OSSA end line report

MFS II country evaluations, Civil Society component

Dieuwke Klaver[1]
Judith Jacobs[1]

Wondwosen Terefa[2]
Helen Getaw[2]
Dereje Getu[2]

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

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This report describes the findings of the end line assessment of the Ethiopian Organisation for Social Services for AIDS (OSSA) that is a partner of Cordaid.

The evaluation was commissioned by NWO-WOTRO, the Netherlands Organisation for Scientific Research in the Netherlands and is part of the programmatic evaluation of the Co-Financing System - MFS II financed by the Dutch Government, whose overall aim is to strengthen civil society in the South as a building block for structural poverty reduction. Apart from assessing impact on MDGs, the evaluation also assesses the contribution of the Dutch Co-Funding Agencies to strengthen the capacities of their Southern Partners, as well as the contribution of these partners towards building a vibrant civil society arena.

This report assesses OSSA's contribution towards strengthening Civil Society in Ethiopia and for this exercise it used the CIVICUS analytical framework. It is a follow-up of a baseline study conducted in 2012. Key questions that are being answered comprise changes in the five CIVICUS dimensions to which OSSA contributed; the nature of its contribution; the relevance of the contribution made and an identification of factors that explain OSSA's role in civil society strengthening.

Keywords: Civil Society, CIVICUS, theory based evaluation, process-tracing

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List of abbreviations and acronyms

AAC	Anti Aids Club
ART	Anti-Retroviral Therapy (ART)
CDC/AAHAPCO	Centre for Disease Control/ Addis Ababa HIV/AIDS Prevention and Control Office
CDI	Centre for Development Innovation, Wageningen UR
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
Cordaid	Catholic Organisation for Relief & Development Aid
CLFZ	Child Labour Free Zones
CMC	Centre Management Committee
CCRDA	Consortium of Christian Relief and Development Association
CRS	Christian Relief Services
CS	Civil Society
EED	German Church Development Service
EFM	Early Forced Marriage
EU	European Union
FGM	Female Genital Mutilation
GNP	Gross National Product
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home Based Care
HTP	Harmful Traditional Practices
IFPRI	International food Policy Research Institute
IGA	Income Generating Activities
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoFa	Ministry of Foreign Affairs
MFS	Dutch co-financing system
NCA	Norwegian Church Aid
NGO	Non-Governmental Organisation
OSSA	Organisation for Social Services for AIDS
OVC	Orphans and Vulnerable Children
PAPAS	Participatory AIDS Prevention And Support
PCS	Proclamation on Charities and Societies
PLHIV	People Living with HIV
PLWHA	People Living with HIV and Aids
PMTCT	Prevention of Mothers to Child Transmission
PPTCT	Prevention of Parent to Child Transmission
PTA	Parent Teacher Association
SNNPR	Southern Nations, Nationalities and People's region
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
ToC	Theory of Change
UNFPA	United Nations Population Fund
(UN) WFP	(United Nations) World Food Programme
VCT centres	Voluntary Counselling & Testing centres
Wageningen UR	Wageningen University & Research centre

1 Introduction

This report presents the civil society end line findings of the Organisation for Social Services for Aids (OSSA) in Ethiopia which is a partner of Cordaid under the Communities of Change consortium. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study OSSA is working on MDG 4,5,6: Health.

These findings are part of the overall evaluation of the joint MFS II evaluations to account for results of MFS II-funded or –co-funded development interventions implemented by Dutch CFAs and/or their Southern Partner Organisations (SPO) and to contribute to the improvement of future development interventions. The civil society evaluation uses the CIVICUS framework (see appendix 1) and seeks to answer the following questions:

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

The CIVICUS framework that comprises five dimensions (civic engagement, level of organisation, practice of values, perception of impact and contexts influencing agency by civil society in general) has been used to orient the evaluation methodology.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of OSSA are related to the Civic Engagement and Perception of Impact dimension of CIVICUS.

OSSA slightly managed to increase the involvement of the volunteers in supporting OVC and PLWHIV on a diverse range of issues and it managed to organise guardians into saving associations that, though not providing increased incomes, has contributed to more peoples mutually supporting each other. Apart from this its awareness raising activities help to integrate People Living with HIV (PLWHIV) and vulnerable families that take care of Orphans and Vulnerable Children (OVC) into society. OSSA also intensified its interactions with beneficiary groups to ensure that its interventions were relevant. These changes notified under Civic Engagement also partly explain those of the Perception of Impact dimension, because there is an overlap between both dimensions. Apart from this, a slight change occurred in the extent to which OSSA supported the idir coalition, the AACs, the PPTCTs in only in the first semester of 2014, intending to transfer OSSA's roles and responsibilities to these structures that are however not capable of fulfilling these. Its collaboration with the local government services intensified in the period under evaluation.

These findings were obtained through an analysis of documents, a workshop and follow-up interviews with the SPO, and interviews with external resources persons working in civil society organisations that receive support from the SPO; other civil society organisations with whom the SPO is collaborating; public or private sector agents and; external resource persons capable of overlooking the MDG or theme on which the SPO is concentrating.

Contribution analysis
Based upon an analysis of the projects and programmes financed by the Dutch NGOs, four orientations strategic for civil society development were identified: Ensuring that more people from more diverse background are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities (networking), and; influencing policies and practices of public or private sector organisations. For Ethiopia the focus was initially on the intermediate organisations and on the position of SPOs in their respective networks. The Ethiopian team however concluded that there is little room for networking amongst NGOs in Ethiopia, and that NGOs mainly collaborate with each other by

instigation of the government to come to a division of labour per district and region. Therefore the second strategic orientation for most SPOs is now focussing on civic engagement.

Based upon an estimation of the percentage of the total MFS II budget related to interventions that are relevant for civil society, those SPOs whose absolute budgets for civil society were most important were selected for in-depth process tracing on two outcomes related to the above mentioned strategic orientations. The evaluation team conducted a quick assessment on contribution of the other SPOs. OSSA is amongst those SPOs selected for in-depth-process tracing.

The first outcome that we looked at is based upon the perception (no figures available) that OVCs and PLWHIV improved their social and economic capital to become a full member in society. The most plausible explanation of this change is that the system put in place to identify vulnerable OVCs and PLWHIV is effective; the access to free ART provided by the government, and; community conversations that not only make people aware that PLWHIV can live with effective ART treatments but also helps to identify possibly infected persons. When these conditions are in place, mutually support of PLWHIV, support to these people to engage in IGA or to assist them in finding jobs as daily labourers help them to further reintegrate into society. OSSA's most important contribution consists of their support to organise community conversations in the kebeles and covering other medical costs. Organising PLWHIV in a saving association helps to create mutual support, but obliging members of the association to save money on a bank account of a micro finance institution for one year in a context of rampant inflation is to be considered as an adverse effect of the intervention.

The second outcome that we looked at is the extent to which intermediate organisations like the idir coalition, individual idirs, AACs and the PPTCT support groups increased the number of persons being referred to health centres for testing and access to free ART when necessary. OSSA's most important strategy to work with an idir coalition does not provide the explanation to the outcome. Community conversations organised by idirs are effective and sustainable strategies. Another factor that explains the increase is the availability of free ART, compulsory testing of pregnant women at health centres and voluntary testing of health centre visitors. OSSA's role with regard to this outcome of increased referral systems is not convincing. Their work through the idir coalition does not explain the outcome and volunteers are not sufficiently motivated to do a good job.

Relevance
Interviews with staff of OSSA, with external resource persons, with the liaison officer of Cordaid, as well as contextual information helped to assess the relevance of OSSA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which OSSA is operating; the CS policies of Cordaid.

With regards to the baseline ToC, the interventions and outcomes achieved are not relevant because OSSA wanted to create a civil society that is providing services to society through amongst others a strong idir coalition and strong AAC and PPTCT support groups. These groups are not performing.

With regards to the context in which OSSA is operating, its interventions and outcomes achieved are relevant in terms of supporting community conversations on HIVAIDS and working with volunteers that provide care and support services and assist PLWHIV and the guardians of OVC with IGAs. Through these interventions people can become part of society again. We observe however that the government itself also creates an environment to prevent HIVAIDS by increasing the possibilities for testing and by the administration of ART free of charge.

With regards to the CS policies of Cordaid, OSSA's interventions and outcomes are slightly relevant because its vision is that strong CBOs and motivated volunteers will bring about change. However OSSA did not succeed in strengthening the capacities of the organisations it works with.

Explaining factors
The information related to factors that explain the above findings was collected at the same time as the data were gathered for the previous questions. The evaluation team looked at internal factors within the OSSA, the external context in which it operates and the relations between OSSA and Cordaid.

With regards to internal factors, the evaluation team concludes that; human resources are missing at the OSSA branches that implement the project; OSSA, despite financial management training provided by Cordaid, still misses the capacity to properly manage projects financially. Apart from this, the four

project sites that Cordaid supports became independent from each other as of January 2014, further complicating adequate reporting on progress beyond output.

The most important external factors that explain the findings above are that: OSSA faces difficulties to comply with the 30/70% regulation, implying that it decided to economise on its monitoring and evaluation activities. Other factors are the high inflation rate that affects savings by beneficiaries and purchasing power of OSSA's staff and the frequent relocation of health centres which affects the financial capacity of volunteers to refer people to these centres.

With regards to the relation between OSSA and Cordaid we observe that Cordaid's decision to shift OSSA from the health to the education department in January 2013 implied an end to further collaboration and the implementation of an unsustainable exit strategy designed by OSSA.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the Health sector that OSSA is working on. Chapter three provides background information on OSSA, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with Cordaid. Deviations to the evaluation methodology and choice made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This paragraph briefly describes the context OSSA is working in.

2.1 Political context

The Ethiopian Government has enacted a five year Growth and Transformation Plan (GTP) to implement over the period of 2011-2015[1]. Two of the major objectives of the plan are to maintain at least an average real GDP growth rate of 11%, meet the Millennium Development goals, and expand and ensure the qualities of education and health services thereby achieving the MDGs in the social sectors (FDRE, 2010). The government acknowledged that NGO's and CSO have an important role to play in the implementation of this plan: According to the preamble of the new charities and societies proclamation NO. 621/2009 of Ethiopia, civil society's role is to help and facilitate in the overall development of the country[2]. This is manifested in the government's approach of participatory development planning procedures. For example, NGOs established a taskforce under the umbrella of the CCRDA to take part in the formulation of the country's first Poverty Reduction Strategy paper formulation. They were a major stakeholder in the planning process of the five year GTP plan. Despite fears that the NO. 621/2009 proclamation was thought to have negative impacts on Civil Society, the number of newly registered charities and societies have increased considerably. 800 new charities and civil societies were registered between 2010/11 and 2011/12 and as of February 2012, these were implementing over 113.916 projects in different social, economic and governance related sectors. Governance related projects comprise interventions in the area of democracy and good governance, peace and security, human rights, justice, and capacity building. The charities and societies are most engaged in the health sector (19.8%), followed by child affairs (11.9%), education (9.2%), governance (8.3%) and other social issues (7.8%). These figures are more or less similar to the pre-proclamation period, and would imply that new charities or societies have replaced foreign and Ethiopian charities that are not allowed to work on sectors related to governance and human rights[3]. This might indicate that there might have been some flexibility in the interpretation of some of the provisions of the proclamation.

2.2 Civil Society context

This section describes the civil society context in Ethiopia that is not SPO specific. The socioeconomic, socio-political, and sociocultural context can have marked consequences for civil society, perhaps more significantly at the lower levels of social development. The information used is in line with the information used by CIVICUS.[4]

[1] November 2010, *Growth and Transformation Plan 2011 – 2015,* Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia

[2] February 2009, *Charities and Societies Proclamation (proc. no.621/2009),* Federal Negarit Gazeta, Federal Democratic Republic of Ethiopia

[3] UNDP, January 2014, *Civic Engagement for Effective Service Delivery in Ethiopia: Tools, Opportunities and Challenges*, UNDP Ethiopia Working Paper Series No. 2/2014

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

2.2.1 Socio-economic context

Table 1

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

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

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

The Human Development Index (HDI) is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.[5] Ethiopia's HDI value for 2013 is 0.435— which is in the low human development category—positioning the country at 173 out of 187 countries and territories. Between 2000 and 2013, Ethiopia's HDI value increased from 0.284 to 0.435, an increase of 53.2 percent or an average annual increase of about 3.34 percent.

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

Ethiopia scores relatively low on the Social and Economic Rights Fulfilment Index (SERF Index)[7]. In 2012 Ethiopia is only protecting 58.10% of all its social and economic rights feasible given its resources, and the situation has worsened between 2010 and 2012. Especially the right to food and the right to housing remain problematic.

The Transparency International's Global Corruption Barometer survey shows how 1,000 Ethiopian people assess corruption and bribery in their home country: A low score indicates that a country is perceived as highly corrupt, while a high score indicates that a country is perceived as very clean. Ethiopia has a Corruption Perception Index score of 3.3 out of 10 in 2014, which places the country on position 110 out of 174 countries.[8] Survey participants were furthermore asked to rate their perceptions of corruption within major institutions in their home country on a scale of 1 to 5, 5 being most corrupt and 1 being least corrupt[9]. With a range of perceived corruption scores from around 2 (military, education and NGO's) to over 3 (private sector, public officials, and judiciary), most major institutions are perceived as corrupt.

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

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

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

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

[8] http://www.transparency.org/country/#ETH

[9] http://www.transparency.org/gcb2013/country//?country=ethiopia

[10] http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf

2.2.2 Socio-political context

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

The UN Special Rapporteur on the rights to freedom of peaceful assembly and of association, Mr. Maina Kiai, has commented that "The enforcement of these provisions has a devastating impact on individuals' ability to form and operate associations effectively, and has been the subject of serious alarms expressed by several United Nations treaty bodies." Mr. Kiai went on to recommend that "the Government revise the 2009 CSO law due to its lack of compliance with international norms and standards related to freedom of association, notably with respect to access to funding".[11] The Ethiopian Proclamation may effectively silence civil society in Ethiopia by starving NGOs of resources, and thus essentially extinguish their right to expression.[12]

In November 2011, the Ethiopian Charities and Societies Agency issued the Guideline on Determining the Administrative and Operational Costs of CSOs, which is applicable to all charities and societies (international and domestic). Retroactive to July 2011, when approved by the Agency without any consultation with organizations or donors, the "70/30" regulation limits administrative costs for all charities and societies to a maximum of 30% of their budgets.[13]

Freedom of assembly and association are guaranteed by the constitution but limited in practice. Organizers of large public meetings must request permission from the authorities 48 hours in advance. Applications by opposition groups are routinely denied. Peaceful demonstrations were held outside mosques in July 2012, but the security forces responded violently, detaining protestors, including several prominent Muslim leaders. A total of 29 Muslims were eventually charged with offences under the antiterrorism law. They were awaiting trial at year's end.[14]

Table 2
Ethiopia's rank on respectively the World Bank Rule of Law Index, Transparency International Perception of Corruption Index and Freedom House's Ratings of Freedom

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

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

Freedom House evaluates the state of freedom in 195 countries annually. In 2014, Ethiopia scored a 6 on both the political rights and civil liberties ratings, indicating that the country is neither politically free nor performing on protecting civil rights.[15] Its total aggregate scores from the Freedom House Index decreased with 15 points in the 2008-2012 period.[16]

The media are dominated by state-owned broadcasters and government-oriented newspapers. One of the few independent papers in the capital, Addis Neger, closed in 2009, claiming harassment by the authorities. Privately-owned papers tend to steer clear of political issues and have low circulations. A

[11] see UN Human Rights Council, Report of the Special Rapporteur on the rights to freedom of peaceful assembly and of association, Maina Kiai, April 24, 2013.
[12] http://www.icnl.org/research/monitor/ethiopia.html
[13] Idem
[14] Idem
[15] Puddington, Arch (2013) https://freedomhouse.org/report/freedom-world/2014/ethiopia-0
[16] http://www.freedomhouse.org/sites/default/files/FIW%202013%20Booklet.pdf

2008 media law criminalizes defamation and allows prosecutors to seize material before publication in the name of national security[17].

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

Women are relatively well represented in Parliament, having won 152 seats in the lower house in the 2010 elections. Legislation protects women's rights, but they are routinely violated in practice. Enforcement of the law against rape and domestic abuse is patchy, with cases routinely stalling in the courts. Forced child labour is a significant problem, particularly in the agricultural sector. Same-sex sexual activity is prohibited by law and punishable with imprisonment.[18]

2.2.3 Socio-cultural context

The World Values Survey Wave 2005-2009 asked 1500 Ethiopians the question: "Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?" Out of 1500 respondents, only 21,4 % stated that most people can be trusted. 66,2% indicated they needed to be very careful.[19] Additionally, only 36,1% of the respondents mentioned 'tolerance and respect for other people' as a quality that needs to be encouraged to learn children at home.[20] 74% of the respondents think that churches are giving adequate answers to people's spiritual needs.[21]

[17] Puddington, Arch (2013) https://freedomhouse.org/report/freedom-world/2014/ethiopia-0
[18] Idem
[19] http://www.worldvaluessurvey.org/WVSOnline.jsp
[20] Idem
[21] Idem

2.3 Civil Society context issues with regards to the MDG

A 20-year Health Sector Development Programme consisting of a series of 5-year rolling programmes was established in 1997–1998. Currently, the Health Sector Development Program IV 2010/11-2014/15 is rolled out. The recently implemented Business Process Reengineering of the health sector has introduced a three-tier health care delivery system which is characterized by a first level of a Woreda/District health system comprising a primary hospital (with a population coverage of 60,000-100,000 people), health centres (1/15,000-25,000 persons) and their satellite Health Posts (1/3,000-5,000 persons) that are connected to each other by a referral system. A Primary Hospital, Health centres and health posts form a Primary Health Care Unit (PHCU) with each health centre having five satellite health posts. The second level in the tier is a General Hospital with a population coverage of 1-1.5 million people; and the third a Specialized Hospital that covers population of 3.5-5 million.

The current health program also introduced a strategy to prevent and control major infectious diseases and to increase its coverage in the rural areas with the appointment of Health Extension Workers. Despite this still categories in society are still not being reached, including street children and youth, commercial sex workers, people with disabilities, PLWHIV, OVCs, destitute women and people living in geographically marginalized areas. In response to this gap, a number of actors, in particular NGOs, are striving to focus on the vulnerable groups of the community with the main purpose of improving access, quality and sustainability of health facilities and health services[22].

The Ethiopian Health care system currently experiences a rapid expansion of private sector organisations and NGOs playing significant role in boosting the health service coverage and delivery of services through public/private/NGOs partnership. Health offices at different administrative levels from the Federal Ministry of Health to Regional Health Bureaus and Woreda Health Offices share decision making processes, decision powers, duties and responsibilities. The Federal and the Regional Offices are in charge of policy formulation and providing technical support whilst the Woreda Offices manage and coordinate the operation the district health system under their jurisdiction. The devolution of competencies to regional governments has resulted in a more decentralised decision making process.

Several reports indicate that Ethiopia the prevalence of HIV/AIDS has sharply decreased from 1.3 million persons in 2011 to 760,000 persons living with HIV/AIDS in 2013 (UNAIDS, 2013). However, the magnitude of socio-economic and psycho-social problems caused by the HIV/AIDS pandemic is still rampant: some 840,000 children lost one or both parents due to HIV/AIDS and were left behind without adequate parental care.[23]

[22] Alemu E.,September 2014, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report), Covenant Development Consult

[23] Alemu E., September 2014, Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (Final Report), Covenant Development Consult

3 OSSA and its contribution to civil society/policy changes

3.1 Background of OSSA

History

OSSA is an indigenous humanitarian organisation working in communities to reduce the spread of HIV/AIDS in Ethiopia. It was founded in 1989 by a group of religious ministers from various faiths in Ethiopia (Orthodox Christian, Catholic, Muslim and Evangelical) in conjunction with the Ministry of Health. The founding of OSSA was a response to the growing incidence of HIV/AIDS in Ethiopia.

For more than 20 years the organisation has been working on prevention of HIV infection as well as care and support for the infected and affected individuals and groups. It has a long experience of working with the community, government offices, international & bi-lateral organisations. Many of OSSA's activities take place for and with youth - as it is essential that the younger generation understands the ways in which HIV is spread and how to prevent it.

In 2013, OSSA supported over 20,000 OVC, 5,000 PLHIV (People Living with HIV) and a large number of AIDS affected families. OSSA also supports more than 200 Anti-AIDS and girls clubs which in turn are working with thousands of young men and women throughout the country. We observe however that these figures did not change since 2008.

OSSA is a rather large NGO with operations throughout the country operating from 11 branch offices, 6 sub branch offices and the head office and has an annual turnover of EUR 3.200.000. The organisation has about 405 staff members. In addition, OSSA works with more than 3,000 community volunteers and 221 community-based organisations at grassroots level. The OSSA Hawassa branch works with 140 community volunteers and 16 community based organisations (CBO) at the grassroots level. OSSA became a Linking Organisation for the International Aids Alliance in 2011. As a linking organisation the organisation works with young people in Ethiopia as part of the Link Up project: an ambitious, five country programme which aims to improve the sexual and reproductive health and rights of more than one million young people over three years.

Between 2011 and 2014 OSSA was working in Oromiya, Amhara, SNNPR, Tigray, Addis Ababa, Benishangul-Gumuz, Afar, Somali, Dire Dawa and Harari. OSSA has reached more than 660 kebeles with a total population of 2.8 million directly or indirectly through community-based care and support for OVC (Orphans and Vulnerable Children) and PLHIV, community conversations, stepping stones, peer education, youth dialogue, PAPAS (participatory AIDS prevention and support), Prevention of Mothers to Child Transmission (PMTCT), sexual reproductive health, family planning and livelihood schemes.

With many staff and volunteers and a large geographic coverage, OSSA is well respected and claims to be the largest HIV/AIDS specific NGO in the country. Its **vision** is to see local communities in which the spread of HIV is controlled, healthy sexual reproductive behaviours are being developed, adequate care and support are being provided to the infected and affected, and their human rights protected irrespective of their age and gender.

Mission

OSSA is dedicated to initiating, coordinating, facilitating and promoting local community-based responses, designed to reduce the spread of HIV, promote Human rights and justice & alleviate socio-economic impacts of HIV/AIDS.

Main strategic actions

The strategy between 2011 and 2014 for the Cordaid funded projects is to transform from direct household interventions to community interventions through capacity building, economic strengthening and transfer of responsibilities from OSSA to CBOs with emphasis on gender issues.

- Income Generating Activities (IGA) - through income generating activities OSSA tries to prevent and reduce the hazardous socio-economic and health impacts of HIV/AIDS on the life of OVC's and their guardians. OSSA selects OVC's together with stakeholders and kebele representatives. The selected OVC's receive a three day training on making a business plan. After the training OSSA provides start-up capital;
- Anti-AIDS and Reproductive Health clubs - these are established with the help of volunteer youths. The aim is to stem the spread of AIDS through improving youth awareness of HIV/AIDS on how the virus is passed on. OSSA provides the clubs with training and support. These clubs provide a way for peer-to-peer education to take place among young people;
- Provision and running of Voluntary Counselling & Testing (VCT) centres - VCT centres provide safe and confidential testing and counselling services to members of the public who wish to be tested for HIV;
- Care and support for people living with HIV and AIDS (PLWHA) - OSSA provides counselling services and financial support for people referred by various testing centres. If a parent dies from AIDS, OSSA continues to take care of his/her children;
- Hotline Information Service - this a free phone number that anyone can call for HIV/AIDS and Reproductive Health information and counselling. The phone line is manned by trained OSSA hotline counsellors. There are two lines, in the different local languages of Tigrigna and Amharic;
- Publication and distribution of IEC (information, education and communication) materials - OSSA publishes and distributes free leaflets, posters and newsletters aimed at building awareness of HIV/AIDS prevention and control. MFS II interventions related to Civil Society. With Cordaid's funds OSSA implemented two projects between 2008 and 2014 within its sub branches at Arba Minch, Shebedino, Hossana and Hawassa City Administration.

The project between 01-10-2008 and 31-12-2012 is called "Integrated HIV/AIDS prevention, care and treatment for people living with HIV/AIDS and OVC through Self-Reliance". Its overall objective is to improve the wellbeing of people living with HIV/AIDS, orphans and vulnerable children (OVCs), youth and families affected by AIDS pandemic. Outcomes are increased income, self-esteem, improved interpersonal relationships, nutritional status of 1100 PLWHA and OVC households; increased access of these households to health care services and protection of their rights; and a network of CBOs, FBOs, NGOs, women association, public service providers and micro finance institutions strengthened.

At the beginning of 2013 four baseline assessments were carried out at the four project sides to assess the needs of OSSA's target group. As a result the project between 01-01-2013 and 31-12-2013, called "HIV/AIDS prevention and impact mitigation on OVC's and their families/guardians", focused more on economic empowerment. The overall objective is to contribute to a sustainable economic and social empowerment of OVCs including HIV/AIDS affected children and youngsters, their guardians, families and their communities. OSSA tries to reach their objective by engaging and capacitating 8 CBO Coalition, 8 Anti Aid Clubs, voluntary counsellors, and 4 PPTCT Support groups in HIV/AIDS prevention, care and support programs and by strengthening the capacity of 200 OVCs and their guardians trough income generating activities. Additionally OSSA provides material and psychosocial support to 200 orphan and vulnerable children and creates strong referral linkages with hospitals and health centres for health care services for the target beneficiaries. For the phase out period (01-01-2014 until 30-06-2014) the focus is on handing over the care and support program for 200 OVCs to the four CBO coalitions and youth clubs in the four project sides. The following relations exist between OSSA's interventions and the CIVICUS framework: in the last phase of the project CBO coalitions were prepared to become responsible for the implementation of different prevention, care and support activities. At the same time the AAC and the PPTCT groups were made responsible for the coordination and implementation of prevention activities for youngsters and the general population, respectively the care and support activities for OVCs and their families/guardians. They also provide basic information on PPTCT for HIV positive mothers. These relate to the dimension 'perception of impact' or 'level of organisation' in terms of strengthening civil society organisations.

The interventions considerably rely on volunteers, which directly relates to the CIVICUS dimension 'Civic Engagement'. The evaluation therefore tried to focus on these two orientations.

3.2 Basic information

Table 3
Basic information on OSSA

Name of SPO	Organisation for Social Services for AIDS (OSSA)			
Consortium and CFA	Communities of Change/CORDAID			
Project name	HIV/AIDS Intervention Project through self-reliance (118/10036B) HIV/AIDS prevention and impact mitigation on OVC (107882)			
MDG/theme on which the CS evaluation focusses	MDG 4,5,6: Health			
Start date of cooperation between the CFA and the SPO	2000-2001			
Contracts signed in the MFS II period	**Period**	**# months**	**Total budget**	**Estimation of % for Civil Society**
118/10036B: HIV/AIDS Intervention Project trough self-reliance	01-10-2008 until 01-10-2011	36	€ 439.035 (contribution Cordaid € 338.000)	52%
No-cost extension for 118/10036B project	01-11-2011 until 31-12-2012	15		
107882: HIV/AIDS prevention and impact mitigation on OVC	01-01-2013 until 31-1-2013	12	€ 111.625	
Extension contract for 107882 project	01-01-2014 until 30-6-2014	6	€ 53.252	

4 Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

The project documentation obtained in the beginning of 2014, initially only covered the 2008-2012 project with OSSA and not information was available for the 2013 – 2014 period needed for the selection of recent outcomes. Based upon this information the evaluation team experienced difficulties in identifying the civil society focus to take into consideration for OSSA. It is only after the first workshop with OSSA was organised more information became available and the team could follow the evaluation methodology as planned.

4.2 Difficulties encountered during data collection

The evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework. Whereas the project is being implemented on four different sites, the information made available was not clear on what happened on each site.

The evaluation team has mainly collected information on the Harwassa site, one of the four sites. A second mission was necessary to collect additional information regarding the contribution analysis and to obtain more clarity on facts and figures related to the projects being implemented. Part of the missing data can be explained by the fact that OSSA does not have an M&E system in place for all sites to monitor progress, not only on outputs level but also at outcome level.

The evaluation team had no time to visit other project sites of the four that OSSA is working with. Therefore the risk of having obtained biased in formation is considerable.

4.3 Identification of two outcomes for in-depth process tracing

In relation to the CIVICUS framework four strategic orientations for contribution analysis were identified: Ensuring that more people from more diverse background are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations.

With regards to OSSA the focus was to assess to what extent their MFS II interventions helped to engage people with each other as a means to improve the livelihoods of PLWHIV, as well as the livelihoods of those people that take care of OVCs – their guardians. The focus was on the role of the saving associations, the income generating activities for those persons that are able to perform such activities.

The second strategic orientation that we looked at is the extent to which the idir coalitions[24] are capable of ensuring the access of OVC and PLWHIV to governmental services. In the last phase of the collaboration between Cordaid and OSSA (January – June 2014), the intention was to strengthen the capacities of the idir coalitions in which different kebeles are represented to ensure that OVCs and PLWHIV get access to government services such as education, health, financial services and to home based care and support organised with volunteers.

[24] Among the most enduring, universal, effective, and relevant socio-economic informal institutions Ethiopians have created are Iquib and Idirs are an informal institution in Ethiopia; they are associations established among neighbours or workers to raise funds that will be used during emergencies, such as death within these groups and their families. An Idir can be characterized as a traditional financial association.

5 Results

5.1 Results obtained in relation to project logframe

An inventory was made of progress being made by OSSA in comparison to its project documents. However the quality of the progress reports may have hampered the presentation of facts and figures.

The 2008 – 2012 project comprise four specific objectives. The first objective meant to ensure government services and support from community volunteers for 500 OVCs and 500 PLWHIV by direct project interventions that improve the livelihoods of those targets. Important achievements were made on most of the project results, although 41 % of the target groups did not receive the start-up capital needed to run their own business, and other NGOs did not sufficiently step in to provide food and nutritional support. According to the understanding of the evaluation team, during this phase 60 volunteers received training in order to be able to support 1000 OVCs and PLWHIV. Only 325 of the 1000 OVCs and PLWHIV (33%) were regularly supported by the volunteers. Community conversations are being organised to raise the awareness of communities with regards to HIV/AIDS prevention. Its second objective meant to ensure that idirs (CBOs) and their coalitions were capable to take over the responsibilities of OSSA. New structures were put in place and existing structures were equipped, however OSSA was not able to ensure the training of these structures. The third objective was about staff capacity development which took place according to plan. Not enough data are available to confirm that OSSA ensured that one of the project sites would become sustainable.

In 2013, OSSA received another grant from Cordaid, covering the four project sites, implementing the same type of activities for 200 OVCs, including a training of 40 (old/new) volunteers to support these OVCs. The guardians of the OVCs were trained in business skills and 188 received a start-up capital. The operational costs of four idir coalitions, 12 AACs and 4 PPTCT groups were covered but no management training was provided.

Although the initial programme that was conceived in 2012 covered 3 years, Cordaid decided to stop its support to OSSA. Therefore in the January – June period, OSSA received support to ensure that the CBO coalitions, the AACs and the PPTCT would be able to take over the roles and responsibilities of OSSA on the four project sites. Cordaid only received this final report in December 2014.

5.2 Changes in civil society in the 2012-2014 period

5.2.1 Civic engagement

Civic engagement describes the formal and informal activities and participation undertaken by individuals to advance shared interests at different levels. Participation within civil society is multi-faceted and encompasses socially-based and politically-based forms of engagement.

In the beginning of 2013, OSSA conducted four baseline surveys at the different branches to generate input on needs of their target group for the 2013-2015 project[25].

After additional discussions with community leaders (idir leaders), community members as well project members, OSSA decided to concentrate its interventions on saving association to support PLWHIV and guardians of OVCs[26], while the strengthening of, the AACs, the PPTCT associations and volunteers and the establishment of a CBO coalition were considered as sustainable measures[27]. In 2013 three

[25] The same was done for the 2008-2012 project
[26] Interview with executive leadership
[27] Both the needs assessment study and the discussion forums held were paid for by MFS II funds

saving associations were set-up with 55 members in total and one idir coalition with 128 members from 64 individual idirs was established in OSSA Hawassa. Four PPTCT women support group associations were established in 2012-2013 who, together with the girls clubs, reached 663 beneficiaries (462 females and 201 males) via the outreach programme. There was no budget for the creation of new AACs or girls clubs, neither did the existing 12 clubs receive any training between 2012 and 2014. OSSA planned to setup six guardian clubs in 2013, but no progress on this was reported in their 2013 annual report.

The clubs mainly reach the youth via peer education. Many community members are reached by awareness creation via the community or coffee ceremonies organized by individual idirs and the idir coalitions. As this approach fits the cultural and societal structure in Ethiopia well it is perceived as being effective in awareness creation[28].

The contribution of the 60 volunteers that were trained during the 2008-2012 project[29] and the additional 40 volunteers trained in 2013, is not very clear. According to the documents made available these volunteers only reached 33 % of the OVCs and PLWHIV in that period. Minute meetings of general meetings organized by OSSA show that the attendance rate of volunteers to these meetings is low. These volunteers however have good relationships with the families they are supporting and they are essential in OSSA's intervention model. Each volunteer is however involved in a wide range of activities, from providing home based care and support to providing technical support IGA's or advising on legal support, which may be more time consuming than can be expected from a volunteer. Over time OSSA invested in trying to involve beneficiaries in the planning, implementing and monitoring phases of the projects via regular meetings with representatives of marginalized groups and via the CCs. It is observed that this involvement is more consistent than it was in 2012 and hence can be seen as a trend in civic engagement[30].

A preliminary conclusion on the impact of the government providing PLWHIV with free of charge ART is said to change in mentality of PLWHIV regarding their ability to work and to be valued as community members. Two PLWHIV agree that the community they live in have changed their attitudes positively towards them, but two other PLWHIV do not agree because they are not invited to community gathering and cannot participating in the preparation of weddings. According to a representative of the idir coalition people nowadays are more aware of how HIV is being transmitted and have become less afraid of interacting with PLWHIV.

When considering the intensity of civic engagement in terms of beneficiaries participating in the activities of OSSA, we observe a small improvement since the baseline study.

Score baseline 2012 on an absolute scale from 0-3: 2
Score endline 2014, relative change since 2012: +1

5.2.2 Level of organisation

This dimension assesses the organisational development, complexity and sophistication of civil society, by looking at the relationships among the actors within the civil society arena.

OSSA's relations with other NGOs has not changed much in that it still focuses on avoiding duplication of efforts. Bi-annually a network of NGOs working on HIV/AIDS comes together to align efforts in the project sites where OSSA is working. OSSA's participation in other networks[31] neither changed significantly, because, according to the evaluation team in Ethiopia, this would be interpreted as being involved in advocacy activities.

OSSA does not have an institutional budget to expand its network with other NGOs and to start learning from experiences.

[28]Interview with programme staff
[29]Counselling training exceeded the budget by 337%
[30]Interview with executive leadership; field staff; and programme staff
[31]Two networks mentioned in the interviews are the CCRDA Southern platform, a network incorporating WFP, the Health Office and 6 other NGO's addressing PLWHIV and OVC issues, and the OVC network with the Women and Children Affairs Office, the Health Office, and around 10 NGO's/

Score baseline 2012 on an absolute scale from 0-3: 2
Score endline 2014, relative change since 2012: 0

5.2.3 Practice of Values

Practice of Values refers to the internal practice of values within the civil society arena. Important values that CIVICUS looks at such as transparency, democratic decision making, taking into account diversity that are deemed crucial to gauge not only progressiveness but also the extent to which civil society's practices are coherent with their ideals.

OSSA's general assembly has been revised in 2011 to incorporate representatives of beneficiaries and PLWHIV. This change has improved the information flow from OSSA to beneficiaries and vice versa[32].

OSSA mainly reports to other NGOs, the government and beneficiaries on its operational activities and not on its financial status or utilization and no changes have been reported in the 2012-2014 period. The same applies for the composition of social organs and external financial auditing: as was the case in 2012, 0-10% of the marginalized target groups are members of the mandatory social organs and OSSA still conducts the obligatory annual audit by an external body.

Cordaid funded a Financial Management Training for OSSA in February 2012. A first follow up visit to assess how this Financial Management Capacity Building (FMCB) shows that only 19,4 of the instructions given were according implemented in April 2013. During the second follow-up visit in November 2013, OSSA's compliance with the FMCB reached 41,9%[33]. Financial progress reports in the 2008-2012 period show considerable overspending on salary, office and transportation costs[34] and underspending on activity costs[35].

From the rather big amount of questions asked in e-mail conversations between OSSA and the financial department of Cordaid on costs calculations and investments in the proposed budget for the phase-out proposal for January-June 2014 it seems OSSA still struggles with financial management issues.

Score baseline 2012 on an absolute scale from 0-3: 1
Score endline 2014, relative change since 2012: 0

5.2.4 Perception of Impact

Perception of Impact assesses the perceived impact of civil society actors on politics and society as a whole as the consequences of collective action. In this, the perception of both civil society actors (internal) as actors outside civil society (outsiders) is taken into account. Specific sub dimensions for this evaluation are the extent to which the SPO has contributed to engage more people in social or political activities, has contributed to strengthening CSOs and their networks, has influenced public and private sector policies.

As already mentioned above, in 2013 OSSA mainly concentrated on supporting guardians with the creation of GA in terms of providing training, and initial capital to 188 guardians of the 200 planned[36]. In the 2008-2012 period only 41 trained in IGA received a start-up capital .

Beneficiaries that were involved in IGA have changed for the better; those people who did not have anything to eat or wear in 2012 are now earning and supporting themselves gradually[37]. The guardian club for instance is involved in small business activities preparing food and selling animal feed. They are also encouraging others to engage in IGA's.

[32]Interview with executive leadership
[33]Second Follow up Financial Management Study
[34]For example, the Hawassa branch overspent their 2008-2012 budget with 136% with the largest increase in expenditure was on the Branch Manager.
[35]For example, vocational skill training has only cost 30% of the budget and free medication took up only 7%.
[36]Interview with Save the Generation Association
[37]Interview with field staff

In terms of civil society impact, OSSA supported one idir coalition that regroups 64 idirs, 6 girls clubs, 4 PPTCT mother support groups and worked with 60 volunteers in the Hawassa area between 2012 and 2014. Additionally OSSA has also supported the girls clubs to create a coalition and they have got a licence from the regional justice office to work as a CSO in 2013. Three OVC guardians and PLWHIV saving association were established in collaboration with Hawassa's town coordination office for micro finance between 2012-2014. These associations are saving consistently with few dropouts[38]. However, the saving associations have a regulation that people cannot take a loan within the first year, implying that the level of IGAs being established is still low. After this year a person can only take a small loan of 1000 Birr only.. Given Ethiopia's high inflation rate the relevance of saving money on a bank account is questionable. The idir coalition, idirs, the AACs, the PPTCT women support groups and some volunteers do attend quarterly, semi-annual and annual meetings that are being organized by OSSA to report on the status of their tasks, challenges and best practices. These CBOs are expected to take over the care and support and awareness creation activities after the phase-out period, but the in country research team observed that most CBOs, are not strong enough to work with the intensity expected of them. An explanatory factor of this is that since OSSA has planned to work with them in 2008, hardly any technical support has been provided to prepare these CBOs on their future tasks. Another explanation is that the project with Cordaid, foreseen for three years, ended all of a sudden after 1,5 years with an exit strategy of only six months. One activity that might continue are the coffee ceremonies organized by the idirs to raise the awareness on the prevention and treatment of HIV/AIDs, because these structures and practices already existed before the project came.

In the 2012 – 2014 period the involvement of local government administration with OSSA's activities increased. There has been a slight improvement in the referral practices[39], and local administrations are more involved in OSSA's project planning, implementation, monitoring and evaluation. Local administration sees OSSA as being supportive to the public sector because it addresses key issues within the community[40]. Although some expect OSSA to do more they have no complaints with the things done so far. These bodies get a regular report and communicate frequently with OSSA.

Given the role assigned to NGOs in Ethiopia, OSSA is not engaged in advocacy activities. However, inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. Local administration is aware of OSSA's interventions and both have developed operational procedures to collaborate. (the hospital sends a slip for the treatment done to referred individuals, OSSA settles invoices after treatment, OSSA reports to the health office and women and children affairs office).

OSSA is attempting to work with private health centres and sponsors for the idir coalition, but so far no concrete progress has been made. It is not influencing the policies and the practices of the private sector.

Score baseline 2012 on an absolute scale from 0-3: 2
Score endline 2014 on relative changes: +1

5.2.5 Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how OSSA is coping with that context. The 2009 Proclamation to Provide for the Registration and Regulation of Charities and Societies (CSP) and the related "70/30" regulation that limits administrative costs for all charities and societies to 30% of their budgets[41].

This context constrained OSSA in terms of the man power it could hire and the field visits it could conduct. Accordingly, OSSA decided to reduce monitoring and evaluation efforts since staff costs for M&E all fall within the 30% limit. The fact that on the Hawassa project site only one project manager is executing most of the activities may also be the consequence of the new regulations. OSSA also had

[38]Interviews with saving association members
[39]Interview with health office
[40]Idem
[41]Interview with health office

to relocate its offices to a cheaper place, which is time consuming. Not compiling to the law leads to a termination of its license to operate.

The proclamation on charities and societies also prohibit national NGOs that receive foreign finance to engage in lobby and advocacy on rights based issues. OSSA's work has been affected because it cannot defend the interests of the children and the marginalised groups it works with as before. However a new window of opportunity which is accepted is to work closely with public sector services that than may become aware of how to address burning issues in society.

Another issue affecting the efforts of OSSA is the high inflation rate which influences the IGA activities done by the saving association. There is high inflation in the country, mostly ranging between 35% and 40%, hence; the initial capital given to individuals is not enough to boost their economic security (income earning and increasing number of meals per day). In response to this, the OSSA has increased the initial capital from 1500 Birr to 2500 Birr which in turn decreased the number of beneficiaries addressed.

Score baseline 2012 on an absolute scale from 0-3: 1
Score endline 2014 on relative changes: -1

5.3 To what degree are the changes attributable to the Southern partners?

This paragraph assesses the extent to which some outcomes achieved can be "attributed" to OSSA. Starting with an outcome, the evaluation team developed a model of change that identifies different pathways that possibly explain the outcome achieved. Data collection was done to obtain evidence that confirms or rejects each of these pathways. Based upon this assessment, the evaluation team concludes about the most plausible explanation of the outcome and the most plausible relation between (parts of) pathways and the outcome. The relations between the pathways and the outcomes can differ in nature as is being explained in the following table.

Nature of the relation between parts in the Model of Change

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

Sources: Mayne, 2012; Stern et al, 2012

The following paragraph assesses OSSA's contribution to two outcomes. Each paragraph first describes the outcome achieved and the evidence obtained to confirm that the outcome has been achieved. It then presents the pathways identified that possibly explain the outcomes, as well as present information that confirms or refutes these pathways. The last section concludes in the first place about the most plausible explanation of the outcome, followed by a conclusion regarding the role of the SPO in explaining the outcome.

5.3.1 Civic engagement: improvement in livelihoods of PLWHIV

With regards to OSSA's contribution to enhancing people's engagement as well as to engaging more diverse and marginalised people into in civil society, the evaluation team looked at the extent to which OSSA's interventions helped to reintegrate OVCs and PLWHIW into society and improved their social and economic capital to become a full member in society: This by means of supporting the guardians of OVCs and PLWHIV to increase their incomes. According to OSSA, the livelihoods of 55 persons have improved in economic and social terms through the establishment of the saving associations and an unknown number of vulnerable persons have improved their livelihoods through individual IGAs.

Improved income through IGA however largely depends upon how successful the person is to earn an income with petty trade which largely depends upon the use of the start-up capital given by OSSA and the capacity and skills of the person receiving this. Most PLWHIV also engage in daily labour work[42].

Pathway 1

The first pathway that might explain the re-integration of OVCs and PLWHIV into society is that OSSA created three saving associations in 2013 that in total have 55 members. The members consist of PLWHIV and guardians of OVC. The members of each association elect one chairman, one secretary, and a treasurer. After the formation of the groups, OSSA provided business venture and financial management trainings trough the volunteers, also trained by OSSA. Then the saving associations receive a start-up capital from OSSA, varying between 1500 Birr and 2500 Birr according to OSSA's availability of funds and the consequences of the high inflation rates. The savings associations are obliged to open a group account at a Micro Finance Institution (MFI) and save 5-10 Birr per week/every two weeks for a consecutive 12 months. Members of each saving organisation gather on a weekly basis to put in the saving money. After a year they will become eligible to borrow from the group's savings to expand their business. The beneficiaries are involved in different petty trade activities such as selling enjera, charcoal, firewood, fruits, and vegetables.

During some of the gatherings of the saving associations, OSSA or volunteers provide advice on a wide range of issues, such as business administration, hygiene, ART administration, and other psychological advices on coping with HIV and stigmatisation. The gatherings are believed to increase the solidarity among members and reduce stigma amongst the members as they are also involved in supporting each other when one is sick or has a family calamity such as a funeral[43].

Before PLWHIV adhere to the saving associations, OSSA together with the idir coalition, idirs and during community conversations identified PLWHIV and ensured their referral to the health centres where they get ART treatment free of charge. Together with the coverage of additional medical costs by OSSA, PLWHIW are not bedridden and can become part of social and economic live.

The following information collected highlights the fact that the saving association *do not explain* the re-integration of PLWHIV and OVCs into society:

- Members of the saving associations increased their income because OSSA provided them with a start-up capital to start or expand their petty trade business and not because they increased their access to loans from the micro finance institutions. The extent to which collective savings will increase the group's access to future loans from the micro finance institutions is questionable, because not all members are saving on a regular basis because they lack the financial means to do so. Three persons one association already got access to a loan from the MFI/savings association before the end of the year, because they were in desperate need or had the possibility to expand their business. People in the associations are afraid that future loans from the FMI may be used for other purposes than expanding one's business[44.] Another explanation that saving money on a bank account does not help to increase incomes is the inflation rate mentioned earlier.
- IGAs vary from working as daily labourers on a construction site and/or as civil servants working as cleaners (mainly females) to being engaged in petty trade similar to those exercised by the saving association members. Most PLWHIV can switch between petty trade and daily labourers whenever the opportunity arises. To a very small extent some of these PLWHIV are counselled by the volunteers from OSSA and/or some have received initial capital from idirs. Some of those that received capital from the idirs have been involved in sheep fattening, which is a better investment venture in comparison to petty trade or daily labour works in terms of economic gains.

The following information *confirms* the importance of the saving associations in re-integrating PLWHIV and OVC into society: Being a member of a saving association reduces stigma because the interaction between members goes beyond saving[45]. Members visit each other when ill, support family members when needed, and advice each other on business and other related issues. It is furthermore allowed

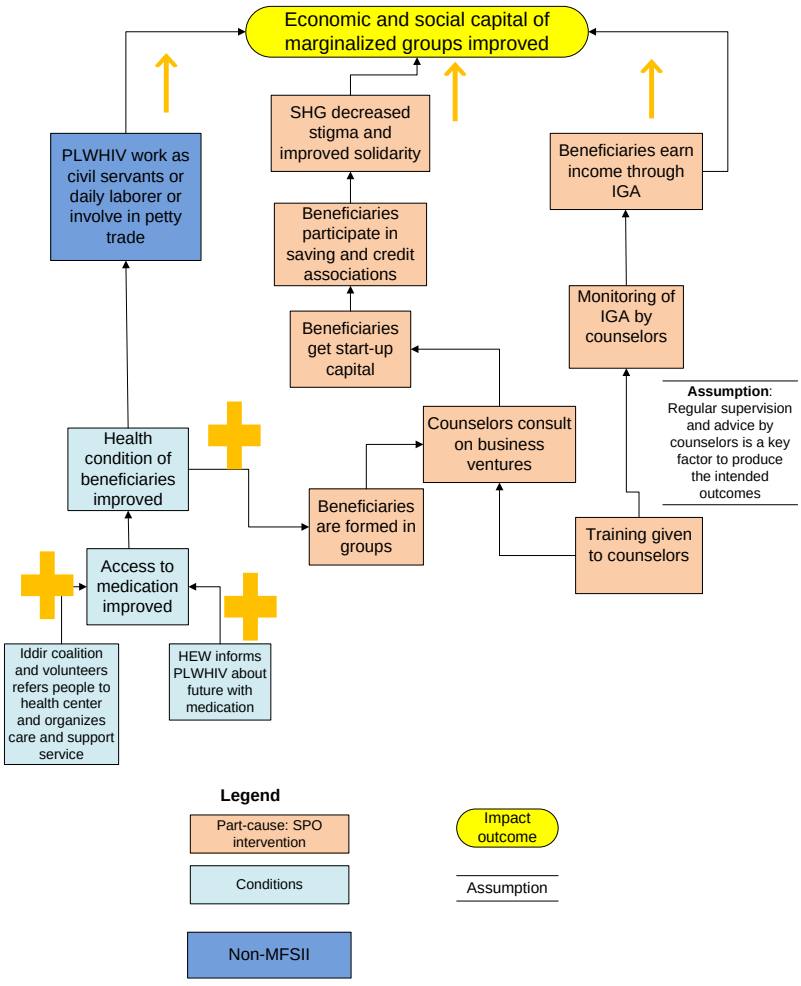
[42]Interviews with two members of a saving association
[43]Interviews with beneficiaries and counsellors support this claim
[44]Observation in-country evaluation team
[45]Association members interviewed

that family members replace a member when he or she dies. Another PLWHIV who did not join the saving association fears the moment she will get ill since she then will not be able to earn an income and has no one to fall back on.

The role of volunteers used by OSSA to advice PLWHIV and the guardians of OVC is appreciated by members of the saving associations. Apart from being visited by Health Extension Workers 3-5 times a month who help them with health related issues like pill administration and hygiene, OSSA's volunteers visit them at least five times a month to provide similar care and support activities as well as helping them with chores and providing counselling. Additionally, they give advice on business related issues like book keeping and management issues. It is however not known if these volunteers only visit the 55 members of the saving associations established in 2013 only or if they also continue visiting the 986 persons that received a training on IGA during the 2008-2012 project, of which 584 persons also received a start-up capital.

Pathway 2

A second pathway that might explain the re-integration of OVCs and PLWHIV into society consists of people not adhering to a savings association, but start their own IGAs (petty trade) or start working as daily labourer on a construction site, become a civil servant as a cleaner etc. OSSA's contribution to improving the livelihoods of those PLWHIV and the guardians of the OVCs is limited and possibly might consist of OSSA referring these persons to the health centre to get the ART treatment and paying additional medical costs, OSSA volunteers sometimes giving them advice or having given them an initial training on IGA and/or start-up capital during the 2008-2012 period. However, these people are not a member of the saving associations put in place in 2013.



Information collected that confirms that people improve their livelihoods in economic and social terms and reintegrate in society *without support from OSSA* to start their own business are the following:

- One of the PLWHIV interviewed says starting ART meant she felt better and was able to work more, which led to an increase in income. She did not feel the need to join a saving association or look for other ways to get a loan. PLWHIV furthermore can turn to alternative forms of loans, such as via the idir. It was however observed that not many people can apply for a loan since not many idir have the financial means to do so. Only three or four PLWHIV were able to receive a loan from an idir between;
- Both the health extension worker and a volunteer interviewed believe that the reduction in stigma and discrimination is mainly caused by the availability of free ART drugs. This enables PLWHIV to function the same as others within the community. OSSA staff comments that most people need more medical support than only ART to be able to function, hence they cover these additional costs;

- The HEW and counsellor furthermore mention drama's and media activities as important factors in reducing stigma and discrimination. The representative of the idir coalition and a saving association member agree that the efforts of the government to reduce stigma via media channels are effective. The idir coalition representative furthermore believes the coffee ceremonies play an important role;
- Apart from receiving start-up capital from OSSA, some people manage to receive start-up capital from their idirs. One of those contributions helped a person to engage in sheep fattening, which is a better investment venture in comparison to petty trade or daily labour works in terms of economic gains. Another NGO, JECCDO also supports PLWHIV and OVC guardians with start-up capital but channels this through the idirs, rather than involving the Micro Finance Institutions. (no information available if JECCDO is working with the same 64 idirs as OSSA).

Conclusion
The most plausible explanation of the improvement of the economic and social livelihoods of PLWHIV and OVCs consist of ensuring their access to free ART by the government which requires an effective system of identifying people affected by HIV through the community conversations and the PPTCT women support groups. The community conversations not only help to identify HIV infected persons, but they also raise the awareness of others that PLWHIV can live with effective ART treatment and they can engage with them in a normal way. These are a *condition* for the further integration of PLWHIV and OVCs in the community. Saving associations help them in terms of mutually supporting each other and therefore enhances their social capital (*sufficient but not necessary explanation)*, but in economic terms the saving associations improve the financial position of the micro-finance institution rather than that of the members of the saving association *(not sufficient and not necessary)*. The livelihoods of PLWHIV and OVCs improve in economic terms when they receive individual start-up capital to start their own IGA, however the success of these activities depend upon personal entrepreneurial skills and the amount of the start-up capital given (*sufficient but not necessary cause):* PLWHIV switch between petty trade and daily labourers whenever the opportunity arises.

OSSA's most important contribution to the improvement of the economic and social livelihoods of PLWHIV and OVCs consists of their interventions related to raising the awareness of people in the kebeles about HIVAIDS, testing them and referring them to the health centre for ART treatment and covering other medical costs. Its intention to organise people in saving associations, helps to create relations of mutual support amongst PLWHIV and the guardians of OVC and provides members to start their own business, however putting savings on a bank account of a Micro Finance Institution for a year decreases the value of the amount saved due to high inflation rates and creates uncertainty amongst its members about what they can expect in financial terms from the MFI in the future.

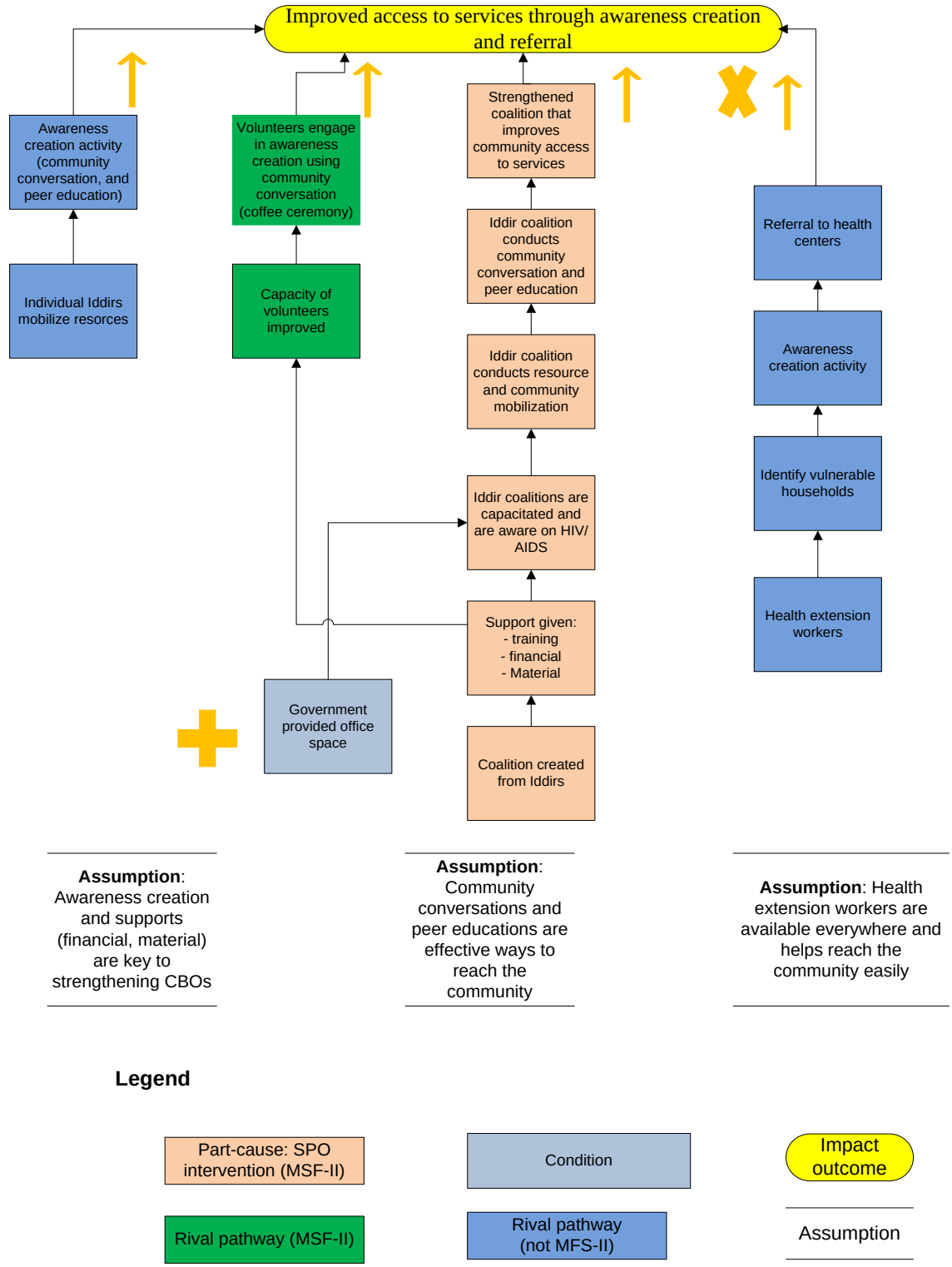
5.3.2 Strengthening IOs: improved referral to health services

For the second strategic orientation –strengthening intermediate organisations- the impact outcome is defined as "Improved referral to health services through referral and care and support efforts".
This contribution analysis looks at the extent to which intermediate organisations like the idir coalition, individual idirs, AACs and the PPTCT support groups have the capacity to refer people to health services.

Pathway 1
The first MFS II funded pathway is that of the formation of a coalition of idirs by OSSA Hawassa with the objective of improving the society's access to health services. The coalition consists of 128 members from 64 idirs in the Hawassa area (two persons from each idir). OSSA Hawassa provided financial and material support to the coalition and also capacitated the members with training including resource mobilization, community mobilization and probing, book keeping and business plan development.

Furthermore, cognizant of the coalition's role at grassroots level, the local government availed office space. In addition to the support extended by OSSA and the local government, the coalition is engaged in community and resource mobilization through its members. Additionally, the coalition is exploring the possibility of opening an internet café to generate a steady income (this is also being done in light of the phasing out period).

The coalition conducts community conversations through coffee ceremonies (CC) with members of each idir. These meetings mainly focus on PPTCT but other health challenges of the community are also discussed. In addition, peer education is conducted mainly on HIV and hygiene and sanitation



issues. The discussion has enabled the community to improve the awareness on health and also improved the access to health services.

Information that rejects this pathway as a causal explanation for improving the referral system to health centres is:

- Two respondents[46] state that not the idir coalition but the individual idirs are most important in mobilising the community and in the identification of the most marginalized. These are most often eligible to free medication (other members of the community only receive free access to ART). Idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions[47]. OSSA argues that they cannot work with 64 idirs separately and therefore value the existence of the coalition to facilitate communication with the individual idirs;
- The coalition lacks permanent staff and the board members work on a voluntary base, which is troublesome when they have other jobs to attend to as well.

Pathway 2

The second pathway is also supported by MFS-II funds and assumes that volunteers improve people's referral to health services. There are a total of 60 MFS II supported volunteers by OSSA. Volunteers receive training and financial and material support which enables them to better engage in awareness creation through CC.

Information that rejects the importance of the volunteers in referring people to the health centres is that:

- Volunteers need to refer people to the health centres for testing, whereas HEW carry mobile testing kits with them when visiting households. Volunteers receive an allowance to cover the transportation costs for those people they want to refer to the health centres but their allowances of 100 birr a month are too low;
- In comparison to HEW, volunteers lack the professional skills needed to provide care and support services and they do not receive a monthly salary. Therefore their motivation level is low. OSSA and the volunteers interviewed admit that it is difficult to mobilise volunteers.

Information that confirms the importance of the volunteers in referring people to the health centres is that volunteers are usually active in several domains; they are part of an idir, they can be volunteers for multiple NGO's, and if female they are usually also leaders of women development groups (established by the government). The training they receive can be from multiple sources as well; they can be trained by NGOs like OSSA or by HEW on the package of 17 topics.

Pathway 3

A third pathway explains increased referral to health services because the public health extension workers (HEW) who are assigned by the local government to extend the health service from the health centres to the community. The government is active in awareness creation in multiple ways: they use media campaigns; employees pay 2% of their salary for HIV control and prevention, which sends an important signal; and they use the HEW to get messages across to household level.

The use of HEW exists for 3-4 years and is based on the 1:5 approach adopted from the agricultural extension programme. This approach uses one model family to pass a message along to 5 other families. All governmental and political messages are passing through this system. Another example is the women development groups which are initiated by the government as well; female role models are appointed (and trained by HEW) and they train five groups of six women.

Information that confirms that the work of HEW increases the referral to health services is:

- Hawassa town has 112 HEW and one HEW has to visit 500 households every month. Through these visits HEW identify vulnerable people and provide awareness creation activities on the 15-17 government messages. These messages include pre/post natal care, PPTCT awareness creation, hygiene and sanitation, child nutrition, vaccination, reproductive health, male involvement in family planning, STD, environment protection, giving family planning pills and injection. Hence through these packages the HEW cover a wide spectrum. HEW also carry mobile testing kits with them during their visits which decreases the threshold for poor people who may not be able to cover transportation costs to health centres.

[46]Health extension office and JeCCDO
[47]Interview with JeCCDO

Information that rejects this explanation is that:

- HEW need to cover a wide range of extension issues that are not related to their sector: only 2 of the 17 messages are health related. The HEW explains this troubles them to really focus on health during their visits since many topics need to be covered. As a result they might not have the time needed to discuss HIVAIDS issues and to identify people that need testing;
- JeCCDO comments that their experience with HEW is that only 3 to 4 out of 10 HEW is performing in terms of awareness creation and providing care and support services. Most difficult for HEW is to gain trust of the people since they are working in the governmental 1:5 approach. People associate them with politics and do not trust them or their support. The HEW however states that she feels people are more inclined to trust them, because they keep information confidential in contrast to the idirs.

Other actors and factors
Other actors and factors that explain an increase in people being tested for HIV comprise the fact that:

- Health centres ask all visitors to do a test on HIVAIDs and 90% of these visitors do agree;
- ART drugs are freely available (since 5 years) which decreases the threshold for testing;
- Testing is mandatory for women that give birth;
- Churches, mosques, and even families of the bride ask for a HIV certification before a marriage is agreed upon.

Conclusion
The data available do not provide sufficient evidence that the idir coalition explains the increase of people being referred to health centres for testing through awareness raising activities, because the coalition lacks permanent staff and failed to mobilise local resources *(not sufficient and not necessary part in the model of change).* These coffee ceremonies are also being organised by idirs who manage to reach all people in the community which helps to refer people potentially infected by HIVAIDS to health centres for testing. Other actors and factors that explain an increase in people being tested consist of; volunteers visiting people; HEW to some extent because they are paid and professional but not trusted by the population; the fact that ART medication is free of charge, and; testing taking place in health centres for those who come for other reasons (voluntary testing) and for pregnant women (mandatory testing). All these factors and actors provide a necessary but not sufficient explanation to the increase of people being tested.
OSSA's role with regard to this outcome of increased referral systems is not convincing. Their work through the idir coalition does not explain the outcome and volunteers are not sufficiently motivated to do a good job after they receive training from OSSA.

5.4 What is the relevance of these changes?

5.4.1 Relevance of the changes in relation to the Theory of Change of 2012

In its 2012 ToC OSSA formulated its overall goal with regards to civil society as "A society that is well aware about HIV/AIDS and PLWHA and OVs that are well supported and are being cared for". Therefore "civil societies that are self-sufficient and able to give efficient service to society" are needed. For this to happen, fur conditions need to be in place: strengthen networks among CBOs, establish new out of school youth clubs, organize new idir coalitions and build the capacity of CBOs.

Until so far we conclude that the preconditions have not been met and therefore civil society is not yet able to provide services to society. An exemption can be made for the individual idirs that possibly play a positive role in the kebeles, given the fact that these institutions are performing and that training these idirs will help to strengthen civil society.

The establishment of a new idir coalition is realised, but the outcomes of the idir coalition remain unclear. The same applies for the strengthening of the capacity of the AACs and the PPTCT support groups; according to the annual reports these have been capacitated, but results have not been documented. Between 2012 and 2014 there have been no significant changes in strengthening networks amongst NGOs. The networks that existed in 2012 remain unchanged and are still mainly

focused on the prevention of duplication of efforts in the same kebeles and woredas. The 2012 – 2013 annual reports do not mention the existence of experience sharing forums and other platforms where OSSA and similar NGOs discuss the challenges faced and share the best practices that could be duplicated.

5.4.2 Relevance of the changes in relation to the context in which the SPO is operating

All interviewees feel the changes are relevant because they have seen that OSSA's interventions led to a change in the lives of marginalized people. The people interviewed believe there are still many people in the community that do not have sufficient knowledge on HIV and PPTCT or hygiene. These people need care and support services.

5.4.3 Relevance of the changes in relation to the policies of the MFS II alliance and the CFA

For Cordaid, CBOs form the main strongholds of societies and hence strengthening civil society means working via- and strengthening the capacity of CBOs and that of volunteers. Cordaid believes that strengthening forces within communities will bring about change. According to Cordaid OSSA's results of strengthening the AACs, the PPTCT support group and the idir Coalition was rather minimal.

5.5 Explaining factors

5.5.1 Internal factors

One internal factor that influenced the work of OSSA is its lack of human resources, at least in 2014: on the Hawassa project site only one program officer is in charge of most activities. OSSA furthermore explained that because of the 30/70% legislation they cut back on M&E budget and efforts. Although OSSA is complying with the 30/70 % legislation at the national level by aggregating all projects, the percentage of administrative costs in the Cordaid project is nearly 60 %[48].

The financial reports of the 2008-2012 project, that of 2013 and 2014 highlight overspending of the budget on salary, office and transportation costs, underspending on interventions and unclear expenditures at the Head Quarters of OSSA in Addis as well as a lack of capacity to financially manage Cordaids project[49]. Despite a training organised by Cordaid on financial management in 2012, OSSA still seems to struggle with financial management in the January – June 2014 phase-out project.

5.5.2 External factors

OSSA states that they are negatively affected by the Proclamation on Charities and Societies S and that aligning the programme's budget with the legislation is difficult. Many costs are considered administrative costs like trainers fees, building rent, refreshments, transportation costs and salaries. Monitoring and evaluation efforts become especially difficult to organise because transportation costs and salaries are all considered administrative costs. OSSA Hawassa branch therefore decided to reduce the frequency of monitoring and evaluation visits from quarterly to yearly.

Another issue affecting the efforts of OSSA is the high inflation rate in Ethiopia. Due to the high inflation, the initial capital given to individuals turned out to be inadequate to boost participants' economic security (income earning and an increasing number of meals per day). In response, OSSA increased the initial capital from 1500 birr to 2500 birr which obviously led to a decrease in the number of beneficiaries addressed. Because of inflation, salaries of staff were also adjusted.

[48] E-mail conversation between Cordaid and OSSA

[49] Annual report, 2013, input output analysis of 2008-2012 project, e-mail communications between Cordaid and OSSA for the phase-out project

In relation to HIV/Aids prevention, awareness creation, and testing, additional external factors play a role. The government implemented a policy whereby health centre workers ask all patients whether they want a free HIV/Aids test. As a result, 90% of all people visiting the health centres are willingly tested on HIV/Aids. Additionally, all public sector offices allocate 2% of their salary to HIV care and support programmes. Influential church and mosque leaders also started preach on the importance of testing, ART, PMCT, and care & support.

5.5.3 Relations Cordaid-OSSA

In January 2013 a reorganisation took place within Cordaid which led to a change in the project coordination of OSSA from the Health Department to the Child and Education Unit. This transfer also reoriented Cordaid's focus from building the capacity of the AACs and PPTCT support groups to address HIVAIDs at community level to that of strengthening schools and youth clubs. Cordaid then realized that OSSA's work related to education consisted only of providing individual support to OVCs and their guardians and not on improving the performance of school systems. For this reason Cordaid decided to end its collaboration with OSSA and suggested a six month phase-out period from January to June 2014, to ensure that the CBO coalitions, AACs and the PPTCT support groups would be able to take over OSSA's work. OSSA showed little improvement in the final phase-out proposal and Cordaid's efforts for further improvement were minimized seen the discontinuation of the collaboration.

Not only did a reorganisation take place within Cordaid, the sub branches of OSSA also became independent. OSSA Hawassa branch used to be the coordinating body for reporting, but as of January 2014 the four branches became independent

Cordaid underlines that its decision to end the partnership with OSSA is based upon the changes within Cordaid and not the actual results achieved by OSSA. At the time of the interview (September 2014) Cordaid had not yet received the last progress report that covers the phase-out phase out period (January-June 2014) yet. The final report was received in December 2014.

An exit strategy was developed by OSSA which however proved to be unsustainable.

6 Discussion

6.1 Design of the intervention

Community involvement is increasingly being cited as a vital precondition for creating health-enabling social contexts that enable and support people in optimizing their opportunities for health and well-being (Tawil, Verster, & O'Reilly, 1995, p. 1299). It is said to play a vital role in enabling health-related behaviours and reducing HIV transmission (van Wyk, Strebel, Peltzer, & Skinner, 2006), stigma reduction (Poku & Sandkjaer, 2007), facilitating timely and appropriate accessing of health and welfare services where these exist (Campbell & Cornish, 2010), and supporting optimal treatment adherence (Coetzee et al., 2004). Community mobilization is given a key role in international AIDS policy, due to its perceived role in tackling the challenges of ''reach'' and ''sustainability'' that plague many HIV/AIDS interventions. Policies envisage that community based organisations play a central role in taking responsibility for HIV/AIDS. The scale of the problem, as well as the social marginalization of many affected groups, make it impossible for health and welfare professionals and services to reach the vast number and variety of people vulnerable to HIV and affected by AIDS. Policy documents consistently argue that community organisations are better placed than formal public services to reach ''hard-to-reach'' groups. Furthermore community organisations, drawing on local human resources, and often including the inputs of unpaid volunteers, are seen as more sustainable in the long-term than costly and donor dependent external interventions. A second reason for the international interest in community mobilisation is a pragmatic one in the light of the overall scarcity of health workers in many marginalized settings in which HIV/ AIDS flourishes. A growing number of projects rely on grassroots community members to provide HIV-prevention and AIDS-care (Ogden, Esim, & Grown, 2006; Schneider, Hlophe, & van Rensberg, 2008; van Damme, Kober, & Laga, 2006).

However, for the volunteers to be influential they need to be effective. Campbell and Cornish (2010: 1566) claim that the material context plays an important role in the effectiveness of volunteers: the lack of economic gain associated with project involvement often means that the project failed to resonate with peoples' economic aspirations, severely limiting its ability to mobilise volunteers to carry out project work, and undermining the status of the project in the community.

The above confirms OSSA's project design in terms of working with the idirs and the volunteers to reinforce the HEW of the government. Whereas the idirs play a role in awareness raising activities and possibly help to integrate PLWHIV in society, the volunteers play a crucial role in reaching out to the most vulnerable households in society and providing care and support services. However, working with volunteers implies that NGOs should find ways in which to motivate these, maybe not only in financial terms, but also in other terms such as meetings, training opportunities etc.

A comparison of OSSA's project design with that of JeCCDO, another NGO in Hawassa shows that JeCCDO also works with idirs and an idir coalition. JeCCDO's idirs have the role to set-up and monitor self-help groups that receive start-up capital via the idir that in their turn receive these from the NGO, and idirs receive the necessary training to do so as well as to engage with local administration to address issues. JeCCDO's Idir coalition has the role to influence local policies and practices and does not engage in awareness raising activities that are situated at the level of individual idirs. JeCCDO furthermore uses the government health extension workers to follow up on business progress when visiting PLWHIV. By using the idir and HEW they do not need their own volunteers to do monitoring.

This alternative and decentralised design questions that of OSSA, in particular with regards to the role of the idir coalition and that of the individual idirs and a more integrated way of working with HEW, as well as the role of the micro finance institutions and the saving associations.

A new project needs to carefully compare JeCCDO's and OSSA's intervention strategy.

7 Conclusion

With regards to OSSA's efforts to build a vibrant civil society we conclude the following.

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of OSSA are related to the Civic Engagement and Perception of Impact dimension of CIVICUS.

OSSA slightly managed to increase the involvement of the volunteers in supporting OVCs and PLWHIV on a diverse range of issues and it managed to organise guardians into saving associations that, though not providing increased incomes, has contributed to more peoples mutually supporting each other. Apart from this its awareness raising activities help to integrate People Living with HIV (PLWHIV) and vulnerable families that take care of Orphans and Vulnerable Children into society. OSSA also intensified its interactions with beneficiary groups to ensure that its interventions were relevant. These changes notified under Civic Engagement also partly explain those of the Perception of Impact dimension, because there is an overlap between both dimensions. Apart from this, a slight change occurred in the extent to which OSSA supported the idir coalition, the AACs, the PPTCTs in only in the first semester of 2014, intending to transfer OSSA's roles and responsibilities to these structures that are however not capable of fulfilling these. Its collaboration with the local government services intensified in the period under evaluation.

Contribution analysis
The first outcome that we looked for the contribution analysis is based upon the perception (no figures available) that OVCs and PLWHIV improved their social and economic capital to become a full member in society. The most plausible explanation of this change is that the system put in place to identify vulnerable OVCs and PLWHIV is effective; the access to free ART provided by the government, and; community conversations that not only make people aware that PLWHIV can live with effective ART treatments but also helps to identify possibly infected persons. When these conditions are in place, mutually support of PLWHIV, support to these people to engage in IGA or to assist them in finding jobs as daily labourers help them to further reintegrate into society. OSSA's most important contribution consists of their support to organise community conversations in the kebeles and covering other medical costs. Organising PLWHIV in a saving association helps to create mutual support, but obliging members of the association to save money on a bank account of a micro finance institution for one year in a context of rampant inflation is to be considered as an adverse effect of the intervention.

The second outcome that we looked at is the extent to which intermediate organisations like the idir coalition, individual idirs, AACs and the PPTCT support groups increased the number of persons being referred to health centres for testing and access to free ART when necessary. OSSA's most important strategy to work with an idir coalition does not provide the explanation to the outcome. Community conversations organised by idirs are effective and sustainable strategies. Another factor that explains the increase is the availability of free ART, compulsory testing of pregnant women at health centres and voluntary testing of health centre visitors. OSSA's role with regard to this outcome of increased referral systems is not convincing. Their work through the idir coalition does not explain the outcome and volunteers are not sufficiently motivated to do a good job.

Relevance
With regards to the baseline ToC, the interventions and outcomes achieved are not relevant because OSSA wanted to create a civil society that is providing services to society through amongst others a strong idir coalition and strong AAC and PPTCT support groups. These groups are not performing.

With regards to the context in which OSSA is operating, its interventions and outcomes achieved are relevant in terms of supporting community conversations on HIVAIDS and working with volunteers that provide care and support services and assist PLWHIV and the guardians of OVC with IGAs. Through these interventions people can become part of society again. We observe however that the

government itself also creates an environment to prevent HIVAIDS by increasing the possibilities for testing and by the administration of ART free of charge.

With regards to the CS policies of Cordaid, OSSA's interventions and outcomes are slightly relevant because its vision is that strong CBOs and motivated volunteers will bring about change. However OSSA did not succeed in strengthening the capacities of the organisations it works with.

Explaining factors
With regards to internal factors, the evaluation team concludes that; human resources are missing at the OSSA branches that implement the project; OSSA, despite financial management training provided by Cordaid, still misses the capacity to properly manage projects financially. Apart from this, the four project sites that Cordaid supports became independent from each other as of January 2014, further complicating adequate reporting on progress beyond output.

The most important external factors that explain the findings above are that: OSSA faces difficulties to comply with the 30/70% regulation, implying that it decided to economise on its monitoring and evaluation activities. Other factors are the high inflation rate that affects savings by beneficiaries and purchasing power of OSSA's staff and the frequent relocation of health centres which affects the financial capacity of volunteers to refer people to these centres.

With regards to the relation between OSSA and Cordaid we observe that their decision to shift OSSA from the health to the education department in January 2013 implied an end to further collaboration and the implementation of an unsustainable exit strategy.

Design
With regards to the design of the intervention, we would recommend others to compare different interventions of several NGOs that work on HIVAIDS issues in local communities. The role of idirs and of volunteers in working with PLWHIV and OVCs is an important element, but need to be further elaborated. The same applies for the roles of idir coalitions set up by different NGOs. When aiming for improving the livelihoods of PLWHIV and guardians of OVCs, one needs to take into account the rampant inflation rate in Ethiopia, which does not at all favour savings on bank accounts. Organising PLWHIV and guardians of OVCs in self-help groups also will contribute to their futher integration in society through mutual support mechanisms.

Table 4
Summary of findings.

When looking at the MFS II interventions of this SPO to strengthen civil society and/or policy influencing, how much do you agree with the following statements?	Score
The CS interventions were well designed	5
The CS interventions were implemented as designed	3
The CS interventions reached their objectives	2
The observed outcomes are attributable to the CS interventions	1
The observed CS outcomes are relevant to the beneficiaries of the SPO	5

Score between 1 to 10, with 1 being "not at all" and 10 being "completely".

References and resource persons

Documents

Documents by SPO

Title	*Year*
Project Proposal 1 August 2008 – 30 September 2011	
Project Proposal 2013-2015	2012
Phase-Out Period Proposal January-June 2014	2013
Proposal Financial Management Assistance and Technical Assistance	2010
Progress report January-March 2012	2012
Annual Report 1 October 2011 – 30 September 2012	2012
Annual Report 1 January 2012 – 31 December 2013	2014
Final Report on Financial Management Study of OSSA	2012
Second Follow up report Financial Management study 30 November 2013	2013
Financial Report October 2011 -30 September 2012	2012
External Audit Report 1 January 2012 – 31 December 2012	2013
Case stories and sustainability strategy	?
Second Follow-up report for OSSA Financial Management Study	2013
Budget Breakdown January-June 2014	2014
Proposal on Financial Management Assessment and Technical Assistance for OSSA	?
Budget for no cost extension period	2012

Documents by CFA

Title	*Year*
Budget no-cost extension 1 October 2011 – 31 December 2012	2012
Budget proposal 1 January 2013- 31 December 2015	2013
Budget proposal Phase-Out Period January-June 2014	2013
Considerations OSSA proposal November 2012	2012
Considerations OSSA Proposal 2013-2015	2012
Contract no-cost extension until 31 December 2012	2012
Contract OSSA-CORDAID 1 January 2013 – 31 December 2013	2012
E-mail conversation between CORDAID-OSSA about phase-out period	2013
Year plan Ethiopia 2012	2012
Beoordeling Inhoudelijke Rapportage	2011

Documents by Alliance

Title	*Year*
Year report alliance 2011	2011
Beleid tav Zuidelijke Partners	?
Managementsamenvatting	?
MFS II aanvraag fase II	2010
Results Civil Society Baseline	2011
MFS Annual Plan Ethiopia	2012
MFS II jaarverslag 2012	2012
Progress Report 2013 MFS II Communities of Change	2013
Cordaid Annual Report 2011 Alliance CoC	2011
Cordaid Annual Report 2012 Alliance CoC	2012

Biannual progress report January-June 2013	2013
Annex C. Civil Society monitoring survey 2013	2013

Other documents

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Freedom House	Freedom in the World: Ethiopia	https://freedomhouse.org/report/freedom-world/2014/ethiopia-0	2014
Fund for Peace	Failed States Index	http://ffp.statesindex.org/rankings-2013-sortable	2013
Social Watch	Basic Capabilities Index 2011. The boom and the busted	http://www.socialwatch.org/sites/default/files/BCI-MeasuringProgress2012_eng.pdf	2011
Social Watch	Social and Economic Rights Fulfillment Index	http://www.socialwatch.org/sites/default/files/SERF2012_eng.pdf	2011
Transparency International	Corruption by Country: Ethiopia	http://www.transparency.org/country/#ETH	2014
Transparency International	Global Corruption Barometer: Ethiopia	http://www.transparency.org/gcb2013/country//?country=ethiopia	2014
Heritage	Economic Freedom Score: Ethiopia	http://www.heritage.org/index/pdf/2014/countries/ethiopia.pdf	2014
UNDP	Human Development Indicators Ethiopia	http://hdr.undp.org/en/countries/profiles/ETH	2013
World Bank	Governance Indicators: Country Data report for Ethiopia 1996-2013	http://info.worldbank.org/governance/wgi/pdf/c72.pdf	2013
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Resource persons

Name of key informant	*Organisation*	*Function in organisation*	*Relation with SPO*	*Contact details including e-mail.*
	Idir coalition	GM	Receives support to work with beneficiaries/ households	
	Tesfa Lesira SHG	SHG casher	Receives support to work with beneficiaries/ households	
	South Ethiopia Door to Door Care Givers Association	secretary	Receives support to work with beneficiaries/ households	
	South Ethiopia Door to Door Care Givers Association	coordinator	Receives support to work with beneficiaries/ households	
	Hawassa Health Office	HIV/AIDS Process Owner	collaborating with SPO	
	High-school	Counsellor/teacher	collaborating with SPO	
	JeCCDO	Project Manager Volunteer Volunteer		
	yenege tesfa mahiber	member	Receives support to work with beneficiaries/ households	
	SHG	SHG member	Receives support to work with beneficiaries/ households	
Zelalem Lemma	OSSA- HAwassa	Project Manager		Zela2k6@yahoo.com
Belay Yilma	OSSA- HAwassa	S/B/ coordinator		Belyil2009@yahoo.com
Afework Yimam	OSSA- HAwassa	Project coordinator		afiworky@yahoo.com
Damenech Chaffo	OSSA- HAwassa	Manager		Dchaffo@yahoo.com
Madelon de Wit	Cordaid	Programme Officer Child & Education department		Madelon.de.Wit@cordaid.nl
Karin de Graaf	Cordaid	Programme-Manager SRH Next Generation Healthcare unit		Karin.de.Graaf@cordaid.nl

Appendix 1 CIVICUS and Civil Society Index Framework

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

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

1.1 Guiding principles for measuring civil society

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

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

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

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

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

1.2 Defining Civil Society

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

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

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

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

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

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

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

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

1.3 Civil Society Index- Analytical Framework

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

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

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

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

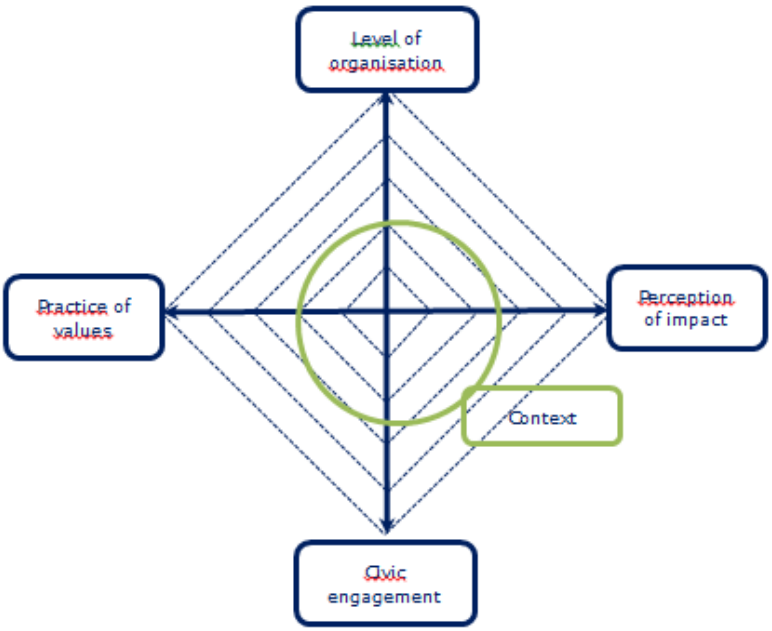
- International linkages, such as CSO's membership in international networks and participation in global events.

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

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

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

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



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

- Socio-economic context: The Social Watch's basic capabilities index and measures of corruption, inequality and macro-economic health are used portray the socioeconomic context that can have marked consequences for civil society, and perhaps most significantly at the lower levels of social development;

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

Appendix 2 Methodology

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

2.1 Introduction

2.1.1 Terms of reference for the evaluation

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

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

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

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

2.1.2 Civil Society assessment – purpose and scope

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

The civil society evaluation is organised around 5 key questions:

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

- Were the development interventions of the MFS II consortia efficient?
- What factors explain the findings drawn from the questions above?

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

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

2.2 Designing the methodology

2.2.1 Evaluation principles and standards

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

Recognition of complexity
The issues at stake and the interventions in civil society and policy influence are complex in nature, meaning that cause and effect relations can sometimes only be understood in retrospect and cannot be repeated. The evaluation methods should therefore focus on recurring patterns of practice, using different perspectives to understand changes and to acknowledge that the evaluation means to draw conclusions about complex adaptive systems (Kurtz and Snowden, 2003)50.

Changes in the values of the Civil Society Indicators in the 2012-2014 period are then the result of conflict management processes, interactive learning events, new incentives (carrots and sticks) that mobilise or demobilise civil society, rather than the result of a change process that can be predicted from A to Z (a linear or logical framework approach)[51].

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

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

[50] C. F. Kurtz, D. J. Snowden, The new dynamics of strategy: Sense-making in a complex and complicated world, in IBM Systems Journal vol 42, no 3, 2003)
[51] Caluwe de, L & Vermaak H. (2003) "Learning to Change. A Guide for Organization Change Agents" Sage Publications.

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

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

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

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

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

2.2.2 Sample selection

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

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

consists of 3 SPOs working on MDG 4,5 and 6 (Health); 3 SPOs for MDG 2 (education) and 3 SPOs for MDG 1 (economic or agricultural development).

2.2.3 Changes in the original terms of reference

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

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

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

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

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

The aforementioned analysis drew the following conclusions:

Table 5
SPOs to be included for full-fledged process tracinganalysis.

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

Source: Consultation of project documents

2.3 Answering the evaluation questions

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

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

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

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

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

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

Key questions to be answered for this evaluation question
In 2012, SPO staff and leaders, as well as outside resource persons were asked to provide answers to 17 questions, one per standard indicator of the scoring tool developed by CDI.
In 2012, the SPO staff and leaders were given the description of each indicator as it was in 2012 and had to answer the following questions:

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

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

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

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

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

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

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

Terms of References of the evaluation and mentioned above. Therefore, the evaluation teams worked towards answering the extent *to which the programme contributed towards realising the outcomes.*

For this endeavour explaining outcome process-tracing[52] was used. The objective of the process tracing methodology for MFS II, in particular for the civil society component is to:

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

Methodology – getting prepared

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

Steps in process tracing

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

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

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

This step aims to critically reflect upon what information is needed that helps to confirm one of causal pathways and at that at same time helps to reject the other possible explanations. Reality warns that this type of evidence will hardly be available for complex development efforts. The evaluators were asked to behave as detectives of Crime Scene Investigation, ensuring that the focus of the evaluation was not only on checking if parts/interventions had taken place accordingly, but more specifically on identifying information needs that confirm or reject the relations between the parts/interventions. The key question to be answered was: "What information do we need in order to confirm or reject that one part leads to another part or, that X causes Y?". Four types of evidence were used, where appropriate:[53]

- *Pattern evidence* relates to predictions of statistical patterns in the evidence. This may consist of trends analysis and correlations.
- *Sequence evidence* deals with the temporal and spatial chronology of events predicted by a hypothesised causal mechanism. For example, a test of the hypothesis could involve expectations of the timing of events where we might predict that if the hypothesis is valid, we should see that the event B took place after event A. However, if we found that event B took place before event A, the test

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

[53] Beach and Pederson, 2013

would suggest that our confidence in the validity of this part of the mechanism should be reduced (disconfirmation/ falsification).

- *Trace evidence* is evidence whose mere existence provides proof that a part of a hypothesised mechanism exists. For example, the existence of meeting minutes, if authentic, provides strong proof that the meeting took place.
- *Account evidence* deals with the content of empirical material, such as meeting minutes that detail what was discussed or an oral account of what took place in the meeting.

3. Collect information necessary to confirm or reject causal pathways

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

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

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

Table 6

Organisation of information collected per causal pathway and assessing their quality

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

Sources: Dieuwke Klaver

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

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

Table 7

Nature of the relation between parts in the Model of Change

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

Sources: Mayne, 2012; Stern et al, 2012

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

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

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

Sources for data collection

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

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

2.3.3 Evaluation question 3 – Relevance of the changes

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

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

- How do the MFS II interventions and civil society outcomes align with the Theory of Change developed during the baseline in 2012? What were reasons for changing or not changing interventions and strategies?
- What is the civil society policy of the Dutch alliance that collaborates with the SPO? And how do the MFS II interventions and civil society outcomes align with the civil society policy of the Dutch alliance that collaborates with the SPO?
- How relevant are the changes achieved in relation to the context in which the SPO is operating?
- What is the further significance of these changes for building a vibrant civil society for the particular MDG/ theme in the particular context?

Sources for data collection

For this question the following sources are to be consulted:

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

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

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

To answer this question we look into information available that:

- Highlight changes in the organisational capacity of the SPO
- Highlight changes in the relations between the SPO and the CFA
- Highlight changes in the context in which the SPO is operating and how this might affect positively or negatively its organisational capacity.

Sources for data collection

Sources of information to be consulted are:

- Project documents

- Communications between the CFA and the SPO
- Information already collected during the previous evaluation questions.

2.4 Analysis of findings

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

To analyse this diverse collection of data, several analytical strategies are envisioned, specifically content analysis, discourse analysis, and thematic analysis. Although each of these strategies can be understood as a different lens through which to view the data, all will require a carefully developed and executed coding plan.
Data have been coded according to: standard civil society indicator; outcome included for in-depth contribution analysis; relevance, and; explaining factors.
This qualitative analysis will be supported by a limited amount of quantitative data largely arising from the score assigned by the evaluation team to each performance indicator described in the civil society scoring tool. Other quantitative data in this study are drawn information provided in background literature and organisational documents as well as the Social Network Analysis method.

2.5 Limitations to the methodology

2.5.1 General limitations with regards to the MFS II evaluation

The MFS II programme and CIVICUS
Although the MFS II programme stated that all proposals need to contribute to civil society strengthening in the South[54], mention was made of the use of the CIVICUS framework for monitoring purposes. The fact that civil society was to be integrated as one of the priority result areas next to that of organisational capacity and MDGs became only clear when the MoFA communicated its mandatory monitoring protocol. In consequence, civil society strengthening in the MFS II programmes submitted to the ministry is mainstreamed into different sub programmes, but not addressed as a separate entity.

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

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

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

Differences between CIVICUS and MFS II evaluation

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

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

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

Dimensions and indicator choice

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

Apart from the overlap, we observe that some of the standard indicators used for the civil society evaluation were not meaningful for the SPOs under evaluation. This applies for instance for the political engagement indicator "How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?".

Measuring change over a two-year period

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

Aggregation of findings

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

Linking the civil society component to the other components of the MFS II evaluation

The Theory of Change in the terms of reference assumes that CFAs are strengthening the organisational capacity of their partners, which is evaluated in the organisational capacity components, which then leads to impact upon MDGs or upon civil society. Because the evaluation methodology designed for both the organisational capacity and the civil society evaluation require considerable time investments of the SPOs, a deliberate choice was made not to include SPOs under the organisational capacity component in

that of Civil Society. This may possibly hamper conclusions regarding the assumption of capacitated SPOs being able to impact upon civil society. However, where information is available and where it is relevant, the civil society component will address organisational capacity issues.

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

2.5.2 Limitations during baseline with regards to the methodology

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

For Ethiopia this has not always been possible:

- A Survey Monkey questionnaire was developed to assess the intensity of the interaction between stakeholders in the Basic Education Network of Ethiopia. Out of 85 actors that were invited to fill in this 5 minute questionnaire, none of them effectively filled in the questionnaire. The online Social Network Analysis aims at having both the opinion of the SPO on the intensity of the interaction with another actor, as well as the opinion of the other actor for triangulation. Important reasons for not filling in this form are that actors in the network are not technology savvy, or that they have difficulties in accessing internet.
- With regards to filling in offline interview forms or answering questions during interviews a number of civil society actors did not want to score themselves because they do not benefit from the interventions of the MFS II projects. Having the scores of their own organisations will help to assess the wider environment in which the SPO operates and possibly an impact of the SPO on other civil society organisations in 2014.
- All respondents working for CSOs are working on a voluntary basis. It has not been easy for the evaluation team to fix appointments with them. Voluntary work so high staff turn-over → new staff is not knowledgeable about the interview topics (loss of institutional memory)
- SPOs in Ethiopia are not influencing public sector policies but are implementing these public sector policies. This means that most often there will be no efforts to influence those policies, but efforts are made to make those policies operational at local level and to revitalise them.

2.5.3 Limitations during end line with regards to the methodology

Project documentation

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

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

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

A number of organisations that the evaluation team looked at for the civil society component are working in a programmatic approach with other partner organisations. In consequence reporting was organised at the programme level and to a lesser extent at the level of the individual partner, which seriously

hampered the possibilities to get oversight on outcomes and output achieved. This was the case with EKHC and MKC-RDA, ERSHA, EfDA and JeCCDO.

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

1. *What worked?*

The team had no difficulties in triangulating information obtained from different resource persons (Government, beneficiaries and SPOs) which helped to cross check information.
The document analysis by CDI, including providing guidance for the fieldwork has been helpful for the team.
The use of the Models of Change for process-tracing helped both the evaluation team as the SPO staff in obtaining a clear picture of the inputs, out puts and outcomes and to get a general picture of the evaluation.

2. *What didn't work and why?*

There was repetition in a number of questions in the evaluation methodology, such the forms used during the workshop with the SPO, the interviews with the SPO after the workshops; questions were interpreted by the SPO staff of being more or less the same and therefore made them less interested to go into detail or be specific.
The workshop form to be filled in for the CS indicators was long and therefore answers given may have been too general. Some of the questions were not clear and seemed similar to the others and therefore were misunderstood and got wrong responses.

3. *Challenges encountered*

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

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

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

High staff turnover within the SPOs also hampered the evaluation.

Civil Society Scoring tool - baseline

Civil Society Assessment tool – Standard Indicators

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

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

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

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

Appendix 3 Civil Society Scores

This table presents the appreciation of the evaluation team regarding changes occurred for each indicator between 2012 and 2014 on a scale of -2 to + 2

- 2 = Considerable deterioration
- 1 = A slight deterioration

0 = no change occurred, the situation is the same as in 2012

+1 = slight improvement

+2 = considerable improvement

Dimension		Indicators	Question	Change
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+0
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	+0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+ 1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+0
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	-1
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	+0
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	+0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	+0
	10	External financial auditing	How regularly is your organisation audited externally?	+0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	+0

	15	Influence upon public policies, rules, regulations	How successful have you been in influencing public policies and practices in the past 2 years?	+0
	16	Influence upon private sector agencies' policies, rules, regulations.	How successful have you been in influencing private sector policies and practices in the past 2 years?	+0
CS context	17	Coping strategies	In the past 2 years, how did your organisation cope with these changes in the context that may have been positive or negative consequences for civil society.	-1

Appendix 4 Changes in civil society indicators between 2012 and 2014

4.1 Civic Engagement

4.1.1 Needs of marginalised groups SPO

In the beginning of 2013, OSSA conducted a needs assessment to identify where it should intervene. Based on this assessment done and discussions held with community leaders (idir leaders), community members as well the project members, orientations were identified. The saving association intervention was one of the orientations identified, while the strengthening of IOs (clubs, volunteer associations) and the establishment of an idir coalition (incorporating 64 idirs) were considered as sustainable measures. Aside from the assessment, OSSA conducts meetings with the clubs, volunteers and coalition it works with and the beneficiaries involved on a regular basis (quarterly meetings). They discuss if things are going smoothly or not and the solutions for the problems being witnessed including efficiency of IOs and implementers. These meetings are also used to report on the progress made by the project. The fact that the beneficiaries were involved in the planning of the project has helped in addressing the specific problems of beneficiaries.

In order to increase the awareness level of the community in general and the marginalized groups in particular, OSSA strengthened the capacities of youth clubs and the idir coalition. These organisations are educated and trained on different issues ranging from health issues such as HIV and PMTCT to skills like resource mobilization, peer education, and counselling. While the clubs work on peer education and awareness creation among the youth, the coalition in collaboration with the 64 member idirs works on increasing the awareness level of the whole community. Most household heads and/or spouses (all adults) attend the coffee ceremonies (CC) organized by the coalition and idirs. In both cases (clubs and coalition) when people come forth willing to be tested they refer them either to OSSA or health centres. The CCs are also used to create awareness on PMTCT which was also identified as a need of the marginalized group. Mothers identified on the CCs are asked for their willingness to be tested and then given direction on how to go about it. Those beneficiaries found to be HIV positive are supported by OSSA by being incorporated in the saving association (if they are interested) and by covering all their medical expenses. OSSA also supports their children if they are HIV positive. The care and support service may be at risk, since there doesn't seem to be a well-established platform or system for the volunteers and the coalition to communicate even though there are several coalition admins who are volunteers.

OSSA provided training to counsellors on health care issue particularly on hygiene and sanitation (H&S). This has resulted in improved knowledge and skills of the counsellors and resulted in better engagement on home to home visits as well as community conversation. The counsellors undertake awareness creation activities on nutrition management and housekeeping (such as washing of clothes and body). As a result, more and more families improved their knowledge and skills. OSSA also trained volunteers on the technique and approaches to providing counselling services to OVC. As a result a number of beneficiary OVC were given counselling service that built their confidence to resume/continue their education. In addition OVC were given tutorial classes as well as school materials. These interventions not only improved the school attendance of OVC but rather boosted their performance and promotion to the next grade or even to university level according to the interviewed resource persons (two volunteers, a health office representative and a coalition representative). Documents to support this claim were not available however. Out of the planned 500 OVC 394 have received materials from OSSA. Of these 394 supported OVC, 50 good performing OVC have enrolled in university.

OSSA is currently exercising the technique of testing the immediate relatives of PLWHIV as the people willingly coming in for testing are mostly negative (they mostly come in because they are confident that they will be negative). However, it is very challenging to convince the relatives to test as they are afraid of the stigma that might follow. We observe that this may be a good way of identifying more PLWHIV for treatment but that OSSA is late in coming up with such a solution as it was only proposed in the phasing out proposal and OSSA has not handed over this system well.

The reason for the change in the needs of marginalized groups is a combination of actors and factors including the SPO but with Dutch funding. Cordaid's funds were used to do the assessment, organize forums and come up with an idea that better serves the issue at hand. Also the increased interest of the society to participate in these discussions, project designs and implementation helped in coming up with ideas (such as the saving association) that address the society's main problems. Since OSSA receives funds from different funders and allocates these funds to different projects, the MFSII contribution in difficult to pinpoint. MFS II funds were utilized in the doing the assessment and in the organisation of coffee ceremonies.

Score: +1

4.1.2 Involvement of target groups SPO

The level of participation of the beneficiaries of OSSA is high as they are involved in planning, implementation and evaluation. This does not mean all beneficiaries but rather representatives, like heads of the idir or clubs. They were part of the project implementation in 2012 and hence are more knowledgeable on which interventions work and which do not. They are part of the discussion on the planning of the project so as to identify and incorporate what the real needs in the community are. They are also involved in the implementation through for instance, the awareness creation CCs where they give testimonies to participants that HIV is not the end of the world and that PLWHIV can leave a normal happy life like any other person by getting treatment. They are also in the evaluation process as they along with other stakeholders discuss on the progress and strength and weakness in the implementation and ways forward. Here what is observed is more of a consistent way of doing things instead of a change since 2012.

Score: 0

4.1.3 Intensity of political engagement SPO

OSSA does not involve in any political activities as an NGO as this is not part of its directive to reaching its mission hence the score 0.

Score: 0

4.2 Level of Organisation

4.2.1 Relations with other organisations SPO

OSSA cooperates with other CSOs (NGOs, associations and CBOs like existing clubs and idirs through the coalition) in the area in order to avoid duplication of efforts. The cooperation with these CSO's has developed into a network and this network meets at least twice a year. In this regard, when one organisation selects beneficiaries the rest attend the meeting to align that they are indeed not supporting that person or the beneficiary receives a letter from the rest of the CSOs stating that he/she is not being supported by them. OSSA also interacts with PLWHIV associations and other CSOs working with community sex workers. Through this interaction duplication of efforts has been minimized which is an effort started before 2012 but has gotten more efficient now. This is an ongoing process since other CSOs are consulted whenever new beneficiaries are selected and through time stakeholders can correct previous mistakes and have an even better system. Due to their frequent interaction with other CSOs OSSA has become a steering committee member of CCRDA southern platform. OSSA is also a member or several networks like OVC task force and the WFP steering committee. No MFSII fund was used in this regard.

The CBOs (1 coalition,6 girls clubs, mother support groups and volunteers) that are supported by OSSA also attend quarterly, semi-annual and annual meetings to report on the status of their tasks, challenges and best practices.

Score: +1

4.2.2 Frequency of dialogue with closest civil society organisation SPO

OSSA meets with the different networks (OVC network, CCRDA, WFP steering committee) mostly twice a year. These meetings take place either to discuss challenges and share experiences and come up with suitable solutions and cooperation system or to ensure that the beneficiaries that are being supported by one CSO is not also supported by the other so as to address the issue of duplication. The most frequent dialogues are once a month with a network with the WFP, the health office and other 6 NGOs addressing PLWHIV and OVC issues. The next is the OVC network with the Women and Children affairs office, Health office and around 10 NGOs meeting quarterly for one actor to present reports of what has been done in turn. OSSA is participating in both networks but there is no change in efficiency since 2012. This is not to say they are not efficient but they are functioning with a stable pace.

Score: 0

4.2.3 Defending the interests of marginalised groups SPO

The CSOs that defend the interests of the marginalized groups are the already existing community structures such as idirs and youth clubs. In OSSA's case the coalition also plays a role as it incorporates people who are volunteers and also idir leaders. This means, as this coalition is strengthened well then the 64 idirs that are member of the coalition are able to address the problems of the marginalized. NGOs may come and go but these community structures are structural. The government does its part but currently that is not much. There is a lot of ground to cover and the focus of the government is in specific issues like making ART freely available, free education to OVCs (as there is insignificant tuition this means no uniform requirement for the destitute students) as part of the MDG. CSOs can help bridge the gap between government efforts and the needs. The CSOs efforts of bridging the gap have not yet reached all targeted individuals but it is progressing from previous years since the number of beneficiaries reached has increased.

There are several incentives for voluntarism in Ethiopia. For the youth the sense of patriotism, optimism and drive for change contributes a lot in addition to the positive impact of doing extracurricular activities for employment. Another aspect is, as the people move into adulthood the religious factor plays a bigger role. Almost all Ethiopians are very religious on whichever belief they follow. Hence, the act of voluntarism is seen as a way to heaven which is the motivational contributor. Volunteers play a very significant role in home based care and support provided by OSSA. Clubs also depend on volunteers to do home based care and support. When seeing the effectiveness of these actors in terms of home based care it is observed that some volunteers stop the service putting in question their effectiveness. It is arguable as to what level should be seen as effective since these people are operating without any payment. However, the issue of their efficiency is not a matter of financial motivation (they don't expect to get money from it) since this was not why they joined the purpose in the first place. Still as any other person they should also earn a living for themselves and run their household which sometimes takes up all their time and as a result they quit the voluntarism. From the 10 volunteers financed by MFSII (60 trained by OSSA for MFSII and USAID projects) in Hawassa since joining in 2008 none quitted but 2 or 3 have not operated fully due to personal problems. Another reason may be that even if they are willing to dedicate their time and effort to helping the needy they may not be able/willing to spend their own money to do so since the allowance they get is too small to cover transportation cost of beneficiaries, some bills or food. Sometimes they even need to pay their own transport cost since they need to travel long distance sometimes. Such things are not taken into consideration when they are in their posts but running costs add up to a significant amount and hence affect the decisions of volunteers and effectiveness in terms of being able to support as many as they are willing to. This has an effect on motivation since volunteers are not able to perform as they would like to because they cannot move around freely in the community since the allowance does not cover their transportation costs nor the costs of the transportation of beneficiaries to health centres. Such things may be solved by incorporating the volunteers within the

coalition (which is involved in IGA). However, this system is not in place so far. In the case that volunteers quite, a system for recruitment and handing over of responsibilities should be in place. However, this required a good management/operational structure which is not really the case for OSSA volunteers but this is seen with other volunteer groups. There is a slight decline in beneficiaries reached in the period 2012-2014 even though most of the volunteers are functioning well in counselling and supporting between 4-7 PLWHIV and unknown numbers of OVC per volunteer. Still as mentioned above 3 of them have been partially or fully non-functional.

Score: -1

4.2.4 Composition financial resource base SPO

OSSA finances its workshops and meetings with different stakeholders using the funds it receives from various donors such as USAID and MFSII. It was observed that the activities done by the SPO are the same for different funds and only the beneficiaries and involved actors differ. The SPO mixes funds in the execution of some activities but in general all funds are used in each of the interventions done by the SPO.

The Financial Management Study (FMS) for OSSA was done in February 2012 that resulted to substantial areas for FM Improvement for OSSA. A first follow up visit was done in April 2013 to assess the status of its implementation and how this Financial Management Capacity Building (FMCB) has helped OSSA in its financial management and operations; and the results of this initial follow up visit, showed a 41.9% progress, i.e. 13 out of 31 action points have already been fully implemented. Still over spending on admin costs and under spending on operation was noticed in the reports from the SPO. Due to various reasons funds have declined from 2012 to 2014 but OSSA can still function without MFSII. The implication of stopping the MFSII fund is that the scale in which OSSA operates will decrease.

Three (3) days FM Training (FMT) was done in November 2012, as part of the FMCB process for all the partners of Cordaid that already went through the Financial Management Study. The primary objective of the FMT is to further strengthen the FMCB of Cordaid's partners like OSSA through letting the participants update their FMS Report with the new findings, learning, and recommendations or action points they encountered during the training; and which they also presented well to their Executive Director on the last day of FMT. This FMT is also a tool for the partners like OSSA to better understand the concepts behind sound Financial Management and to personally apply their learning through a more participative and workshop type of training and for them to also use later on when they're doing their own organisational improvements and monitoring the successful implementation.

From the rather big amount of questions asked in e-mail conversations between OSSA and the financial department of CORDAID on costs calculations and investments in the proposed budget in phase-out proposal for January-June 2014 it seems OSSA still struggles with financial management issues.

Score: 0

4.3 Practice of Values

4.3.1 Downward accountability SPO

According to the organisational structure OSSA has its own general assembly, steering committee, external auditor and board of directors. Therefore, the executive leaders are accountable to these entities and report biannually and annually. The general assembly has been revised after 2011 to incorporate representatives of beneficiaries- PLWHIV. The change has occurred due to this except improving the information flow from OSSA to beneficiaries and vis versa aside from having a close information source on the needs of beneficiaries. But no change is observed when comparing 2012 to 2014.

OSSA reports on its progress to its beneficiaries and other stakeholders including government offices that work with it via written reports (to government office such as health office) or in general

meetings held semi-annually and annually. However, it is the operations that get reported and not the financial status or utilization. This has been the practice for a long time hence no change has occurred regarding this.

Score: 0

4.3.2 Composition of social organs SPO

OSSA has representatives of marginalized target groups and CBOs it is working with in the mandatory social organs. It is said that 10% of the marginalized target groups are members of the mandatory social organs. This has also been the case on the baseline.

Score: 0

4.3.3 External financial auditing SPO

It is mandated by the government that any organisation has to report its financial flow on a yearly basis, where the budget year ends in June. In order to report on the financial activities of an organisation the company/institution/NGO must have a stamped audit report from an external auditor after thorough evaluation of the whole organisational activities. If interested the organisation can conduct an internal audit however times it sees fit but it would still need an external auditor to declare to the government. Accordingly, OSSA conducts this annual audit by an external body.

The external auditor is also entitled to ask for any financial documents for the annual audit since it is necessary to acquire the external audit paper to report to the government.

Score: 0

4.4 Perception of Impact

4.4.1 Client satisfaction SPO

The awareness level of the general community in the project area has increased through the interventions of the SPO via the idir coalition and youth clubs. These CBOs were involved in peer education through different methods to increase the awareness of people with regards to HIV, stigma and PMTCT (coalition). They co-operate on some activities like drama and poem presentation to get the message across. When there are persons who want to go for testing they refer them to OSSA or other testing centres. As these CBOs are approaching parts of the community that they relate to (the idir coalition address community members via idirs, the clubs are responsible for addressing the youth, and the PPTCT are responsible for addressing the OVC's) and they are also part of the community themselves it is easy for them to get the message across, making them the best approach to awareness creation. These CBOs have increased the area coverage within Hawassa and reached more people in terms of awareness creation and HIV testing since 2012.

For those beneficiaries that were identified and received ART treatment, but have very low income incapacitating them to sustain themselves and their families and also those OVCs with elder/destitute guardians, OSSA established, trained and given initial capital to saving associations. So far the effect of the saving associations is minimal since loans have not yet started. Beneficiaries have changed for the better after being involved in IGA. Those people who did not have anything to eat or wear in 2012 and before are now earning and supporting themselves gradually. The businesses of those involved in IGA are earning a subsistent income if not more since being given the initial capital in 2008. In 2013, over the four sites 200 PLWHIV and guardians of OVC are involved in IGA. The guardian club for instance is involved in small business activities preparing food and selling animal feed. They are also encouraging others as a witness to the change that can be found. However, 41% of the people planned to join IGA between 2012 and 2014 have not received initial capital due to the need to increase the amount of the start-up capital because of the high inflation rate.

OSSA furthermore covers medical expenses for PLWHIV and OVCs/children with HIV and provides school materials and uniform for the later. Volunteers that were recruited by the coalition and trained

by OSSA on issues like counselling, advising and health information visit households to counsel both adults and OVCs. They also provide support on household chores when necessary. There is a good relationship between beneficiaries and volunteers due to the nature of the support being provided. Of course, few volunteers are less attentive as observed from the minutes of the general meetings. Volunteers not only do support of household chores but solve family problems and give advices (for instance advising abused women to get legal support) as stated by OSSA, the volunteers and beneficiaries interviewed. Still it was the observation of the in-country research team that the fact that these volunteers are involved in wide range of activities may in a way hinder their efficiency when seeing their performance in only one topic/area.

Beneficiaries speak positively of OSSA due to the strong support they get from the organisation. Their views also stem from the fact that the organisation always responds fast to their needs in terms of, for instance, sending them to health centres and communicating with the centres in cases where the centres create inconvenience for the patients or when the children of the beneficiaries (who are also beneficiaries) get sick and need immediate attention then OSSA provides vehicle and covers the cost or reimburses it immediately. Such support gives the beneficiaries they feeling they can always rely on OSSA.

Score: +1

4.4.2 Civil society impact SPO

The CBOs supported by OSSA are expected to take over the care and support and awareness creation activities after the SPO phases out but it was observed that most of these CBOs specifically the coalition and most of the clubs are not strong enough to work with the intensity expected of them. With regards to awareness creation and referrals these CBOs will be able to execute the activities as they have built their capacity with the help of OSSA and others since 2012. They are already functioning with little or no supervision from OSSA. Awareness creation and referrals requires small finance and in the case of the coalition it is incorporated with the already existing community structure of idirs.

The care and support service however may be at risk since there doesn't seem to be a well-established platform or system for the volunteers and the coalition to communicate even though there are several coalition admins who are volunteers. When OSSA's project phases out, the idea is that the coalition takes over the managing of the volunteers and the provision of counselling service to the newly identified beneficiaries. At the moment of this end line study the coalition is not yet undertaking such efforts. This is not to say there is no relationship amongst the CBOs. As all the volunteers are idir members and hence participate in the CCs, they have access to information. The volunteers furthermore cooperate with the youth clubs in some awareness creation activities. However; the system is very informal and not strong enough and hence may not be as effective. MFSII funding was used for the facilitation of the capacitating and discussion meeting in these cases.

The coalition has been strengthened well in that it was able to send over 20 mothers for PMTCT check-up from one CC meeting as seen from its report to OSSA. The coalition is also mobilizing its own resources to execute its mission on a larger scale. So far the awareness creation activities being done can be said to be effective since many households are covered by the CC meetings conducted by the coalition in cooperation with the idirs. OSSA has also supported the girls clubs to create a coalition and they have got a licence from the regional justice office to work as a CSO. The OVC guardians and PLWHIV saving association were also established in collaboration with town small and micro association coordination office in 2013. These associations are saving consistently with few dropouts. The saving associations have a regulation that people can't borrow money before one year so they have not yet started lending but the plan is to enable the members to borrow money to expand their business after a year. Of course, this can raise the issue of effectiveness as there is high inflation in the country and after a year members are expected to borrow up to 1000br only.

Score: +1

4.4.3 Relation with public sector organisations SPO

OSSA works very closely with some government offices like the regional health office; the women, youth and children office; the finance and economic development office. It is essential to work with these bodies as the smooth implementation of interventions and activities of the SPO requires it. The necessary government offices have to be informed of the activities of any CSO as a procedure and a monitoring strategy on the side of the government. For instance, when one of the volunteers identified an abused girl she first brought her to OSSA for testing then OSSA and the volunteer take the case to the women and children's affairs. OSSA also worked with the health office in a referral system, although this practice has been exercised before 2012 now it has gotten stronger with the betterment of the practice through time.

The participation of public sector organisations in the planning, implementation, monitoring and evaluation of the project has increased significantly as compared to 2012. The relationship with these bodies is strong and positive as was observed during the study. The offices interviewed see OSSA as a supporting body of the government focus to alleviate essential problems within the community. Although some expect it to do more (which may not be possible due to budget and scale of the project) they have no complaints with the things done so far. These bodies get a regular report and communicate frequently with OSSA.

The Coalition is working together with the girls clubs and AACs in addressing the awareness creation among community in many topics including HIV, discrimination and stigma reduction. The girls clubs and AACs also interact with each other to see which areas they are both working in.

Although the influence of OSSA with regards to influencing the policies of the public sector is not visible due to the CSO law of the country, OSSA does invite representatives from the government offices it works with to participate in the general meetings it holds. The offices are aware of the activities done by the SPO and have a set way of operating (hospital sends a slip for the treatment done to referred individuals, OSSA settles invoices after treatment, OSSA reports to the health office and women and children affairs office) which is a change in the regulation or way of working of these bodies.

OSSA has also supported the girls clubs to create a coalition and they have got a licence from the regional justice office to work as a CSO. The OVC guardians and PLWHIV saving association were also established in collaboration with town small and micro association coordination office within the past year. These associations are saving consistently with few dropouts.

Score: +1

4.4.4 Relation with private sector agencies SPO

OSSA doesn't have that much of a relationship with private sector offices. Although some attempts have been done on the topic it is still at the infant stage. OSSA is attempting to work with private health centres and sponsors for the coalition.

Score: 0

4.4.5 Influence upon public policies, rules, regulations SPO

OSSA has not brought any changes on the policies of the public sector offices it is working with other than a change in practice.

Score: 0

4.4.6 Influence upon private sector agencies' policies, rules, regulations SPO

OSSA has not played any part in influencing the regulations and policies within the private sector as its communication with those in the private sector is very minimal.

Score: 0

4.5 Environment

4.5.1 Coping strategies

The new CSO law put in place by the government stating the spending of the funds CBOS receive should be 30% for administrative costs and 70 % for operation (issued in 2009 and implemented as of 2010) has negatively affected CSOs. They are constrained in terms of the man power they hire and the field visits they would conduct especially for M&E as all these are in the 30% limit. These organisations also have to relocate to cheaper offices, which consumes time. With this regard as there is a regulation of 30/70 allocation of fund to administrative and operational costs respectively all funds are allocated accordingly (the regulation was effective on 2010). Not compiling to the law leads to a termination of license. This may be one of the reasons why man power shortage is observed in the project site in Hawassa where the project manager is executing most of the activities. Records show however that the MFSII budget has been considerably overspent on salary, office and transportation costs and seems to have been under-spent on the activity side. OSSA replied that aggregation of the different projects budgets would make complying with the rules possible.

The global economic crisis also negatively affected the achievement of organisational objectives as most donor countries are in economic crisis hence less inclined to donate.

Another regulation affecting the CSO is the law stating that any CSO funded by foreign source cannot engage in lobby and advocacy or right issues. Being that OSSA works with children and marginalized groups it has to act with extra care not to involve in these issues, which makes its work difficult and less efficient than had it been able to lobby. Hence, the SPO is currently working with the public offices and making them part of the planning, implementation and evaluation so they can take their own measures after observing the progress.

Another issue affecting the efforts of OSSA is the high inflation rate which influences the IGA activities done by the saving association. There is high inflation in the country, mostly ranging between 35% and 40%, hence; the initial capital given to individuals is not enough to boost their economic security (income earning and increasing number of meals per day). In response to this, the SPO has increased the initial capital from 1500br to 2500br which in turn decreased the number of beneficiaries addressed.

Score: 0

Centre for Development Innovation
Wageningen UR
P.O. Box 88
6700 AB Wageningen
The Netherlands
T +31 (0)317 48 68 00
www.wageningenUR.nl/cdi

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