficiary needs.

Score: from 3.7 to 4.1 (slight improvement)

Capability to relate

4.1. Stakeholder engagement in policies and strategies: 'The organization maintains relations/ collaboration/alliances with its stakeholders for the benefit of the organization"

This is about whether the SPO engages external groups in developing their policies and strategies, and how.

Since the baseline in 2012, Amref Ethiopia has improved its capacity in stakeholder engagement and consultation during program design, and became a member of various Alliances, networks and working groups at national and regional level. This has been considered as one of the strongest point of Amref-Ethiopia even at the time of baseline survey. However, since the baseline Amref has put in place the Visibility, Growth and Competency (VGC) plan to become a visible organization at all levels and hence the organization considerably improved stakeholder engagement in policies and strategies. Particularly membership with new professional associations and alliances, improvement in transparency on budgets and joint planning with local actors, more efforts in networking, partnership and alignment with government policies and strategies, and sharing available evaluation, research and best practices documents with stakeholders to mention some have contributed. This was evidenced by the fact that Amref has got awards by SNNPR Regional Health Bureau and Prime Minister of Ethiopia, Hailemariam Dessalegn, for its achievements especially in remote areas of Ethiopia. Having the Ministry of Water and Energy present at the EWA planning, reporting and ToC workshop indicated that the government recognized that EWA brought new approaches and activities (one WASH plan) to Ethiopia and was pleased to have EWA as a partner. It was mainly because of the support of MFS II and other funders to engage in one plan, report and budget initiatives as well as in networking with various forums and stakeholders.

Score: from 4 to 4.5 (slight improvement)

4.2. Engagement in networks: 'Extent to which the organization has relationships with existing networks/alliances/partnerships'

This is about what networks/alliances/partnerships the SPO engages with and why; with they are local or international; and what they do together, and how do they do it.

Amref Ethiopia joined new networks and alliances since the baseline in 2012. This was due to the fact that in 2013 Amref started implementing the ASK program of the Youth Empowerment Alliance and together with the partners of the ICCO Alliance the World Starts with Me (WSWM) program. Amref has become member of various networks and it's also serving as chair in some of the networks as a result of improved partnership with local and international stakeholders. Amref Ethiopia is Board member for three large consortiums (CANGO, CCRDA, and CORHA). Partnership and communications with different Embassies improved and partnerships with International organizations in Ethiopia (UNICEF, UNAIDS, WHO and other donor organizations) were strengthened. This was because of the strategic decision to develop essential networks at SPO level, the MFS II support in networking with various partners and lessons learned from MFS funding. There is active participation and also improvement in follow up in the organization due to enhanced commitment. The Amref-NL OCA report indicated strengthened external relations due to quality engagement with stakeholders and stronger relationship with stakeholders.

Score: from 4 to 4.75 (improvement)

4.3. Engagement with target groups: 'The organization performs frequent visits to their target groups/ beneficiaries in their living environment'

This is about how and when the SPO meets with target groups.

The situation is similar to the situation in the baseline. Amref still conducts regular site visits to engage with its target groups through conducting review meetings with target groups, and conducting supportive supervision. Amref works at grassroot level and project management offices are based close to communities, whilst members of those communities are being recruited as local staff. Amref

still follows a community based approach. There is a slight improvement since the baseline. Due to the new organizational structure and leadership change, the senior management team including the Country Director (CD) and the Deputy Country Director (DCD) now regularly visit program and project sites and beneficiaries (target groups). The regular field visit helped to provide technical support and supervision to field staffs.

Score: From 4 to 4.25 (very slight improvement)

4.4 Level of effective relationships within the organisation

Relationships within organization: 'Organisational structure and culture facilitates open internal contacts, communication, and decision-making.'

Amref has improved systems of communication by strengthening the communication department, i.e. before the baseline survey, the communication department was led by officer level but now the department is upgraded to manager level. Sub-committees are established to reduce or resolve disputes on time. As a result no legal cases were observed recently. There are regular meetings with staffs to internalize policies and regulations and to create an open environment for discussion among each other and with the management, i.e. there are weekly and monthly staff meetings and monthly performance review meetings with finance and program staff and there is an M & E unit in place. Amref has also recruited a new admin and HR manager and there is commitment of top management in encouraging team work, documentation and communication of decisions. Staffs are free to talk and share ideas among each other. Besides, the organization structure allows shorter communication lines now, by having created teams and supporting functionalities, and the assignment of Program Managers to decentralize roles. Amref has a clear vision to enhance effective communication as indicated in its business plan final version in 2011 where improved internal sharing of information on Amref programming and positioning is considered as one of the key outcome of the organization.

Score: from 2 to 3.5 (considerable improvement)

Summary capability to relate

Since the baseline Amref has improved engagement with stakeholders, by being more involved in networks, both at local as well as at international level. This engagement has also assisted Amref in developing their policies and strategies. Furthermore, there has been an improvement in terms of having senior management visiting the field more frequently, and engaging with staff in terms of providing the technical support, as well as engaging with beneficiaries. Amref has also improved effective communication within the organization through strengthening the communication department, regular meetings with staffs to internalize policies, regulation and create open environment for discussion among each other. There is also commitment of top management in encouraging team work documentation and communication of decisions and staffs are free to talk and share ideas among each other. Besides, the organization structure allows shorter communication lines, creating teams and supporting functionality, assigned program managers to decentralize roles.

Score: from 3.5 to 4.2 (slight improvement)

Capability to achieve coherence

5.1. Revisiting vision, mission: 'Vision, mission and strategies regularly discussed in the organisation'

This is about whether there is a vision, mission and strategies; how often staff discuss/revise vision, mission and strategies; and who is involved in this.

Amref has revised its brand identity with a broadened vision and commitment to the society. The Business plan was revisited and staffs were involved and have an active advisory council in business plan development. Staffs were involved in the vision, mission and strategies revision process which increased transparency. This is due to the fact that Amref itself facilitated the revision process and the development of the VGC strategies document, as well as the technical support from senior management during the process. Amref has improved its strategic planning and approaches due to the

revision of the organization comparative advantage survey and development of the VGC (visibility, growth and competence plan). The comparative advantage survey helped to developed the VGC. The VGC helped to identify gaps and causes, to improve the strategic plan and hence to revise the vision and mission of the organization. Staff are able to internalize the vision, mission, and statement through staff orientation and regular meetings.

Score: from 3 to 4 (improvement)

5.2. Operational guidelines: 'Operational guidelines (technical, admin, HRM) are in place and used and supported by the management'

This is about whether there are operational guidelines, which operational guidelines exist; and how they are used.

Amref-Ethiopia has developed Strategic documents and the VGC (Visibility, Growth and Competence) plan with goals and implemented them. Amref Ethiopia has also set up a knowledge management committee with a clear TOR. There was also revision and roll out of different manuals like procurement guidelines, HR manual and the development of the APMS guideline, quality assurance tools for strategic directions etc. Amref shared the different operational guidelines with the field office with orientation, providing technical support, and facilitating sessions for experience sharing and established an information dissemination system. Periodic policy briefings are being done at the field office level through policy refresher training.

Score: from 3 to 3.5 (slight improvement)

5.3. Alignment with vision, mission: 'Projects, strategies and associated operations are in line with the vision and mission of the organization'

This is about whether the operations and strategies are line with the vision/mission of the SPO.

Amref Ethiopia staff structure has changed and has been better adapted to the strategic directions and running of programs. This has helped to provide better and more structural support to project officers, who can then be more productive. The new business plan is developed in alignment with the strategic plan and all programs are aligned with Amref business plan. Dedicated program managers are assigned to lead programs per strategic directions. There is also critical review of project documents and technical guidelines. Joint planning by involving staff concerned (program staff, finance, M&E) is becoming practice and situational analysis is made before projects are designed as well as discussions on startup of the project with concerned staffs are also conducted. Amref has developed community needs based programs and timely planning and budget revision is being done.

Score: from 4 to 4.5 (slight improvement)

5.4. Mutually supportive efforts: 'The portfolio of project (activities) provides opportunities for mutually supportive efforts'

This is about whether the efforts in one project complement/support efforts in other projects.

Amref has integrated livelihood projects and there is program integration during project design and implementation among the existing programs (WASH and MNCH Program, WASH and livelihood integration) etc. The ASK program and World Starts With Me (WSWM) programs are both implemented in the North Showa area of the Amhara region and complementarity of activities is sought. The same is true for the UFBR programme and the WSWM programme in Afar. As far as UFBR is concerned the organization has well aligned routine programs and interventions at operation level: this was well designed by management at the SPO level. However, according to the OCA between 2011 and 2013 approaches to cross-cutting issues had very little improvement.

Score: from 3 to 3.25 (slight improvement)

Summary capability to achieve coherence

Overall there has been a slight improvement in this capability. This is due to having a broadened vision and commitment to the society, and the Business plan was revisited with staff involvement. Staff are able to internalize the vision, mission, and statement through staff orientation and regular meetings. Furthermore, there was revision and roll out of different manuals like procurement guidelines, HR manual and the development of the APMS guideline, quality assurance tools for strategic directions etc. , and staff has been oriented on this. Further alignment of projects, strategies and associated operations with the vision and mission of the organisation has been done by having a new business plan that aligns with the strategic plan and by having programs aligned with the Amref business plan. There are a little more mutually supportive efforts at operational level, but approaches to crosscutting issues have had little improvement.

Score: from 3.2 to 3.8 (slight improvement)

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