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MKC-RDA end line report

MFS II country evaluations, Civil Society component

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This report describes the findings of the end line assessment of Meserete Kristos Church – Relief and Development Association (MKC-RDA) in Ethiopia is a partner of Tear Fund and ICCO under the ICCO Alliance.

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

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

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

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Acknowledgements

List of abbreviations and acronyms

ART	Anti Retroviral Therapy
CDI	Centre for Development Innovation, Wageningen UR
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisations
CCMD	Church and Community Mobilization for Development
CCMP	Church and Community Mobilization Process
CDI	Centre for Development Innovation, Wageningen UR
CHBC	Community Home Based Care
CFAs	Co-Financing Agencies
CFO	Co-Financing Organisation
CLA	Cluster Level Association
CLFZ	Child Labour Free Zones
CMC	Centre Management Committee
CS	Civil Society
ECFE	Evangelical Church Fellowship of Ethiopia
EFM	Early Forced Marriage
EECMY-YDCS	Yemisrach Dimts Communication Services
EKHC-MA	Ethiopian Kale Heywit Church - Medan Acts Programme
FAL	Functional Adult Literacy
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
GBV	Gender based Violence
HAPCO	HIV/AIDS Prevention and Control Office
HEW	Health Extension Worker
HIV	Human Immune Deficiency Virus
HTC	HIV Testing and Counselling
HTP	Harmful Traditional Practices
IFPRI	International food Policy Research Institute
IGA	Income Generating Activities
KAP	Knowledge Attitude and Practice
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MFI	Micro Finance Institution
MFS	Dutch co-financing system
MKC-RDA	Meserete Kristos Church – Relief and Development Association
MoFa	Ministry of Foreign Affairs
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PA	Peasant Association
PPTCT	Prevention of Parent to Child Transmission
PMTCT	Prevention of Mother to Child Transmission
PLHIV	Persons Living with HIV
PTA	Parent Teacher Association
PWD	People with Disabilities
RDB	Relief and Development Program
SDD	Stigma, Discrimination and Denial
SHG	Self Help Group

SNNPR	Southern Nations, Nationalities and Peoples Region
SOL	Self Organized Learning
SPO	Southern Partner Organisation
SSI	Semi-structured Interview
STI	Sexually Transmitted Infection
ToC	Theory of Change
Wageningen UR	Wageningen University & Research centre
WHO	World Health Organisation
WoFED	Wordea Finance and Economic Development
ZoFED	Zonal Finance and Economic Development Office

1   Introduction

This report presents the civil society end line findings of Meserete Kristos Church – Relief and Development Association (MKC-RDA) in Ethiopia which is a partner of Tear Fund under the ICCO Alliance. It is a follow-up to the baseline assessment that was carried out in 2012. According to the information provided during the baseline study MKC-RDA is working on MDG 4, 5, 6: Health.

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

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

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

Changes in the civil society arena of the SPO
In the 2012 – 2014 period the two most important changes that took place in the civil society arena of the SPO are related to the Civic Engagement and Perception of Impact dimension of CIVICUS. MKC-RDA managed to increase the involvement of PLHIV in society by organising PLHIV together with other community members into SHG's, which has resulted in more people mutually supporting each other and a reduction in stigma and discrimination. The involvement of PWDs increased by involving them in decision making processes and mainstreaming disability issues. MKC-RDA uses church and FBO leaders to identify the needs of beneficiaries and they play an important role in awareness creation activities.

Most significant changes were identified within the Perception of Impact dimension. MKC-RDA helped establish 71 new SHGs and 27 FAL groups between 2011 and 2013. Next to realising improved income for PLWHIV, the SHGs members got increasingly engaged in providing support for HIV- infected and AIDS-affected people. MKC-RDA furthermore initiated religious fora which contributed to improved religious tolerance in the community and which are engaged in a wide range of development activities. In terms of relations with the public sector, MKC-RDA increased the engagement of sector offices by inviting them for different discussions, trainings and review meetings. In some cases personnel from the sector offices provide training to the SHGs and CBOs capacity building program organized by MKC-RDA. MKC-RDA also interacts with the small and micro business offices on legalization of the SHGs and FAL groups.

Given the role assigned to NGOs in Ethiopia, MKC-RDA is not engaged in advocacy activities. However, by inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. MKC-RDA is attempting to work with private health centres and sponsors for the Idir coalition, but so far no concrete progress has been made.

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

Contribution analysis

Based upon an analysis of the projects and programmes financed by the Dutch CFAs, four orientations strategic for civil society development were identified: Ensuring that more people from more diverse backgrounds are engaging in civil society activities; ensuring that the organisations that receive support from the SPO are capable of playing their role in civil society – intermediate organisations; strengthening the relations with other organisations in civil society to undertake joint activities, and; influencing policies and practices of public or private sector organisations. For Ethiopia the focus was initially on the intermediate organisations and on the position of SPOs in their respective networks. The Ethiopian team however concluded that there is little room for networking amongst NGOs in Ethiopia, and that NGOs mainly collaborate with each other by instigation of the government to come to a division of labour per district and region. Therefore the second strategic orientation for most SPOs is now focussing on civic engagement.

Based upon an estimation of the percentage of the MFS II project budget related to interventions that are relevant for civil society, those SPOs whose absolute budgets for civil society were most important were selected for in-depth process tracing on two outcomes. The evaluation team conducted a quick assessment on contribution for the other SPOs. For MKC-RDA a quick assessment on contribution was done.

The first outcome identified within the Strengthening Intermediate Organisations orientation is whether MKC-RDA contributed to a reduction in stigma and discrimination towards PLWHIV. The second outcome that we looked at within this orientation is the extent to which intermediate organisations like the idir and the religious fora were able of providing improved support to vulnerable people by mobilizing the community.

The main contributions by MKC-RDA to reach the first outcome consist of their efforts to form SHGs and the FAL groups that are mixed which enhance social integration. Its intention to organise people in SHGs, helps to create relations of mutual support amongst PLWHIV. Additionally, this creation of mutual support is a natural process as the groups are not formed with the aim of reducing stigma and discrimination, but it is more a natural result that emerges around other aims (i.e. generating an income or learning to read) and activities (i.e. building community latrines). This can be seen as a strength of this approach. Other actors and factors that explain the first outcome are: awareness raising campaigns of the government; community meetings organised by the government, and the awareness campaigns of school clubs. These factors and actors provide a necessary, but not sufficient explanation to the reduction of stigma and discrimination towards PLWHIV. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

In relation to the second outcome, it can be concluded that the contribution of the idirs and the religious fora is significant. MKC-RDA's interventions work with existing community structures. The use of individual idirs to increase awareness and provide care and support services is a sustainable measure, as the idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions.

Within the second orientation, Civic Engagement, we looked at the extent to which MKC-RDA's interventions helped to reintegrate PLWHIW into society and improved their social and economic capital to become a full member in society. This by means of supporting the PLWHIV to increase their income via SHGs.

We conclude that SHGs help PLWHIV in terms of mutually supporting each other and therefore enhances their social capital. The livelihoods of PLWHIV improve in economic terms when they receive loans to start IGAs, however the success of these activities depend upon personal entrepreneurial skills of group members and the amount of the loan given by the SHG given: though success stories are found, PLWHIV tend to switch between different forms of petty trade and daily labourers whenever the opportunity arises. Again, the availability of ART drugs forms an important condition for PLWHIV to be able to engage in SHGs.

Relevance

Interviews with staff of MKC-RDA, with external resource person, with Tear, as well as contextual information helped to assess the relevance of MKC-RDA's interventions in terms of; its Theory of Change (ToC) for Civil Society (SC) as designed during the baseline study; the context in which MKC-RDA is operating; the CS policies of Tear.

With regards to the baseline ToC, the interventions and outcomes achieved are partly relevant since MKC-RDA's contributions are mostly related to the second contribution formulated in their ToC, being economic empowerment of CBOs and by the creation of Self Help Groups (SHG) and Functional Adult Literacy (FAL) groups.

With regards to the context in which MKC-RDA is operating, its interventions and outcomes achieved are relevant because there are only a few other civil society organization working in MKC-RDA's intervention area. The ones that are there are not working on the same topics and issues as MKC-RDA.

With regards to the CS policies of Tear, MKC-RDA's interventions and outcomes are relevant because the growth in numbers of SHGs fits their CS policy.

Explaining factors

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

Internal factors within the SPO that explain the findings are internal staff inefficiency and the overspending on program staff and underspending of stakeholder meetings.

External factors that explain the findings are the difficulties encountered when trying to align the programme's budget with the Ethiopian legislation, getting the budget approved by the government, and extreme delays in budget releasing.

Factors that explain the findings that are related to the relation between the MKC-RDA and Tear are the questions raised on M&E efforts of MKC-RDA and the need for improvement in financial reporting.

The following chapter briefly describes the political context, the civil society context and the relevant background with regards to the MDG/theme MKC-RDA is working on. Chapter three provides background information on MKC-RDA, the relation of its MFS II interventions with the CIVICUS framework and specific information on the contract with ICCO/Tear. An evaluation methodology has been developed for the evaluation of the Civil Society component which can be found in appendix 2; however, deviations from this methodology, the choices made with regards to the selection of the outcomes for contribution analysis, as well as difficulties encountered during data collection are to be found in chapter 4. The answers to each of the evaluation questions are being presented in chapter 5, followed by a discussion on the general project design in relation to CS development; an assessment of what elements of the project design may possibly work in other contexts or be implemented by other organisations in chapter 6. Conclusions are presented in chapter 7.

2 Context

This paragraph briefly describes the context MKC-RDA is working in.

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]

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

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

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

[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

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[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

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]

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

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

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

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

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

2.2.3 Socio-cultural context

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

2.3 Civil Society context issues with regards to the MDG

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.

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[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
[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

Despite this categories in society are still not being reached, including street children and youth, commercial sex workers, people with disabilities, PLWHIV, OVCs, destitute women and people living in geographically marginalized areas. In response to this gap, a number of actors, in particular NGOs, are striving to focus on the vulnerable groups of the community with the main purpose of improving access, quality and sustainability of health facilities and health services[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 of the district health system under their jurisdiction. The devolution of competencies to regional governments has resulted in a more decentralised decision making process.

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

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[22] Alemu E.,September 2014, *Program and Project Evaluation of Basic Health and HIV/AIDS Implemented in Ethiopia (FinalReport),* 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 MKC-RDA and its contribution to civil society/policy changes

3.1 MKC-RDA

Meserete Kristos Church (MKC) is one of the indigenous churches in Ethiopia, established in 1951. It has over 670 local churches, 350 sub local congregations, and has a total of nearly 500,000 members. The church serves under the overall guiding principle of serving the whole person that includes spiritual and physical nurturing.

It's main development goals include: 1) improved food security at household level, 2) improved health access and facilities for the members of the community, 3) reduced prevalence of HIV-AIDS, 4) improvement in access to and quality of education, and 5) enhanced SHG development schemes.

Its development approach can be summarised as creating access to productive resources and participate development by facilitating community learning via the FAL program, organise CCs for community awareness, promotion of gender equality and women empowerment via the promotion of SHGs, building organisational capacity of CBOs, and building strong partnerships with all stakeholders and partners through proactive networking, information exchange, resource sharing and joint approach for development

MKC-RDA is currently implementing 8 Health, HIV & AIDs projects in different parts of the country and Fincha Shambu integrated HIV & AIDs project is one of these projects. It takes place in two rural districts/woredas, Horo and Abay Choman and two towns of Horo Guduru Wollega Zone in Oromia state. The programme focuses mainly on scaling up previously undertaken projects in areas that have been targeted during the last three years. These are; Shambu town (01 & 02 Kebeles), Fincha town (01 & 02 kebeles), 6 villages of Fincha valley (which collectively form "Agamsa" Kebele), four rural PAs (Sekala 01, Dibdibe Kistana, Gitilo Dale and Konbolcha Chancho) and one newly added Kebele called Gudetu Migrae. One new Kebele has been added after discussion with Government and other stake holders who notified MKC-RDA about the yearning demand for further intervention.

MKC-RDA is one of the Ethiopian partners in the Ethiopia Health Country Plan 2011-2015 of the ICCO Alliance. The Ethiopian coalition partners are:
- Ethiopia Muluwongel Believers Church Relief and Development Organization
- Ethiopia Kale Heywet Church – Medan Acts Programme (EKHC) (Kuriftu & Arbaminch),
- Evangelical Church Fellowship of Ethiopia (ECFE),
- Yemisrach Dimts Communication Services (EECMY-YDCS),
- Dorcas Aid International Kenya,
- BBBC
- EGCWDO

The program has started implementing activities since 2011 and developed into a network in which lessons are learned from each other and from other important stakeholders. Since 2012 the monitoring of the Ethiopia partners and the program has been decentralized by the Prisma members in the Netherlands. The ICCO Alliance Regional Office together with local staff of Dorcas, Red een Kind and Tearfund UK (called the Regional Working Organisation) are mandated to handle partner contracts and to support the Ethiopian Health Program.

3.2   MFS II interventions related to Civil Society

MKC-RDA's interventions aim to:

- Capacitate and empower local institutions that provide improved quality and affordable health services for vulnerable groups holistically;
- Ensure a decentralized and transparent basic health care delivery system, as evidenced by the involvement and addressing of vulnerable groups and key community leaders;
- Ensure that SHGs become performing and that PWD, PLHIVS, and vulnerable communities engage in income generating activities and become an integrated part of society.

The project documents however do not give an overview of the number of schools, idirs, local churches and other religious institutions involved in the development of HIV-AIDS policies. The same applies for the total number of SHG to be supported and membership figures.

All three above mentioned objectives have relations with the CIVICUS dimensions in terms of:

- Creating or strengthening local structures that by the end of the project need to be self-sustaining (level of organization/perception of impact);
- Collaboration between these structures and the formal health system (perception of impact).

Apart from this, MKC-RDA is one of the partners that implement the Ethiopian National Health Plan, and collaboration between these partners is an important element in the CIVICUS dimension 'level of organisation'.

3.3   Basic information

Table 3

Basic information on MKC-RDA

Project information				
Name of SPO	Meserete Kristos Church – Relief and Development Association (MKC-RDA)			
Consortium and CFA	ICCO Alliance/ ICCO and PRISMA (+ TEAR NL) of ICCO alliance + outside the alliance TEAR Fund UK			
Project name	Fincha Shambu Health and HIV and AIDS Programme			
MDG/theme on which the CS evaluation focusses	MDG 4,5,6: Health			
Start date of cooperation between the CFA and the SPO	1 July 2008 for Tear NL and 1 July 2011 for ICCO alliance			
Contracts signed in the MFS II period	**Period**	**# months**	**Total budget**	**Estimation of % for Civil Society**
MKC-RDA Shambu Fincha HIV project 2011/12 (2011048)	1 July 2011 – 30 June 2012	12	€ 56.762	27-34 %
MKC-RDA Shamby Fincha HIV and Aids project (2012048)	1 July 2012 – 30 June 2013	12	€ 44.060	
MKC-RDA Shambu Fincha Health and HIV and AIDS project 2013/14 (2013048)	1 July 2013 – 30 June 2014	12	€ 42.400	
Total			€ 143.222	

4 Data collection and analytical approach

4.1 Adjustments made in the methodology of the evaluation

Based upon the documents made available at the beginning of 2014, the evaluation team identified 'strengthening intermediate organisations' as the first strategic orientation to focus on. It was observed that most of MKC-RDA's activities focus on forming support groups and training people in terms of HIV/AIDS related topics. MKC-RDA's final goal is to ensure that these groups become self-sufficient and continue the work without the support of MKC-RDA. After the workshop conducted with MKC-RDA's staff, the second civil society orientation chosen was civic engagement. The SPO members who participated in the evaluation discussion emphasized that the SPO mainly operates in these two outcomes.

4.2 Difficulties encountered during data collection

The evaluation team encountered difficulties in compiling all information from the project documents as a means to obtain a complete overview of outcomes and outputs achieved in line with the logical framework. The project documentation obtained in the beginning of 2014 missed the bi-annual report of January – June 2013, which caused difficulties in assessing changes over the 2011-2013 period. Another major difficulty during data collection was the quality of the progress reports. Although there were many reports available, they were very general and did not mention any specific achievements or outputs. As the proposals mention percentages to be reached by the end of the project, the progress reports do not report on exact numbers or percentages, and hence it was very difficult to conclude whether the targets were met. The targets set in the proposal did come back in the financial progress report of mid-2012 to mid-2013, and therefore this report was used to get an overview of MKC outputs and outcomes during the 2011-2013 period and decide upon a strategic orientation for the evaluation.

In the field, it was observed that many of the staff members that were involved in the baseline period were not available for the end line evaluation work. In addition some of the SPO members were repeatedly in the field which delayed the process because meetings were postponed and the required information was obtained late. The SPO's team working in the project site was very cooperative and facilitated the data collection activity effectively.

4.3 Identification of two outcomes for in-depth process tracing

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

With regard to strengthening of intermediate organizations three outcomes were identified: 1) reduction of stigma and discrimination towards PLHIV due to awareness creation, 2) improved community and resource mobilization to support vulnerable people, and 3) improved joint community development.

The civic engagement activity of the SPO focused on establishing and supporting self-help groups (SHG) and providing awareness. The two outcomes related to SHG were 1) an increase in income for the SHG-members and 2) an improvement of their social interaction.

5   Results

5.1   Results obtained in relation to project logframe

An inventory was made of progress being made by MKC-RDA in comparison to its project documents. However the missing progress report of January-June 2013 have hampered the presentation of facts and figures.

Objectives	Level of achievement
85 % of stake holders in the project sites are able to mainstream and address health, disability, GBV, and HIV & AIDS issues and incorporated HIV & AIDS prevention, care, and support activities in their annual and operational plans.	80.2% of Local institutions have developed HIV & AIDS policy manuals (17 schools, 54 Idirs, 20 local churches, three other religion) (2011-2012) 82.2% of the local institutions have regular schedule of HIV and AIDS, and reproductive health works. (20 schools, 60 Idirs, 28 local churches, six other religious institutions (July 2012 – December 2012) 69 % in July – Dec 2013 report.
In 80 % of the religious institutions and associations, vulnerable community groups are actively involved in decision making processes and hence they developed and assured their trusts and acceptance on their community	1. 155 persons in the project sites participated in decision making meetings on health service representing the vulnerable community groups. Next they got involved in mobilizing their peers to be organized in SHGs, testing for HIV, to get SRH education and health services. (2011-2012) 167 persons (July 2012 – December 2012) 268 person (July – December 2013) 2. 123 representatives of different institutions and volunteers stand working against stigma, denial and discrimination. In turn they mobilized communities at school, Idirs, churches and mosques, for HIV testing and thought the wider community on the basic facts of HIV, disability and negative impacts of Stigma and discrimination. (2011-2012) 142 representatives (July 2012 – December 2012) 178 (July – December 2013) 3. 44 disabled persons PWD have gotten education on HIV and AIDS. Four of them are involved in awareness creation activities regarding disability. (2011-2012); 74 PWD (July 2012 – December 2012); 65 PWD (July – December 2013 report) 4. 160 representatives of community institutions and volunteers involved on HIV counselling and testing (2011-2012). 13 community leaders involved (July 2012 – December 2012). As a result 3814 persons tested between July 2011 and December 2012: No HIV testing due to shortage testing kits in July – December 2013 report. 5. Stigma, discrimination, and denials related to HIV and AIDS Reduced. (2011-2012) No reporting
80% of SHG members are able to cope up with the economic demand, ensure active participation of PWD, PLHIVS, and vulnerable communities in decision making, and sharing of resources and guaranteed their representation.	1. 44 persons of affected community group due to HIV & AIDs and disability which obtained representation in each of the following categories: target group; contributors; speakers; implementers; experts and decision makers in churches, SHGs and FAL circles. They speak on behalf of vulnerable community groups (2011-2012). 48 peoples speak on behalf of vulnerable groups (July 2012 – December 2012) 65 persons speak on behalf of vulnerable groups (July – December 2013) 2. 20 % of PLHIVs who have trust in the community and speak boldly about their right and status. 108 PLHIV involved in stigma and discrimination reduction works at FAL, SHGs, and Idirs and community institutions. (2011-2012). 21 % have trust in the community (July 2012 – December 2012) 112 PLWHIV involved in stigma and discrimination reduction works (July 2012 – December 2012) 212 PLWHIV involved (July – December 2013) 3. 14 % of disabled (including positives) which indicate that they are protected by religious institutions, CBOs, SHGs, Anti HIV clubs and associations. (2011-2012) This is 15 % (July 2012 – December 2012) 65 PLWHIV organized in SHG and FAL groups by church leaders (July – December 2013 report)

5.2   Changes in civil society in the 2012-2014 period

5.2.1   Civic engagement

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

MKC identifies the needs of marginalized groups through various ways like community discussions, trainings and experience sharing. The quarterly report of 2013 mentions that 496 people from the program target groups (Persons Living with HIV (PLHIV), SHGs and Functional Adult Literacy (FAL) leaders and forum representatives, People With Disabilities (PWD), volunteers, Community Conversation (CC) facilitators and health professionals) participated in the discussions and trainings arranged. Additionally, MKC-RDA organised conversations between community members, health service providers and vulnerable groups to increase access to basic health services.

Furthermore, local stakeholders and line organizations participated in identifying the needs of the beneficiaries. Accordingly, change agents (such as church leaders) were capacitated to play a role in addressing stigma, denial and discrimination. Between 2011 and 2013, 48 FBO leaders and evangelists received training on community mobilization and 28 FBO leaders and evangelists were trained on gender and disability mainstreaming. Additionally, since the program mainstreamed disability issues[24], 65 PWDs were involved in decision making meetings.

Other achievements in this area include:

- Discussion sessions for 4438 SHG members and 3041 vulnerable women on reproductive health, family planning, and PPTCT were conducted between 2011 and 2013.[25] Additionally, psychosocial support was provided for 18 OVCs and Health education provided for PLHIVs in the project sites.
- Provide apple seedling for 30 rural SHGs and PLHIV so that they can sustain their response to OVC support (5 apple seedlings per person)
- Facilitate referral and mobile Health Testing and Counselling for 3500 people per year at three towns in collaboration with government health institutions
- 36 youths trained on peer education and facilitation skills
- 3814 persons tested between July 2011 and December 2012[26]
- Health education provided for PLHIVs in the project sites. The document mentions that at least 40 PLHIVs are reached once per quarter
- 6000 youths in the churches, schools and out of schools were reached via a cascade peer education system
- Community conversations on health and HIV with new idirs were conducted once a month.

MKC-RDA, apart from including church people also includes non-church people in its development activities by means of using CCMD and UMOJA strategies[27]. The UMOJA strategy involves capacity building of church leaders so they are able to involve the community in identifying local needs and use local resources to address these needs. Capacitating government institutions, like school health institutions and local CBOs like clubs further assured inclusion of the whole community.

Score baseline 2012 on an absolute scale from 0-3:   **2**
Score end line 2014, relative change on a scale of (-2, +2):   **+1**

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[24] Mentioned in bi-annual report July-December 2013
[25] Differences in percentages could not be calculated as the total numbers of SHG members, vulnerable women and youth educated against what was planned is missing in the project documents.
[26] No HIV testing due to shortage testing kits in July – December 2013
[27] UMOJA is a Swahili word expressing unity in the family, community, nation, and race.

5.2.2   Level of organization

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

It is reported that there are only a few other civil society organization working in MKC-RDA's intervention area.[28] Those present are not working on the same topics and issues as MKC-RDA. This was also mentioned during the baseline evaluation, and explains the limited relations of MKC-RDA with other organisations. However, MKC did interact with CBO leaders and club leaders in the past two years during various trainings organised and discussions held.

Though there are a limited number of other NGOs in the intervention area, several discussions were held in the past twelve months with stakeholders at different levels. At the program/ village level weekly meetings with SHGs and FAL groups and monthly meetings with PLHIV associations, CC groups and local churches were organised. In these discussions MKC-RDA is represented by the program staff. Staff meetings were also held at organizational level. These are conducted every month, quarter and biannually, though these may be shifted or cancelled due to shortage of budget.

Defending the interests of marginalized groups is mainly done via local churches, Cluster Level Association (CLA) representatives, SHGs and FAL groups. These groups and representatives are capacitated through various trainings and awareness creation activities about their rights and responsibilities, which resulted in increased self-esteem amongst their members. For example, discussion sessions were organised with FBO leaders and evangelists on CCMD for 2 days, and similar discussions were held with CLA representatives on resource mobilization.

Local churches are believed to be important in defending the interests of marginalized groups as they are well aware about what is happening in the communities and are perceived as capable because they have received the necessary training.[29] At the moment, the programme works with 36 local churches. Next to churches, faith based organizations are perceived as having the capacity to defend the marginalized groups.[30]

Though no changes in the composition of the financial resource base of MKC-RDA were found, the effective implementation of the existing projects, including the one in Fincha Shambu, helped to acquire two new health projects.[31] On a different level, school clubs and forums are working on fundraising activities together with the school and church community to help needy students, OVCs and PLHIV. As a result, OVC and PLHIV were supported with educational materials and sometimes they also got support finances for IGA. Similar local resource mobilization events were done in some other project sites as well.

Score baseline 2012 on an absolute scale from 0-3:   1

Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.3   Practice of Values

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

No changes occurred since the baseline with regards to practice of values. Bi-annual review meetings with stakeholders are still conducted to ensure downward accountability and to trace the project implementation progress, as well as external audits are taking place in compliance with the rules and

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[28] Interview with field staff
[29] Interview with field staff
[30] Interview with field staff
[31] Interview with program manager

regulations in place. Finances are administered in Addis Ababa, because the capacity in Shambu is still limited. No information is available with regards to the board of MKC-RDA.

Score baseline 2012 on an absolute scale from 0-3:   3

Score end line 2014, relative change on a scale of (-2, +2): 0

5.2.4   Perception of Impact

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

Individual beneficiaries as well as IOs stated the presence satisfaction with the activity of the SPO in the two years under review. The SPO helped establish 71 new SHGs and 27 FAL groups between 2011 and 2013 and these groups got involved in different income generating activities to improve their income. The rural SHG and FAL groups were able to engage in agricultural activities and benefit from the crops they harvested. In addition some of these groups (14 SHG and 4 FAL groups) were able to get approved as a legal entity by the concerned local administration office. They have also benefited from trainings, discussions and experience sharing stages that help improve the quality and quantity of the beneficiaries. Representatives of beneficiaries that are involved in the stakeholders meeting express satisfaction on the project results. MKC-RDA furthermore initiated religious fora. One of the benefits of the existence of a forum that was highlighted by the forum members is the improved religious tolerance in the community.

The main achievements of MKC-RDA in this area of civil society impact lie the establishment and support of SHGs, FAL, and religious fora. In addition to increased income, the SHGs members engaged in providing support for HIV- infected and AIDS-affected people. They further disseminated HIV and health information to community members and they mobilized members from five local churches and CBOs for voluntary HIV counselling and testing. The SHGs also worked with government institutions and public schools in combating HIV-related stigma, harmful traditional practices (particularly female genital cutting) and gender inequalities.

In addition, MKC-RDA helped to strengthen several Idirs in the locality. Traditionally, the Idirs are formed by the community to support one another in times of death and mourning. But with the involvement of the SPO around 69 Idirs changed their bylaws to engage in supporting vulnerable groups of the community in life (particularly OVC and PLHIV). In addition, CBO members discuss on issues particularly on HIV/AIDS, harmful traditional practices, and gender based violation

Project facilitators and local church leaders have been influential in facilitating HIV counselling and testing campaigns at schools and health institutions in collaboration with the district health office. Additionally, religious leaders and health professionals, including VCT counsellors, have discussed on the current status of counselling strategies and its role on HIV & AIDS prevention and control especially for the most vulnerable groups. Religious leaders' got involved in life skill education, marriage counselling and premarital HIV counselling and testing. Disability and gender mainstreaming discussion forums organised by MKC-RDA enabled them to gain the basic facts about the issues.

Other achievements in the area of civil society building include:

- The number of local institutions that developed HIV & AIDS policy manuals increased with 2% between 2011 and 2013. These local institutions include 20 schools, 60 Idirs, 28 local churches, six other religious institutions.[32]
- Of the PWD and PLHIV in the SHGS and FAL, 156 of them were organized by local church leaders and educated about issues of disability, HIV and AIDS, and saving and self-supportiveness;
- 1 cross experience sharing session among religious leaders, PLHIV associations and local community representatives on health and HIV/AIDS;
- 20 leaders of PLHIV associations, women associations and religious institutions trained on sustainable livelihood and DRR;
- 40 school leaders and members of AACs or girls clubs participated in a resource mobilization workshop;
- Consultation session organised for two days with hospital and health canter workers, MFI, religious leaders, and district administrative representatives to strengthen the health network;
- Experience sharing stages organised among volunteer CC facilitators, Iiirs, health extension workers and forum representatives once per year.

With regards to the relations of MKC-RDA with the public sector, they work closely with the concerned government sector offices in the Woreda, particularly with the health, child and women affairs, and finance and economic development offices. The sector offices are engaged by their participation in different discussions, trainings and review meetings. In some cases personnel from the sector offices provides training to the SHGs and CBOs capacity building program organized by MKC-RDA. A further change of public sector involvement since the baseline is the inclusion of ministers, next to FBO leaders, in a three day training on gender and disability mainstreaming.[33] In addition government organizations like the zonal health office invites MKC-RDA during planning and review meetings. MKC-RDA also interacts with the small and micro business offices on legalization of the SHGs and FAL groups.

Given the role assigned to NGOs in Ethiopia, MKC-RDA is not engaged in advocacy activities. However, by inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. Local administration is aware of MKC-RDA's interventions and both have developed operational procedures to collaborate.

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

Score baseline 2012 on an absolute scale from 0-3:   **2**

Score end line 2014, relative change on a scale of (-2, +2): +1

5.2.5   Civil Society Environment

The social, political and economic environment in which civil society operates affects its room for manoeuvre. The civil society context has been described in chapter 3. In this section we describe how MKC-RDA is coping with that context.

MKC-RDA has been closely collaborating with CBOs, government offices and beneficiaries. This is believed to be the main strategy for ensuring the sustainability of the program. However, though they were legalized, only a few SHGs and FAL groups received land from the local government to operate their business. This was mainly due to higher restrictions and longer procedures on land allocation. MKC-RDA furthermore links SHG and FAL members who are not able to raise their own capital with micro finance

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[32] From the project documents, the total numbers of schools, Idirs, local churches and other religious institutions that developed HIV-AIDS policies could not be retrieved and hence what % this is against the total number of these institutions is not known.

[33] Interview with field staff

institutions (MFI) so as to engage in income generating activities. But the problem was that there are no MFIs in some of the program areas.

The proclamation on charities and societies also prohibit national NGOs that receive more than 10% of their funds from abroad to engage in lobby and advocacy on rights based issues. MKC-RDA's work has been affected because it cannot defend the interests of the PLWHIV and the marginalised groups it works with as before. However a new window of opportunity which is accepted is to work closely with public sector services that then may become aware of how to address burning issues in society.

Score baseline 2012 on an absolute scale from 0-3:   2
Score end line 2014, relative change on a scale of (-2, +2):-1

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

5.3.1   Strengthening Intermediate Organisations

Two outcomes were identified to assess whether MKC-RDA has contributed to the CIVICUS dimension 'strengthening intermediate organisation'; a reduction in stigma and discrimination towards PLWHIV; and improved support to vulnerable people in the community.

Reduction of stigma and discrimination towards PLWHIV
The first outcome is the reduction of stigma and discrimination towards PLHIV in the project area. MKC-RDA uses multiple interventions in trying to reach this outcome. Two developments point to a decrease in stigma and discrimination towards PLWHIV. Firstly, the mix of both HIV positive and HIV negative people who engage in SHGs point towards a more tolerant approach to PLWHIV. Secondly, the number of PLWHIV active in public professions has increased. As of December 2014, 104 PLWHIC are teaching and creating awareness in the community.

This outcome has several explanations:
• MKC-RDA set a norm that at least 20 percent of the members of newly created SHGs should be PLWHIV and other vulnerable members of the community. MKC-RDA helped establish 73 new SHGs between 2011 and 2014 and provided some of them with seed money after start-up.[34] The total number of SHG-members as of December 2014 was 1215 of which 154 members are PLWHIV and 23 PWD which is 14,6 % (20 % was planned)[35] [36].The SHGs, apart from giving members the opportunity to start their own business, are also involved in community activities such as awareness raising, preparing community latrines or improving personal hygiene.
• MKC-RDA furthermore established 27 Functional Adult Literacy (FAL) groups of which the composition is a mix of PLWHIV, youth, females and other marginalized groups in the community. The 27 FAL groups have in total 361 members of which one is HIV positive and 23 are PWD (6,6%). As is the case with the SHGs, the activities of the FAL groups are not limited to improve literacy, but also comprise activities for the community.
• Traditionally, the idirs support their members in times of death and mourning. With support of MKC_RDA 69 idirs changed their bylaws to be more engaged in supporting vulnerable groups in the community (particularly OVC and PLHIV).This development is the result of sensitization and awareness

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[34] MKC-RDA stopped providing seed money after a while because it was concluded together with Tear that this was not a sustainable intervention
[35] HIV prevalence in Oromia state was only 1 percent in 2013 and has the lowest prevalence of HIV in Ethiopia, apart from SNNPR. (Country Progress Report on the HIV Response, 2014, Federal Democratic Republic of Ethiopia.
[36] 17.6 percent of Ethiopia's population has a disability. WB and WHO quoted in: http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_112299.pdf

creation activities. The data available show that two PLWHIV and 45 OVC have received support from the idirs, however no clear performance assessment has been done on the outcomes of the change of their bylaws.[37]

- MKC-RDA organises meetings with community members and district representatives to increase the awareness on HIV/AIDS. These discussion meetings also serve the purpose of introducing the SHG concept and the possibility to join the FAL program. MKC-RDA works together with local government representatives and various CBOs to organise these meetings.

An important actor involved in the reduction of stigma and discrimination is the government. Not only are the health office and the women and youth office involved in the delivery of training organized by MKC-RDA, the government itself also organises community awareness meetings on awareness creation, distributes flyers and posters on the topic and endorses SHGs.

Another actor involved in efforts to reduce stigma and discrimination are the school clubs, like girls clubs and anti AIDS clubs. Many of the school clubs have stigma and discrimination campaigns to increase awareness amongst youth.

A factor influencing the outcome is the free availability of ART drugs. PLWHIV can live with effective ART treatment and as a result they are able to work and can engage with community members in a normal way.

The main contributions by MKC-RDA to reach this outcome consist of their efforts to form SHGs and the FAL groups that are mixed which enhance social integration. Its intention to organise people in SHGs helps to create relations of mutual support amongst PLWHIV also with members which are not HIV positive. Additionally, this creation of mutual support and social capital is a natural process as the groups are not formed with the aim of reducing stigma and discrimination, but it is more a natural result that emerges around other aims (i.e. generating an income or learning to read) and activities (i.e. building community latrines). This can be seen as strength of this approach.

Other actors and factors that explain the outcome are: awareness raising campaigns of the government; community meetings organised by the government, and the awareness campaigns of school clubs. These factors and actors provide a necessary, but not sufficient explanation to the reduction of stigma and discrimination towards PLWHIV. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

Improved community mobilization to support vulnerable groups

Improved community mobilization to support vulnerable groups in the community is the second outcome under the strengthening of intermediate organisations dimension. The interventions of MKC-RDA in reaching this outcome focus on individual idirs and the establishment of five FBO forums in Fincha, Shambu, Sekela, Fincha Sugar Factory, and Migru.

Between 2011 and 2013, 69 idirs changed their bylaws with support of MKC-RDA to be more engaged in supporting vulnerable groups in the community. The interviewees observed a significant difference between the activities of the idirs before and after the adjustment of the bylaws and the accompanying support provided by MKC-RDA. Previously these idirs, in their traditional role, provided burial service and covered related costs when one of the idir members or a family member had died. But after the awareness creation training and sensitization discussions provided by MKC-RDA, the idirs amended their respective bylaws and started supporting not only idir members but also other vulnerable members of the community in times of sickness.

This extended support includes:
- covering education related expenses for OVC's[38];

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[37] Data collected from the field office

[38] An example was given that one Idir started covering education related expense (school uniform, pen, pencil, exercise books, etc) for 15 OVC selected by the locality.

- mobilize money and materials (such as clothing) from able idir members to provide support for vulnerable people of the community in the holiday period;
- the construction of homes for some destitute elders members;
- as a result of the awareness creation activity done by MKC-RDA, idir members who were HIV positive were exempted from the regular contribution when they are not able to pay; and
- HIV positive Idir members got exempted from the labor support required in times of mourning and funerals.

The support given depends on the capacity of the Idir and the amount of money it managed to mobilize. While there are idirs that expanded their care and support services exclusively to their members, others extended their support to other vulnerable groups in the community.

MKC-RDA also initiated the creation of five fora composed of different religion (faith) based organisations operating (FBOs) in the locality. The first three forums provide educational support to 168 OVC since 2011. The last two forums (located in Fincha Sugar Factory and Migru) are not engaged in extending support to the community. The fora are chaired by the mayor of Fincha town and its members meet every two weeks and discuss issues related to youth, harmful traditional practices, and conflict resolution. MKC-RDA provided material support and training on topics like providing care and support to vulnerable group, awareness creation on HIV/AIDS, stigma and discrimination, harmful traditional practices, and peace and reconciliation trainings.

One of the significant contributions of the fora is the improved relationship among the different religions and denominations. Earlier it was unthinkable for Mosque leaders to go to a church and preach the congregation about mutual issues. The same holds true for a Christian to speak in the Mosque. But with the awareness creation and sensitization effort made by the fora it is now possible. This has improved the relationship and the sense of working together among the different religions and denominations. Before the fora were established there was no regular and joint discussion among the CBOs/FBOs and the government. It was only in times of conflict that the local government initiated such meetings. But the advent of the fora resulted in more regular meeting and reduced the possibility of conflict within the society as CBOs and FBOs have a platform to discuss disagreements. The fora are financially supported by the government offices. This financial contribution is partly used to support vulnerable groups in the community.

The government contributes to the outcome by buying uniforms and school materials to support vulnerable groups in some places in the intervention zone. In places where the local government does not provide material support, they communicate to schools to allow vulnerable students to be exempted from registration fee and to get access without having (wearing) a uniform.

In relation to the performance of the idirs and the religious forum, it can be concluded that the contribution of MKC-RDA is significant. Both the interventions work with existing community structures. The use of individual idirs to increase awareness and provide care and support services is a sustainable measure, as the idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions.

5.3.2 Civic engagement

With regards to MKC-RDA's efforts to enhancing people's engagement as well as to engaging more diverse and marginalised people into in civil society, the evaluation team looked at the extent to which MKC-RDA's interventions helped to reintegrate PLWHIV into society and improved their social and economic capital to become a full member in society. This by means of supporting the PLWHIV to increase their income via SHGs. Forming SHGs is a key strategy in MKC-RDAs policy. According to MKC-RDA, 71 new SHGs were established between 2011 and 2013. The SHGs consist of PLWHIV (targeted percentage of PLWHIV in SGHs is 20%) and other vulnerable members of the community.

Improved economic status of SHG members

The members of the SHGs are expected to improve their livelihoods through IGAs. Improved income through IGA largely depends upon how successful the group is to earn an income with petty trade which largely depends upon the use of the start-up capital given by MKC-RDA and the capacity and skills of the individuals within the group receiving this. The choice of the IGA to start the business is done by the members themselves, but MKC-RDA provides inputs for some IGA activities. MFSII funds were for example used to provide apple seedling (5 apple seedlings per person) for 30 rural SHGs and PLHIV. The field office conducted a performance evaluation on 71 SHGs based on their before and after situation (from economic and behavioural change point of view) and the level of mutual understanding among the members. The results showed that 30 SHGs are best performers, 23 are good performers (small change), and 18 performed poorly mainly due to conflicts among the group members.

Though most PLWHIV still engage in daily labour work a shift from daily labour or low-income petty trade such as roadside selling, charcoal making, and traditional alcohol making to better ventures such as processing and selling butter, grain retailing, or running a small café could be observed. An example is one SHG consisting of 17 destitute women which was established in 2012. Before joining the SHG the members were engaged in informal business activities such as wood selling, or daily labour. MKC-RDA approached the beneficiaries, provided them with training[39], and advised them on how to form the SHG. Additionally, this SHG provides sensitization workshops on the benefits of forming SHG within the community. Its members initially contributed 4 birr per week and later increased it to 6 birr per week of which one birr is set aside for social purposes. When the money accumulated members started taking loans up to 1000 birr and started small level formal business activities. Currently members of the SHG are engaged on cattle fattening, grain retailing, vegetable selling, and selling home consumption item.

One of the main contributing factors for the improved economic status of the SHGs is the availability of obtaining a loan at low interest rate from the savings of the SHGs. Prior to this possibility members who would not qualify for a bank loan would borrow from individual money lenders with a 5 birr interest per day for every 100 birr borrowed. But through the SHG the members pay 5 birr interest per month for 100 birr borrowed. This enabled the members to start a business at lower cost. In some cases MKC-RDA provides SHGs with seed money to stimulate the economic possibilities. There are criteria for getting this fund in relation to the initiatives taken by the members. This approach was questioned by the CFA, as there is a risk of dependency.[40] It was therefore decided to no longer provide the seed money to SHGs.

Improved social status of SHG members

An additional function of the SHGs is that people find encouragement to dare to expose themselves as HIV positive.[41] Every week the members meet to make their weekly contribution. From this contribution, members are also supported in times of crises, for example when someone dies. Furthermore, members visit each other when a member is sick and they provide advice and morale support. An SHG member interviewed stressed that the situation of the members has shown notable change after the involvement of the SPO: it was stated that forming the group has increased the level of support among them.

When members are unable to pay their credit/loan on time due to unforeseen circumstances the members discuss on the issue and usually exempt the person from paying the interest. This shows the presence of strong social interaction amongst members, though it questions the effectiveness of economic benefits if the exemptions are made on a large scale. Bylaws of the SHGs should provide the necessary guidance for these situations (no data collected on this).

We conclude that SHGs help PLWHIV in terms of mutually supporting each other and therefore enhances their social capital. The livelihoods of PLWHIV improve in economic terms when they receive start-up capital to start IGAs, however the success of these activities depend upon personal entrepreneurial skills

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[39] MKC-RDA's provides life skill training to the SHGs on topics like time management, financial (money) management, and the importance of saving.
[40] Tweede beoordeling HIV MKC-RDA
[41] Tweede beoordeling HIV MKC-RDA

of group members and the amount of the start-up capital given: though success stories are found, PLWHIV tend to switch between different forms of petty trade and daily labourers whenever the opportunity arises. Again, the availability of ART drugs forms an important condition for PLWHIV to be able to engage in SHGs.

5.4 What is the relevance of these changes?

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

In its 2012 ToC MKC-RDA formulated its overall goal with regards to civil society as "a holistic transformation of communities with respect to Health, HIV-AIDS and improve the quality of life of PLWHA (People Living with HIV-AIDS) or OVC (Orphans and Vulnerable Children) in Horo Gudru and Shambo Woredas." To reach this goal, MKC-RDA believed a strong civil society is needed that is effective in delivering services. To come to a strong civil society MKC-RDA strived to contribute to four conditions: 1) strong networks between civil society actors, 2) economic empowerment of CBOs and by the creation of Self Help Groups (SHG) and Functional Adult Literacy (FAL) groups, 3) a well-equipped civil society with the necessary knowledge and skills of HIV/AIDS prevention and care, and 4) the existence of peace and reconciliation within the communities.

The biggest contribution of MKC-RDA is to the second contribution as they managed to establish 71 new SHGs and 27 FAL groups. Though peace and reconciliation was not an objective formulated in the program under evaluation, the FBO fora did result in improved mutual understanding and conflict resolution.

CBOs like school clubs, idirs and FBOs form the most important civil society actors as there are not many NGOs working on HIV/AIDS related issues in Fincha Shambu. MKC-RDA organised different meetings between the CBOs, FBOs and fora[42] to enhance networking, but results have not been documented.

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

It is reported that there are only a few other civil society organization working in MKC-RDA's intervention area.[43] The ones that are there do not work on the same topics and issues as MKC-RDA. In this regard, the presence of MKC-RDA is relevant.

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

Tear believes civil society is best strengthened by using the networks of churches and SHGs. In the past, the churches did not fulfil a role in bringing people together in society next to religious gatherings. By forming and supporting NGOs and SHGs, Tear believes churches can play an important role in building civil society.

Tear Fund helped introduce the SHGs approach to Ethiopia via another partner (EKHC) in 2002. The first five SHGs were started by 100 women in Nazareth (Adama); today the number of SHGs as part of Tear Fund funded programmes has increased to well over 12,000 across Ethiopia, impacting over 1 million people. The growth in numbers of SHGs has been primarily because local churches have embraced it and replicated it using their own resources.

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[42] The fora meet twice a year to share experiences and learn from each other
[43] Interview with field staff

In 2013 research conducted by Tear concluded that forming self-help groups is a sustainable and high return intervention[44].

One of the goals formulated in the Ethiopian Thematic Country Plan 2011-2015 was the programmatic cooperation between ICCO Alliance partners. [45] It is believed that due to its size, the ICCO Alliance partners in Ethiopia would be able to link up with other health partners, and also identify issues which they can address together, e.g. in dealing with the government. It is furthermore stressed that since the issue of access to and quality of health care is complex, the ICCO Alliance wants to work from its strength of partnerships with large community organisations (FBOs), which have gained experience over a number of years. This will improve the local organisational strengths of communities, to make them more relevant. Within these local organisations there will be a provision that marginalised local groups will be especially targeted. By the possibilities of linking and learning, the results of different Partner Organisations can be brought to a higher level, where systemic issues can be addressed as an Alliance. The documents received do not report on collaboration between MKC-RDA and the other ICCO Alliance Partners.

5.5   Explaining factors

5.5.1   Internal factors

One internal factor observed by Tear that influenced the work of MKC-RDA is their internal staff efficiency. Since the team in the project office seems well equipped, the 1.3 staff position at headquarters is questioned by the CFA. Especially since the communication and reporting done by headquarters was poor.[46]

The quarterly meetings with program staff were overspent with 25% in 2012, whereas the bi-annual meetings with stakeholders were underspent with 25%.

5.5.2   External factors

MKC-RDA states that they are negatively affected by the Proclamation on Charities and Civil Societies and that aligning the programme's budget with the 70:30 legislation is difficult. Many costs are considered administrative costs like trainers fees, building rent, refreshments, transportation costs and salaries. Monitoring and evaluation efforts become especially difficult to organise because transportation costs and salaries are all considered administrative costs. For example since the program is implemented in the rather remote areas of Horo Guduru Wollega Zone in Abay Chomen and in the Horo district, the allocated budget for mileage was already finished halfway through the 2013-14 program. The implementation of the activities in these locations could however continue because the head office provided additional support and motor cycles were used as mileage only applies for vehicles. At the moment, MKC-RDA is following up the activities of the SHG and Fora, but no trainings or meetings are conducted due to unavailability of budget.[47]

Another problem mentioned by MKC-RDA is extreme delay of budget releasing to run the program.

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[44] In October 2013, Tearfund UK and Tearfund Ireland funded a cost-benefit analysis of the SHGs in Ethiopia. The results of this study indicate the SHG intervention has a very high return, as much as £173 for every £1 spent, and is demonstrating transformational change. They however question the (long-term) effectiveness of peer-to-peer education, the grain banks and the FBO forum.
[45] Ethiopia Thematic Country Plan 2011-2015, ICCO alliance, update 2013.
[46] 'Tweede beoordeling' HIV MKC-RDA 2013-14
[47] Interview with the field office

5.5.3 Relations CFA-SPO

Tear provides elaborated feedback on program proposals and progress reports drafted by MKC-RDA. Questions are asked on M&E choices like whether indicators really measure outcomes and how certain data will be obtained. Tear asks MKC-RDA to be clear on what it wants to measure and how it will measure results.[48] The responses given by MKC-RDA indicate however that some progress in M&E is still to be made in order to answer adequately to the questions raised. Additionally, Tear highlights the need for improvement in financing, both at office level as well as at central level.[49]

The last contract between Tear NL and MKC-RDA ended in June 2014. A new contract is currently being negotiated.

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[48] E-mail conversation between Tear and MKC-RDA
[49] 'Tweede beoordeling' HIV MKC-RDA 2013-14

6 Discussion

6.1 Design of the intervention

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

The above confirms MKC-RDA's project design in terms of working with the idirs, SHGs, and FAL groups to reduce stigma and discrimination within the community. Whereas the idirs play a role in awareness raising activities and extended their mandate to possibly help to integrate PLWHIV in society, the SHGs play an important role in reaching out to the most vulnerable households in society and providing them the opportunity to function as fully fledged members of the community. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

In 2011, Tear supported a Master thesis on the impact of SHGs on the capacities of the people in Meta Robi, Ethiopia.[50] This thesis stresses that although a lot of effort and time goes to encouragement and convincement, attitude change can take place when visible impact is reached. New SHGs will emerge when husbands and other outsiders get convinced of the usefulness of the group. Therefore in newer groups more attention is to be paid to skills training rather than encouragement. It is expected that others will follow when only a few start to cooperate initially. The interviews conducted with SHGs reveal a positive stance towards the usefulness of self-help groups and their contribution. In this thesis the crucial role of a capable and committed facilitator who helps in the early formation of a cluster level association (CLA)[51] to enhance independency after one or two years is furthermore highlighted.

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[50] Thesis Klaas Evers "Many hands make light work? The impact of self-help groups on the capabilities of people in Meta Robi, Ethiopia" (2011)

[51] Above SHGs, Cluster Level Associations (CLAs) are formed to represent and monitor a number of SHGs on village level. Per SHG 2 members are part of the CLA. Developed CLAs monitor the groups, initiate the formation of new groups and represent the interests of the SHGs to local governments and other relevant institutions (like Micro Finance Institutions (MFIs) and Banks).

Whilst comparing MKC-RDA's intervention design with that of others, we observe the following differences:

- In the first place EKHC's religious forum, apart from providing support to vulnerable people and solving conflicts at district level, is also directly engaging with the local administration to improve health services to vulnerable people. From the information available about MKC-RDA we observe that the 5 religious forums do not engage for this purpose with local administration. An interview with JeCCDO on a health project also highlighted the role of CBO forums to lobby for improved services.
- In the second place, the SHG and FAL groups established with support from MKC-RDA, apart from working on their primary focus which is earning incomes through income generating activities and stimulating adult literacy respectively, are used for community activities. This is one of the unclear aspects in the design of the project. JeCCDO for instance has clearer roles and responsibilities for SHGs and does not use these for awareness raising and community development activities.

These differences in approaches, not only amongst the partners in the ICCO cooperation, but also of other partners, provide a rich opportunity to assess what the most effective designs are.

7 Conclusion

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

Changes in the civil society arena of the SPO

In the 2012 – 2014 period the two most important changes that took place in the civil society arena of MKC-RDA are related to the Civic Engagement and Perception of Impact dimension of CIVICUS. MKC-RDA managed to increase the involvement of PLHIV in society by organising PLHIV together with other community members into SHG's, which has resulted in more people mutually supporting each other and a reduction in stigma and discrimination. The involvement of PWDs increased by involving them in decision-making processes and by mainstreaming disability issues. MKC-RDA uses church and FBO leaders to identify the needs of beneficiaries and they play an important role in awareness creation activities.

Most significant changes were identified within the Perception of Impact dimension. MKC-RDA helped establish 71 new SHGs and 27 FAL groups between 2011 and 2013. Next to realising improved income for PLWHIV, the SHGs members got increasingly engaged in providing support for HIV- infected and AIDS-affected people. MKC-RDA furthermore initiated religious fora which contributed to improved religious tolerance in the community and which are engaged in a wide range of development activities. In terms of relations with the public sector, MKC-RDA increased the engagement of sector offices by inviting them for different discussions, trainings and review meetings. In some cases personnel from the sector offices provide training to the SHGs and CBOs capacity building program organized by MKC-RDA. MKC-RDA also interacts with the small and micro business offices on legalization of the SHGs and FAL groups. Given the role assigned to NGOs in Ethiopia, MKC-RDA is not engaged in advocacy activities. However, by inviting public sector representatives to participate in the general meetings it organises, the communication remains open and effective. MKC-RDA is attempting to work with private health centres and sponsors for the idir coalition, but so far no concrete progress has been made.

Contribution analysis

The first outcome identified within the Strengthening Intermediate Organisations orientation is whether MKC-RDA contributed to a reduction in stigma and discrimination towards PLWHIV. The second outcome that we looked at within this orientation is the extent to which intermediate organisations like the idir and the religious fora were able of providing improved support to vulnerable people by mobilizing the community.

The main contributions by MKC-RDA to reach the first outcome consist of their efforts to form SHGs and the FAL groups that are mixed which enhance social integration. Its intention to organise people in SHGs, helps to create relations of mutual support amongst PLWHIV. Additionally, this creation of mutual support is a natural process as the groups are not formed with the aim of reducing stigma and discrimination, but it is more a natural result that emerges around other aims (i.e. generating an income or learning to read) and activities (i.e. building community latrines). This can be seen as a strength of this approach. Other actors and factors that explain the first outcome are: awareness raising campaigns of the government; community meetings organised by the government, and the awareness campaigns of school clubs. These factors and actors provide a necessary, but not sufficient explanation to the reduction of stigma and discrimination towards PLWHIV. The availability of ART drugs forms a condition for PLWHIV to function in the community and be able to engage in SHGs or FAL groups.

In relation to the second outcome, it can be concluded that the contribution of the idirs and the religious fora is significant. MKC-RDA's interventions work with existing community structures. The use of individual idirs to increase awareness and provide care and support services is a sustainable measure, as

the idirs form the structure of the community; they are institutionalized and not likely to change easily. Working via these structures therefore increases the chances for sustainable interventions.

Within the second orientation, Civic Engagement, we looked at the extent to which MKC-RDA's interventions helped to reintegrate PLWHIW into society and improved their social and economic capital to become a full member in society. This by means of supporting the PLWHIV to increase their income via SHGs.

We conclude that SHGs help PLWHIV in terms of mutually supporting each other and therefore enhances their social capital. The livelihoods of PLWHIV improve in economic terms when they receive start-up capital to start IGAs, however the success of these activities depend upon personal entrepreneurial skills of group members and the amount of the start-up capital given: though success stories are found, PLWHIV tend to switch between different forms of petty trade and daily labourers whenever the opportunity arises. Again, the availability of ART drugs forms an important condition for PLWHIV to be able to engage in SHGs.

Relevance

With regards to the baseline ToC, the interventions and outcomes achieved are partly relevant since MKC-RDA's contributions are mostly related to the second contribution formulated in their ToC, being economic empowerment of CBOs and by the creation of Self Help Groups (SHG) and Functional Adult Literacy (FAL) groups.

With regards to the context in which MKC-RDA is operating, its interventions and outcomes achieved are relevant because there are only a few other civil society organization working in MKC-RDA's intervention area. The ones that are there, are not working on the same topics and issues as MKC-RDA.

With regards to the CS policies of Tear, MKC-RDA's interventions and outcomes are relevant because the growth in numbers of SHGs fits their CS policy.

Explaining factors

Internal factors within the SPO that explain the findings are internal staff inefficiency and the overspending on program staff and underspending of stakeholder meetings. External factors that explain the findings are the difficulties encountered when trying to align the programme's budget with the Ethiopian legislation, getting the budget approved by the government, and extreme delays in budget releasing.

Factors that explain the findings that are related to the relation between the MKC-RDA and Tear are the questions raised on M&E efforts of MKC-RDA and the need for improvement in financial reporting.

Design

With regards to the design of the intervention, we visited different partner organisations each working to address HIVAIDS, access to health services and addressing the social and economic inclusion of marginalised groups in society. This variety of approaches can be seized to assess what the most effective design would be, not only within the ICCO programmatic Health Programme, but also including other Ethiopian NGOs.

Table 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	7
The CS interventions were implemented as designed	5
The CS interventions reached their objectives	6
The observed outcomes are attributable to the CS interventions	6
The observed CS outcomes are relevant to the beneficiaries of the SPO	6

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

References and resource persons

Documents

Documents by SPO

Title	Year
MKC-RDA Fincha-Shumbu Health and HIV/AIDS project proposal	2011
Revised Fincha Shambu Integrated Health, HIV and AIDS program proposal July 2012- June 2016	2012
Fincha Shambu Health and HIV/AIDS program bi-annual report July-December 2011	2011
Fincha Shambu Health and HIV/AIDS program annual report July 2011-June 2012	2012
Fincha Shambu Health, HIV and AIDS program 3rd Quarter report January-March 2012	2012
Fincha Shambu Integrated Health, HIV and AIDS program July 2012- December 2012	2013
Fincha Shambu Health, HIV and AIDS program July – December 2013	2014
Fincha Shambu Health, and HIV and AIDS program annual operation plan July 2012-June 2013	
Revised Fincha-Shambu Integrated Health and HIV & AIDS budget break down July 2013-June 2014	2013
Narration proposal for 2013-2014 budget plan	2013
Fincha Shambu Health and HIV/AIDS program financial report July-December 2011	2012
Fincha Shambu Health and HIV/AIDS program annual expense report July 2011 –June 2012	2012
Fincha Shambu Health and HIV/AIDS program financial report January - June 2012	2012

Documents by CFA

Title	Year
Agreement MKC-RDA and Tear 2011-2012	2011
Tri-partite agreement MKC-RDA, Tearfund, and UK-Tear 2012-2013	2012
Tri-partite agreement MKC-RDA, Tearfund, and UK-Tear 2012-2013	2013
Assessment MKC proposal	2011
Interim Memo 2011-2012	2011
Ethiopia MKC-RDA partnersheet health August 2012	2012
Comments on MKC-RDA proposal	?
Considerations MKC proposal (by JanHarmen Drost, Caspar Waalewijn, Ephraim Kahsay, and Gerard Nuwamanya)	2012
E-mail conversation between Tear and MKC-RDA (subject: 'response to mr. Caspar')	?
Tweede beoordeling project proposal MKC-RDA 2013-2014	2013

Documents by Alliance

Title	Year
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Resource persons

Name of key informant	Organisation	Function in organisation	Relation with SPO	Contact details including e-mail.
Tomas Girma	MKC-RDA Fincha Shambu Health and HIV/AIDS programme	Program Officer		filmonathomas@yahoo.com
Hamsale Fufa	MKC-RDA Fincha Shambu Health and HIV/AIDS programme	Health & HIV program manager		hiziabe@gmail.com
Getachew Dandena	MKC	PMEL team coordinator		gechdan@yahoo.com
Reverend Wosen Zeleke	Fincha Town forum	Member	Receives support from SPO to work on beneficiaries	-
Tilahun Admassie	Fincha Town forum	Member	idem	-
Debritu Gedefa	Wolda wolgergasa Iddir	Chair person	idem	-
Gizaw Kebede	Hulegeb Idir	Deputy chair person	idem	-
Debela Jaleta	Hulegeb Idir	Store keeper	idem	-
Aynalem Kassaye	Bikiltu Gudeta SHG	Member	idem	-
Ebeshi Benti	Bikiltu Gudeta SHG	Member	idem	-
Derartu Tadesse	Bikiltu Gudeta SHG	Member	idem	-
Berkie Humna	Bikiltu Gudeta SHG	Member	idem	-
Alemi Burka	Itiyane SHG	Member	idem	-
Bogale Derese	Abay Chomen Woreda Health Office	HIV focal person	Collaborating with SPO	-
Caspar Waalewijn	Tear	Horn of Africa Programme Coordinator SHG/Food Security Coordinator		cwaalewijn@tear.nl

Appendix 1   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;
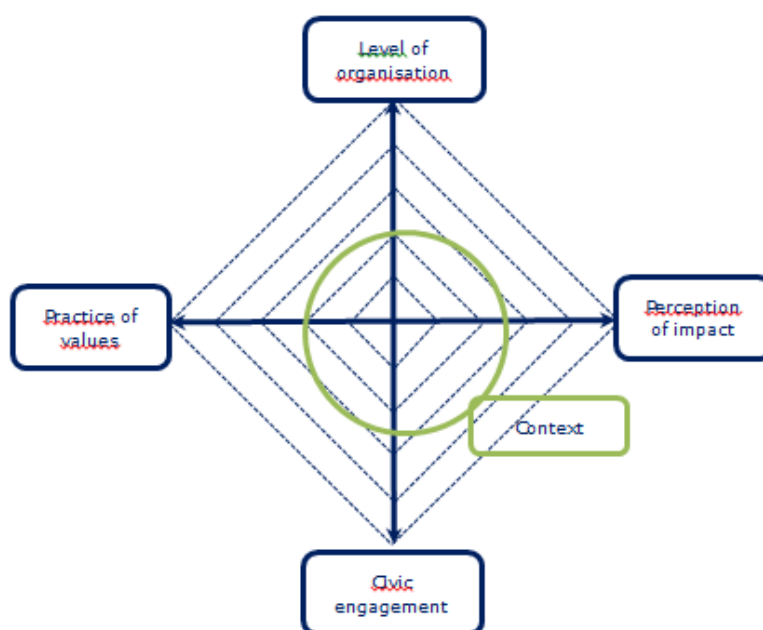
- Socio-political context: This is assessed using five indicators. Three of these are adapted from the Freedom House indices of political and civil rights and freedoms, including political rights and freedoms, personal rights and freedoms within the law and associational and organisational rights and 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.

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)[52].

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)[53].

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.

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[52] 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)
[53] 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[54] 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:[55]
- *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

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[54] 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).
[55] 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

1. 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[56], 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.

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[56] 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					What are factors (strengths, weaknesses) that explain the current situation?
				0	1	2	3	x	
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 .....

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

Appendix 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 in the indicators in the 2012 – 2014 period
Civic engagement	1	Needs of marginalised groups	How does your organisation take the needs of your beneficiaries/target groups, in particular marginalised groups into account in your planning, actions, activities, and/or strategies?	+1
	2	Involvement of target groups	What is the level of participation of your beneficiaries/target groups, in particular marginalised groups in the analysis, planning and evaluation of your activities?	+0
	3	Political engagement	How intense is your (individual staff or organisational) participation in locally-nationally elected bodies and/or sectoral user groups?	+0
Level of organisation	5	Relations with other organisations	In the past 12 months what has been the most intensive interaction you had with other CSOs?	+ 1
	5	Frequency of dialogue with closest CSO	In the past 12 months how many meetings did you have with the CSO that you have most intensive interaction with?	+0
	6	Defending the interests of marginalised groups	Which CSO are most effective in defending the interests of your target groups? In the past 12 months, how did you relate to those CSOs?	-1
	7	Composition current financial resource base	How does your organisation finance institutional costs such as workshops of the General Assembly (if applicable); attendance to workshops of other CSOs; costs for organisational growth and/or networking?	+0
Practice of Values	8	Downward accountability	To what extent can mandatory social organs (steering committee, general assembly, internal auditing group) ask your executive leaders to be accountable to them?	+0
	9	Composition of social organs	What % of members of your mandatory social organs belong to the marginalised target groups you are working with/for?	+0
	10	External financial auditing	How regularly is your organisation audited externally?	+0
Perception of impact	11	Client satisfaction	What are the most important concerns of your target groups? How do your services take into account those important concerns?	+1
	12	Civil society impact.	In the past 12 months, what impact did you have on building a strong civil society?	+1
	13	Relation with public sector organisations.	In the past 12 months, what interaction did you have with public sector organisations to realise your programme and organisations' objectives?	+1
	14	Relation with private sector organisations	In the past 12 months, what interaction did you have with private sector organisations to realise your programme and organisations' perspective?	+0

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

Appendix 4 Changes in civil society indicators between 2012 and 2014

1. Civic Engagement

1.1 Needs of marginalised groups SPO

MKC acknowledges the importance of community involvement and participation to ensure program sustainability. The SPO therefore identifies the needs of marginalized groups through various ways like community discussions, trainings and experience sharing. Furthermore, local stakeholders and line organizations participate in identifying the needs of the beneficiaries. Accordingly, change agents (such as church leaders) are capacitated to play a role in addressing stigma, denial and discrimination. Between 2011 and 2013, 48 FBO leaders and evangelists received training on community mobilization and 28 FBO leaders and evangelists were trained on gender and disability mainstreaming. Additionally, since the program mainstreamed disability[57] issues, 65 PWDs were involved in decision making meetings.

Other achievements in this area include:

- Discussion sessions for 4438 SHG members and 3041 vulnerable women on reproductive health, family planning, and PPTCT were conducted between 2011 and 2013.[58] Additionally, psychosocial support was provided for 18 OVCs and Health education provided for PLHIVs in the project sites.
- Provide apple seedling for 30 rural SHGs and PLHIV so that they can sustain their response to OVC support (5 apple seedlings per person)
- Facilitate referral and mobile HCT campaign for 3500 people/year at three towns in collaboration with government health institutions
- 36 youths trained on peer education and facilitation skills
- 3814 persons tested between July 2011 and December 2012[59]
- Health education provided for PLHIVs in the project sites. The document mentions that at least 40 PLHIVs are reached once per quarter.
- 6000 youths in the churches, schools and out of schools were reached via a cascade peer education system
- Community conversations on health and HIV with new idir CBOs were conducted once a month

Score: +2

1.2 Involvement of target groups SPO

It is reported that all categories of the community and local institutions participate in all programme implementation stages. The community and local institutions know the objective of the programme and they also participated in the planning and evaluation of the programme. They are planning at their village with collaboration of local institutions and volunteers. The quarterly report of 2013 mentions that 496 people from the program target groups (PWHIV, SHGs and FAL leader and forum representatives, PWD, volunteers, CC facilitators and health professional) participated in the discussions and trainings arranged. Additionally, MKC-RDA organised conversations between

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[57] Mentioned in bi-annual report July-December 2013
[58] Differences in percentages could not be calculated as the total numbers of SHG members, vulnerable women and youth educated against what was planned is missing in the project documents.
[59] No HIV testing due to shortage testing kits in July – December 2013

community members, health service providers and vulnerable groups to increase access to basic health services.

MKC-RDA, apart from including church people also includes non-church people in its development activities by means of using CCMD and UMOJA strategies that guarantee the involvement of the whole community. Capacitating government institutions, like school health institutions and local CBOs like clubs further assured inclusion of the whole community.

Score: +1

1.3   Intensity of political engagement SPO

MKC-RDA does not involve in any political activities as an NGO. However, as was mentioned in the baseline, some of the programme activities like women empowerment and gender equality might be considered political. No change was observed in this area since the baseline.

Score: 0

2.   Level of Organisation

2.1   Relations with other organisations SPO

It is reported that there are only a few other civil society organisations working in the two districts and towns that MKC-RDA's is covering[60] The ones that are there are not working on the same topics and issues as MKC-RDA. This was also mentioned during the baseline evaluation, and explains the limited relations of MKC-RDA with other organisations. However, MKC did interact with CBO leaders and club leaders in the past two years during various trainings and discussions held.

Score: 0

2.2   Frequency of dialogue with closest civil society organisation SPO

Though there are a limited number of other NGOs in the intervention area, different discussions were held in the past twelve months with stakeholders at different levels. At the program/ village level weekly meetings with SHGs and FAL and monthly meetings with PLHIV associations, CC groups and local churches were held. In these discussions MKC-RDA is represented by the program staff. Staff meetings were also held at organizational level. These are conducted every month, quarter and biannually, though these may be shifted or cancelled due to shortage of budget.

Score: +1

2.3   Defending the interests of marginalised groups SPO

Defending the interests of marginalized groups is mainly done via local churches, CLA representatives[61], SHGs and FAL groups. These groups and representatives are capacitated through various trainings and awareness creation activities about their rights and responsibilities, which increased the self-esteem among the group members. For example, discussion sessions were organised with FBO leaders and evangelists on CCMD for 2 days, and similar discussions were held with CLA representatives on resource mobilization.

Local churches are seen as important in defending the interests of marginalized groups as they are well aware about what is happening in the communities and are perceived as capable because they have received the necessary training.[62] Now the programme works with 36 local churches. Next to

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[60] Interview with field staff

[61] A CLA is a cluster level association formed by 8 SHGs with 16 members (2 from each SHG). The aim is experience sharing and learning among the SHGs.

[62] Interview with field staff

churches, other faith based organizations are perceived as having the capacity to defend the marginalized groups.[63]

Score: +1

2.4   Composition financial resource base SPO

Though no changes in the composition of the financial resource base of MKC-RDA were found, the effective implementation of the existing projects, including the one in Fincha Shambu, helped to have two new health projects[64]. On a different level, school clubs and fora are working on fundraising activities together with the school and church community to help needy students, OVCs and PLHIV. There are five fora established in five locations where MKC operates. Each forum is composed of representatives from various religious institutions, sector offices of the local government, and Idirs. The objective was to promote societal behavioural change for development, conflict resolution, and maintaining peace and stability in the locality. Three of the five forums provide educational support to 186 OVC through mobilizing resources from the community. 69 individual idirs support 2 PLWHIV and 45 OVC.

Score: 0

3.   Practice of Values

3.1   Downward accountability SPO

MKC RDA does not report on any significant changes in terms of downward accountability as they still involve program staff via quarterly review meetings. Bi-annual review meetings with stakeholders are also still conducted to ensure downward accountability and to trace the project implementation progress. The quarterly meetings with program staff were overspent with 25% in 2012, whereas the bi-annual meetings with stakeholders were underspent with 25%.

The project has a small office in Shambu town, where the coordinator and the social mobilising officer are based, together with 2 finance staff. The CFA questions the need for these two finance staff to run this programme. They propose the finance employees expand their work to the SHGs because the CFA noticed that assistance in financial control is needed there.[65]

Score: 0

3.2   Composition of social organs SPO

There has no structural change in the SPO that can leads to social organs of the SPO.

Score: 0

3.3   External financial auditing SPO

It is mandated by the government that any organization has to report its financial situation on a yearly basis, where the budget year ends in June. In order to report on the financial activities of an organisation the company/institution/NGO must have a stamped audit report from an external auditor after thorough evaluation of the whole organizational activities.

All finances of MKC-RDA are administered in Addis Ababa, since the previous accountant in Shambu could not handle the system. The present accountant has worked for 10 months in a government office, and is still very new in the job. The CFA comments that it seemed important that he gets

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[63] Interview with field staff
[64] Interview with program manager
[65] Tweede beoordeling HIV MKC-RDA (2013/14)

enough support, so that accounts can be done in Shambu itself in order for the finance work to become more accurate.[66]

Score: 0

4. Perception of Impact

4.1 Client satisfaction SPO

Individual beneficiaries as well as intermediate organisations such as idirs, churches etc stated that they are satisfied with the activity of the SPO in the two years under review. The SPO helped establish 73 SHGs and 27 FAL groups between 2011 and 2014 and these groups got involved in different income generating activities to improve their income. The rural SHG and FAL groups were able to engage in agricultural activities and benefit from the crops they harvested. In addition some of these groups (14 SHG and 4 FAL groups) were able to get approved as a legal entity by the concerned local administration office. They have also benefited from trainings, discussions and experience sharing stages that help improve the quality and quantity of the beneficiaries. Representatives of beneficiaries that are involved in the stakeholders meeting express satisfaction on the project results. MKC-RDA furthermore initiated five religious fora. One of the benefits of the existence of the fora which was highlighted by the forum members is the improved religious tolerance in the community. The reduction in religious tolerance is seen from the willingness of church and mosque leaders to come together for common interest. That is, if the leaders showed increased mutual understanding it is believed to trickle down to the community

Score: +1

4.2 Civil society impact SPO

The main achievements of MKC-RDA in this area consist of the establishment and support of SHGs, FALs, and a religious forum. In addition, MKC-RDA helped to strengthen several idirs in the locality. The discussion made with the SHG revealed the presence of increased saving and income due to the formation and support of the groups. However, given the prevailing high cost of living and the lower interest rates it is observed that the income and saving generated are too little to fulfil in their basic needs. The performance of the SHGs was rather substantial from mobilization and information sharing point of view. They disseminated HIV and health information to more than 15,000 community members. They also mobilized members from five local churches and CBOs for voluntary HIV counselling and testing. They also worked with government institutions and public schools in combating HIV-related stigma, harmful traditional practices (particularly female genital cutting) and gender inequalities.

The Intermediate Organisations have showed noticeable improvement. The idirs are formed by the community to support one another in times of death and mourning. But with the involvement of the SPO about 69 idirs changed their bylaws to engage in supporting vulnerable groups of the community in life (particularly OVC and PLHIV). In addition, CBO members discuss on issues particularly on HIV/AIDS, harmful traditional practices, and gender based violence.

Project facilitators and local church leaders have been influential in facilitating HIV counselling and testing campaigns at schools and health institutions in collaboration with the district health office. Additionally, religious leaders and health professionals, including VCT counsellors, have discussed the current status of counselling strategies and its role in the prevention and control of HIV & AIDS, in particular for the most vulnerable groups. Religious leaders' got involved in life skill education, marriage counselling and premarital HIV counselling and testing. Disability and gender mainstreaming meetings organised by MKC-RDA enabled them to gain the basic facts about the issues.

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[66] Tweede beoordeling HIV MKC-RDA (2013/14)

Other achievements in this area include:

- The number of local institutions that developed HIV & AIDS policy manuals increased with 2% between 2011 and 2013. These local institutions include 20 schools, 60 Idirs, 28 local churches, six other religious institutions.[67]
- 1 cross experience sharing session among religious leaders, PLHIV associations and local community representatives on health and HIV/AIDS;
- 20 leaders of PLHIV associations, women associations and religious institutions trained on sustainable livelihood and Disaster Risk Reduction;
- 40 school leaders and members of AACs or girls clubs participated in a resource mobilization workshop;
- Consultation session organised for two days with hospital and health canter workers, Micro Finance Institutions, religious leaders, and district administrative representatives to strengthen the health network.
- Experience sharing stages organised among volunteer CC facilitators, idirs, health extension workers and forum representatives once per year.

Score: +1

4.3 Relation with public sector organisations SPO

The SPO closely works with the concerned government sector offices in the Woreda, particularly with the health, child and women affairs, and finance and economic development offices. They engage with the sector offices in different discussions, trainings and review meetings. In some cases personnel from the sector offices provides training to the SHGs and CBOs capacity building program organized by MKC-RDA. A change in involvement since the baseline is the inclusion of ministers of the church, next to FBO leaders, in a three day training on gender and disability mainstreaming.[68]

MKC-RDA is also involved as secretary in the GO-NGO forum organized at zonal level and established by the finance and economic development office to enhance the partnership relationship among NGO and government organizations that are operating in the area. In addition government organizations like the zonal health office invite MKC-RDA during planning and review meetings. MKC-RDA also interacts with the small and micro business offices regarding the legalization of the SHGs and FAL groups. Though the interviewees of MKC-RDA agreed relations with the public sector have increased since the baseline, subgroups were divided as to the magnitude of the change. The divergence occurred as one group said the changes were considerably high while the other group said it was only a small improvement. MKC continued to closely working with Fincha sugar factory mainly on HIV awareness creation and VCT campaigns. The head of the social affairs committee of the factory is heading a forum established in mid-2013.

Score: +1

4.4 Relation with private sector agencies SPO

No change occurred in this regard as the SPO does not work with the private sector.

Score: 0

4.5 Influence upon public policies, rules, regulations SPO

The situation is the same as the baseline in the sense that the SPO does not involve in any public policy influencing activity whatsoever. However, some of the program activities might be considered as political, such as women empowerment, gender equality and understanding of their right. Though there are no concrete results documented, it is mentioned that CBOs lobby district and kebele level

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[67] From the project documents, the total numbers of schools, Idirs, local churches and other religious institutions that developed HIV-AIDS policies could not be retrieved and hence what % this is against the total number of these institutions is not known.
[68] Interview with field staff

sector offices (particularly children and women office and the health office) as well as prominent/influential people and elders at kebele level. Issues raised includes sending females to school, abolishing female gentile cutting, among others.

Score: 0

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

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

Score: 0

5.   Environment

5.1   Coping strategies

The SPO has been closely collaborating with the CBOs, government offices and beneficiaries. This is the main strategy for ensuring the sustainability of the program implementation. Although most SHGs and FAL groups received land from the local government to operate their business, a few did not because land allocation by the government has become highly restricted and a long procedure. The SPO attempts to link SHG and FAL members to micro finance institutions (MFI) as a means to engage in income generating activities, but not all places where MKC-RDA works has these MFIs in place.

Score: +1

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