Post closure evaluation of VSO's work in Cameroon.
Evaluation report
2015-6

Project	Post closure evaluation of VSO's work in Cameroon.
Context	Assessment of capacity building and sustainability over time
Scope	Cameroon
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Acronyms

BCC - Bamenda City Council

CESO – Canadian Executive Service Organization

CHV – Community Health Volunteer

CRS – Catholic Relief Services

GTZ - Deutsche Gesellschaft für Technische Zusammenarbeit

GP-DERUDEP - Grassfield Participatory and Decentralized Rural Development Project

IDF - Integrated Development Foundation

ILO – International Labour Organisation

MA - Ministry of Agriculture

MHUD - Ministry of Housing and Urban Development

MPH - Ministry of Public Health

MPT – Ministry of Professional Training

MSA - Ministry of Social Affairs

MWE - Ministry of Women's Empowerment

OVCs – Orphans and Vulnerable Children

PB&T - Participatory Budgeting and Tracking Project

PDUE – Projet de Développement des Secteurs Urbain et de l'approvisionnement en eau

PMLT – Partnership Monitoring and Learning Tool

PNDP - Programme National De Developpement

SMBC – Small Money Big Change

TAP - Transparency, Accountability and Participation

VSO - Voluntary Service Overseas

1. Executive summary

Introduction

VSO began working in Cameroon in 1998 and ended its operations there in March 2014. This evaluation was internally commissioned principally to contribute to VSO's understanding of impact and sustainability after the cessation of operations in country. Specifically, it aims to test and examine VSO's assumptions about building capacity of local partner organisations and the impact this has for primary actors.

The primary unit of analysis for this study is the partner organisation and the focus is the partners' capacity to deliver services and projects. Two very different partners were selected which reflected the diversity of programming in Cameroon, the Integrated Development Foundation (IDF) and Santa Council. A total of 50 stakeholders participated across the two case studies including senior managers, partner staff, councillors, community volunteers, primary actors, VSO staff and volunteers.

Findings

Capacity was defined by partners as the potential for growth and improvement and for some partners it was specifically linked to gaining abilities or awareness. Although the case study partners were very different types of organisations, there were a number of common indicators identified when defining how capacity building could be measured. Enhanced knowledge and skills of individuals, improved communication and improved transparency and accountability were indicators identified by both partners. They also identified a set of indicators that although not identical, were very similar in nature which included enhanced relationships and engagement with communities, monitoring and tracking and organisational strategy and infrastructure. Having said that, there were other indicators identified which partners did not have in common. When measuring capacity it is important that local and contextually specific factors are taken into consideration rather than building the measurement around generic definitions which may not have organisational relevance for all partners.

Both case studies provided evidence of how volunteers had worked with staff, counsellors and community volunteers to develop capacity. There was additional evidence of other resources from VSO such as exchange visits, study tours and small grants which had been used to complement the capacity building work of the volunteers. There was strong evidence from one case study of how individual capacity building had been embedded within the organisation and was impacting on work with communities and there was very limited evidence that this had happened in the other case study organisation.

Capacity building work with community health volunteers had also helped to increase the reach of capacity building as they rolled out training, shared learning through support groups and also supported individuals on a one to one basis. For both partners, volunteers were assessed as playing a more significant role in capacity building than VSO programme staff and other resources such as study tours, exchange visits and grants.

When viewing capacity building with partner organisations, it is important to consider the role played by other organisations working with that partner that are also contributing to capacity building. Both case study partners were able to describe how other partners had supported them to build capacity. One partner identified 2 other organisations that they had worked with to develop capacity apart from VSO but the second partner identified 17 additional organisations. Participants from the latter partner organisation described how VSO had supported them to build a foundation

which has in turn enabled them to develop relationships with other organisations in building capacity.

There was only very limited evidence to draw on regarding vertical and horizontal linkages in this study so it is not possible to assess if they can sometimes achieve institutional or systemic change. One partner had worked very closely with a volunteer who was placed at another partner organisation which had supported policy change at a national level which then impacted directly on the work of the partner organisation. Similarly, the other partner had received inputs from a volunteer based in another council where the same programme was also being rolled out. It should however be noted that this study was restricted to two partner case studies which is likely to have limited the possibility of identifying linkages.

Use of the cluster model introduced an approach whereby volunteers worked across a number of partners. It was the intention of this model to enhance linkages and in turn increase organisational capacity and institutional dynamics. There was however strong evidence that this approach was a less effective model for capacity building with individual partners and as such, it resulted in lower levels of understanding and weaker relationships between volunteers and partners.

The way in which individual volunteers worked with partners affected the effectiveness of their capacity building work. Longer term placements exclusively with one partner were considered to support enhanced understanding of the needs of the partner and the communities that they worked with and supported the delivery of more tailored interventions. Participants described some of the approaches of volunteers, which supported and enhanced capacity building work, to include the use of participatory approaches, critical thinking, networking, a holistic approach and challenging stigmatisation and discrimination. Approaches that had restricted the effectiveness of volunteers to build capacity included situations where volunteers made assumptions and came with preconceived ideas rather than employing an approach of mutual learning.

Case study partners provided some evidence of outcomes linked to increased access and quality of services and resources, increased access to natural resources, market opportunities, greater social accountability between citizens and those in power and better design and implementation of policies. There were changes for individual members of staff, councillors and community volunteers as well as evidence of change for primary actors. The capacity building work was often non-linear and its impact occurred at different levels and for different groups of stakeholders.

There were very different patterns of sustainability for the two case study partners. One showed ongoing increases in capacity throughout the entire period of VSO's work and even after VSO had closed its operations. The other showed a decrease in capacity from the point of the introduction of the cluster model and further decrease since VSO's closure.

To support the sustainability of capacity building, it was clear that strong leadership and staff continuity and consistency were important factors. Other factors included a culture of learning and sharing, developing training manuals and the work that volunteers did directly with communities to influence change.

Factors inhibiting the sustainability of capacity building included the length of a volunteer placement, lack of equipment and a lack of confidence where skills were not developed enough to provide the confidence to use them. Where volunteers had supported the case study partner to improve their own structures and organisational profile this had contributed to the organisation securing ongoing capacity building support from other organisations.

There was a view that capacity building could have been made more sustainable by supporting partners in the longer term to work with other local organisations in building their capacity.

2. Introduction

2.1   Overview

VSO began working in Cameroon in 1998 and focused its work across three programmes; HIV, participation and governance and education in the Far North and North West as well as a Model Forest project in the East and South of the country. A new strategic direction was taken in 2012 which focused on rural women in the North, Far North, North West and Model Forest areas of Cameroon. The aim of the new programme direction was to increase the power of disadvantaged women to demand and access growth-oriented economic opportunities and quality-focused education and health services. VSO's operation in Cameroon ended in March 2014.

This evaluation was internally commissioned principally to contribute to VSO's understanding of impact and sustainability after the cessation of operations in country. Specifically, it aims to test and examine VSO's assumptions about building capacity of local partner organisations and the impact this has for primary actors. Doing this within the context of completed programmes provides an opportunity to consider dimensions of sustainability but also recognising that intervention impacts may not come to fruition until some length of time after the intervention has taken place.

The evaluation was carried out with two of VSO's former partner organisations in Cameroon within a fieldwork period just short of two weeks. The detailed findings for each of these partners have been written up as separate case study reports which are attached to this evaluation as Annexes (Annex 2 and 3). This report aims to collate and synthesise findings from both studies.

The evaluation findings will be used to inform VSO's programming with a particular focus on increasing understanding of elements of programme design which have potential to maximise sustainability. It will also build on VSO's understanding of how capacity is defined and measured as well as the factors that contribute to the sustainability of capacity building.

2.2   VSO's programme in Cameroon

In 1997, VSO received requests from organisations in the then South West and North West provinces of Cameroon as well as the British High Commission to start development programmes in the country. A needs assessment was undertaken which identified a level of need and potential for placements and therefore, a programme was established in 1998.

From 1998 to 2012, VSO Cameroon operated in five goal areas: health, HIV/AIDS, education, participation and governance and secure livelihoods. It supported a group of international volunteers working with local partner organisations (government, non-governmental organisations and local councils) to build their capacity and support their service delivery to communities.

Volunteers were based in five regions: the North, Far North, North West and the Model Forest areas of Dja and Mpomo (East) and Campo Ma'an (South). In June 2012, VSO Cameroon started implementing a new strategy which focused on women's empowerment, specifically in four key domains; women's rights and participation, women's economic power, women and girls' education and literacy and maternal health.

Programmes at the point of closure focused on four key objectives:
- Increase women's participation in decision-making within the household and in local, regional and national bodies.

- Empower women to take informed control of their own health and demand increased access to better quality maternal healthcare provision.
- Increase women's economic power by enhanced business development and ownership of property.
- Increase the responsiveness of education communities and adult literacy programmes to women and girls' educational needs.

2.3   Aim of the evaluation

In summary, the aims of the evaluation are:
- To provide evidence for and articulate the role of volunteers in capacity development i.e. by increasing human capital, strengthening partner organisations, increasing the quality of and access to services and resources and contributing to the better design and implementation of policies.
- To capture evidence of factors external to the volunteer which impact on their ability to build capacity for example, relationships between partners and VSO staff members, framing of different volunteer placements to provide vertical and horizontal connections within the sector and the extent to which volunteers' relationships and networks are supported by the VSO infrastructure and volunteer network.
- To capture, where possible, evidence of the impact of VSO's programmes on primary actors.
- To assess the sustainability of VSO's work.

In order to explore in detail the capacity building process, its impact and sustainability and the changes that have occurred, a case study approach was used for this evaluation. The evaluation does not aim to review all the work across all the objectives and geographical regions but rather, has selected two partner organisations as the focus for in depth case studies. Each case study has been used to test assumptions which are built into VSO's programming.

In addressing the objectives outlined above the evaluation will test a series of assumptions based on VSO's ways of working as summarised in table 1 below:

Table 1 – summary of assumptions to be tested

Assumption	Details
Assumptions about causality	VSO assumes that individual capacity development supports organisational capacity development (i.e. 'through a people-to-people approach, changes at the individual level are replicated upwards, contributing to sustainable changes at organisational and community levels'). There is a further assumption that by developing a partnership portfolio with vertical and horizontal linkages we can sometimes achieve institutional or systemic change.
Assumptions about the effectiveness of international volunteers as	VSO programming is built on the belief that 'the intrinsic value of volunteering extends beyond *what* volunteers actually do and the skills and knowledge they bring, to *how* they work with organisations and communities to support change. This is driven by the values that underpin volunteering – solidarity, reciprocity, mutual trust, respect and

catalysts for capacity development	collaborative learning – as well as the individual attributes of the volunteers we recruit and support – flexibility, adaptability, accessibility, a 'can do' approach and a motivation to support change that goes beyond financial reward. The direct immersion of volunteers within in the communities and organisations in which they are working – living on a similar income and in similar living conditions, often on a long-term basis – enables them to develop equal and trusting relationships with colleagues and community members. This creates a mutually supporting environment in which knowledge and skills can be shared, ideas tested and solutions implemented. The dual role of volunteers as both 'insider' and 'outsider' means they can play a catalytic role in facilitating collective action. By acting as intermediaries, they can broker access to information, networks and resources both within and beyond the community, thereby helping to generate social capital.' While this is a strongly-held belief within VSO, we have little rigorously-derived evidence to demonstrate how this works in practice and consequently struggle to articulate the addition of this approach to capacity development viz-a-viz other kinds of intervention.
Assumptions about the sustainability of organisational capacity gains	While many end-of-project evaluations have made provisional assessments of the potential sustainability of VSO's capacity development work in different contexts, as yet we do not have rigorous evidence of actual sustainability.
Assumptions about what 'capacity' is	VSO in its M&E systems has adopted, perhaps inadvertently, a narrow, technical view of capacity. Our organisational capacity scales include for example, areas like governance, strategic planning, financial management, etc. This does not allow for local and contextually specific understandings of 'capacity'. Nor does it allow for more holistic definitions of capacity such as (taking a rights-based understanding of capacity) motivational capacity, authority, resource capacity, communication capacity and decision-making capacity.
Assumptions about how increased capacity results in positive outcomes and impact for primary actors	Within VSO's approach to programming we assume that building capacity within partner organisations results in a range of outcomes such as increased access and quality of services and resources, increased access to natural resources, market opportunities and employment, greater social accountability between citizens and those in power and better design and implementation of policies. Beyond this we also assume that these outcomes have the overall impact of making positive changes in the lives of primary actors.

The purpose of this evaluation was to examine the above assumptions with reference to a specific context where until March 2014 VSO had been programming for many years with a diverse partner portfolio. The termination of all programmes in Cameroon enabled the evaluation to examine such questions about sustainability.

2.4   Key evaluation questions

The following key evaluation questions were developed to reflect the aims of the evaluation and they provided a framework for data collection:

1. How have local partners defined 'capacity' (in the context of VSO's organisational capacity-development interventions)?

2. What contribution do partners think VSO has made to developing capacity (as defined by the partners themselves)?

3. What alternative explanations are there for changes in the organisational capacity of local partners?

4. To what extent have capacity development gains been sustained since VSO's departure?

5. What are the key factors in whether or not capacity development was initially successful and subsequently sustained?

6. What is demonstrably effective about capacity development through the placement of international and national volunteers?

7. What role have VSO programme staff played in facilitating capacity development?

8. Where capacity has been built, how does this result in changes for primary actors and what are these changes? Have any of these changes been sustained or further developed since VSO's departure?

3. Findings

4.1   Defining capacity

When asked to define capacity, participants linked capacity to the concepts of potential, growing and improving. Some said that capacity was specifically linked to gaining ability or awareness. For each of the case studies participants developed a set of indicators for capacity building within the context of their organisation.

Table 2 below shows that there were some indicators which both partners had in common and others that although not identical were very similar. For example, organisational direction (clear goals and enhanced policies, procedures, systems and processes), monitoring (ability to monitor, evaluate and improve budget tracking and the ability to learn, reflect and apply). IDF's indicators were more focused on their relationships with funders and whilst both identified community relationships as important, Santa Council's indicators were more weighted towards their relationships with the community.

Table 2 – Indicators of capacity

Indicators of capacity for both IDF and Santa Council	Indicators of capacity for IDF	Indicators of capacity for Santa Council
• **Improved communication** • **Improved skills** • **Improved knowledge** • **Increased transparency and accountability**	• **Improved relationship with donors** • **Increased trust/confidence with communities** • **Enhanced organisational image** • **Ability to monitor and evaluate** • **Improved programme design** • **Improved infrastructure** • **Improved funding** • **Clear goals**	• **Enhanced policies and procedures** • **Enhanced systems and processes** • **Improved service delivery** • **Improved planning and budgeting** • **improved community engagement** • **Improved understanding of roles and functions** • **Improved budget tracking** • **Improved community participation** • **Enhanced community mobilisation** • **Improved networking** • **Ability to learn, reflect and apply**

The indicators identified by participants have been grouped under domain headings in order to support the analysis and presentation of findings.

Both partners had relational and individual capacity domains which reflect the overlap in indicators for the two case study partners. IDF's additional domains were resource, strategic and programme whereas the additional domains for Santa Council were community inclusion, governance and institutional. With two such contrasting organisational types it is not surprising that perspectives on capacity differ to a certain extent but there was also a reasonable degree of overlap for some of the identified domains.

Diagram 1 compares these domains for the two case studies. The detailed distribution of indicators under each domain is presented in the individual case study reports (annex 2 and annex 3).

Diagram 1 – Indicator domains

Domains for both partners
• Individual
• Relational

Domains for IDF
• Resource
• Strategic
• Programme

Domains for Santa Council
• Institutional
• Governance
• Community inclusion
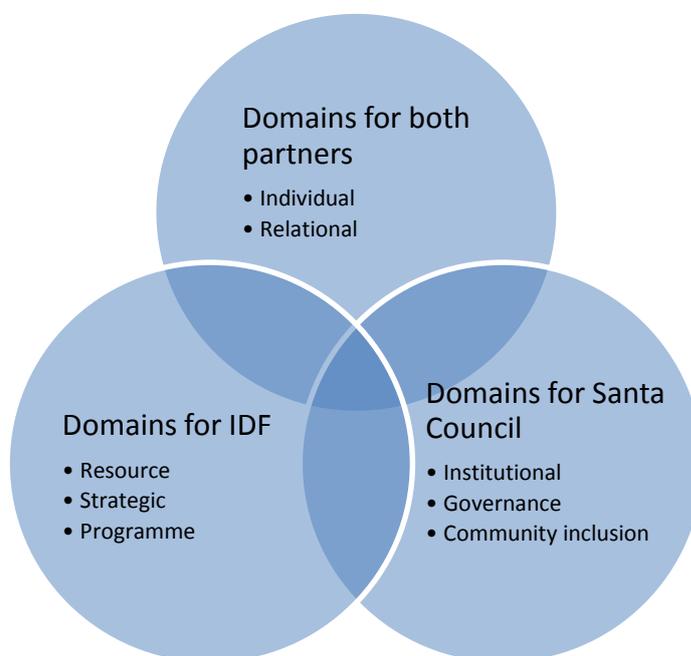
An exercise was undertaken with participants from IDF to identify which elements of capacity were viewed as most important to the organisation. The exercise highlighted that staff felt gaining knowledge was the most valued aspect of capacity building followed by increased capacity to build trust with communities and gain their confidence. Improving relationships with donors and having clear goals were also valued aspects of capacity building above the other indicators. The remaining indicators were all considered of equal value. For Santa Council, three of the indicators identified were linked to community inclusion and the focus group discussion indicated that this was a very important domain for the council.

4.2   VSO's contribution to capacity

VSO inputs

Participants were asked about the types of capacity building work that VSO has contributed to. This involved undertaking an exercise with each partner to map the volunteers and the activities they carried out to build capacity. Volunteers' work included training, systems development, one to one coaching and mentoring with follow up. Participants also talked about other inputs from VSO in addition to volunteers.

Table 3 maps the areas in which VSO built capacity against the identified capacity domains for IDF. Participants identified a total of 11 volunteers working with the organisation from 2007-2013.

Table 3 - VSO capacity building activities for IDF

Capacity domains for IDF	VSO activities
Programme	Gender HIV Home based care Palliative care Orphans and vulnerable children Work with community health volunteers Early childhood development Nutrition Bead making Natural agriculture Study tours
Individual	English language skills Leadership training Computer skills
Strategic	Partnership development Planning GPS
Resource	Fundraising Documentation Filing Office management Small grants Equipment
Relational	Website development Organisational communication Reporting Photovoice

Table 4 maps the areas in which VSO built capacity against the identified capacity domains for Santa Council. Participants identified a total of five volunteers working with the council from 2008-2013. Only a small number of participants had been in post in 2008 so there were some areas where it was difficult for participants to recall details.

Table 4 - VSO capacity building activities for Santa Council

Capacity domains for Santa Council	VSO activities
Community inclusion	Introduced TAP committee Training and awareness raising Have your say Small money Big Change Identified barrier to community inclusion Micro loans for teenage mothers
Individual	Budgeting
Institutional	Resource library Systems and procedures

Capacity domains for Santa Council	VSO activities
	Organisational policy
Governance	Baseline
	Awareness raising
	Have your say
	Photovoice
Relational	Notice boards
	Suggestion boxes
	Newsletter
	Staff meetings
	Executive meetings

Inputs from other agencies

Participants were asked to list all the organisations, partners or funders they have worked with since the start of their VSO partnership which have contributed towards their organisation's capacity building.

Participants were then asked to consider the apportionment of each of the identified agencies' contribution i.e. of the total capacity building support received by the partner organisation, how much (what percentage) each of the listed agencies contributed.

For this exercise VSO was added to the list of agencies but split between the contribution of VSO volunteers and the contribution of other VSO resources including programme staff and any other non- volunteer inputs. The aim of this divide was to gain insight in the different roles played by volunteers compared to other inputs from VSO.

Overall for both case study partners, VSO had a greater input on capacity building than any of the other individual organisations and the role played by volunteers had greater impact than other VSO inputs. Other organisations working with the case study partners were also identified as having a significant overall impact on capacity building and they were all identified as organisations that worked in a collaborative way, in some cases they gave significant financial support.

Chart 1 shows for each case study partner organisation the proportion of overall capacity built by VSO volunteers, VSO staff and other inputs and the proportion built by other organisations

Chart 1- Assessed contribution to capacity building
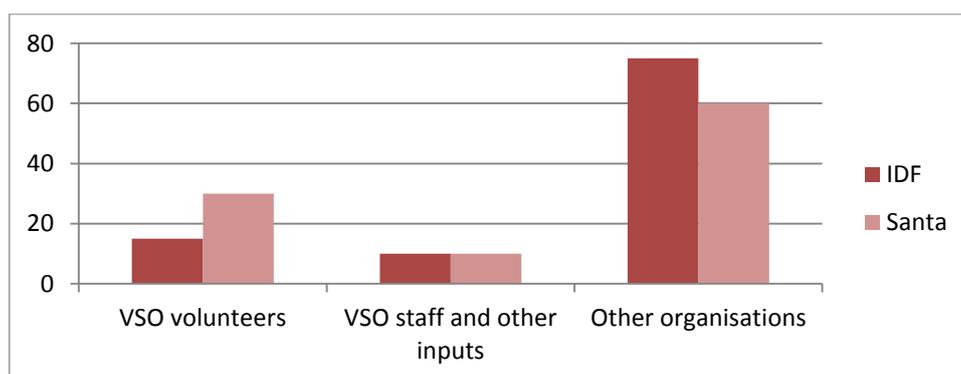
Chart 2 shows the aggregated contribution of each of the agencies supporting capacity building of IDF. Participants identified a total of 17 organisations in addition to VSO that had supported them to build capacity. They assessed that VSO contributed to 25% of their overall capacity and other organisations were assessed as contributing between 1% and 12% of overall capacity.

The IDF case study (annex 2) also shows a detailed breakdown of the contribution of each partner to each of the identified indicators.

Chart 2 - Contribution to capacity building of VSO compared to other agencies for IDF
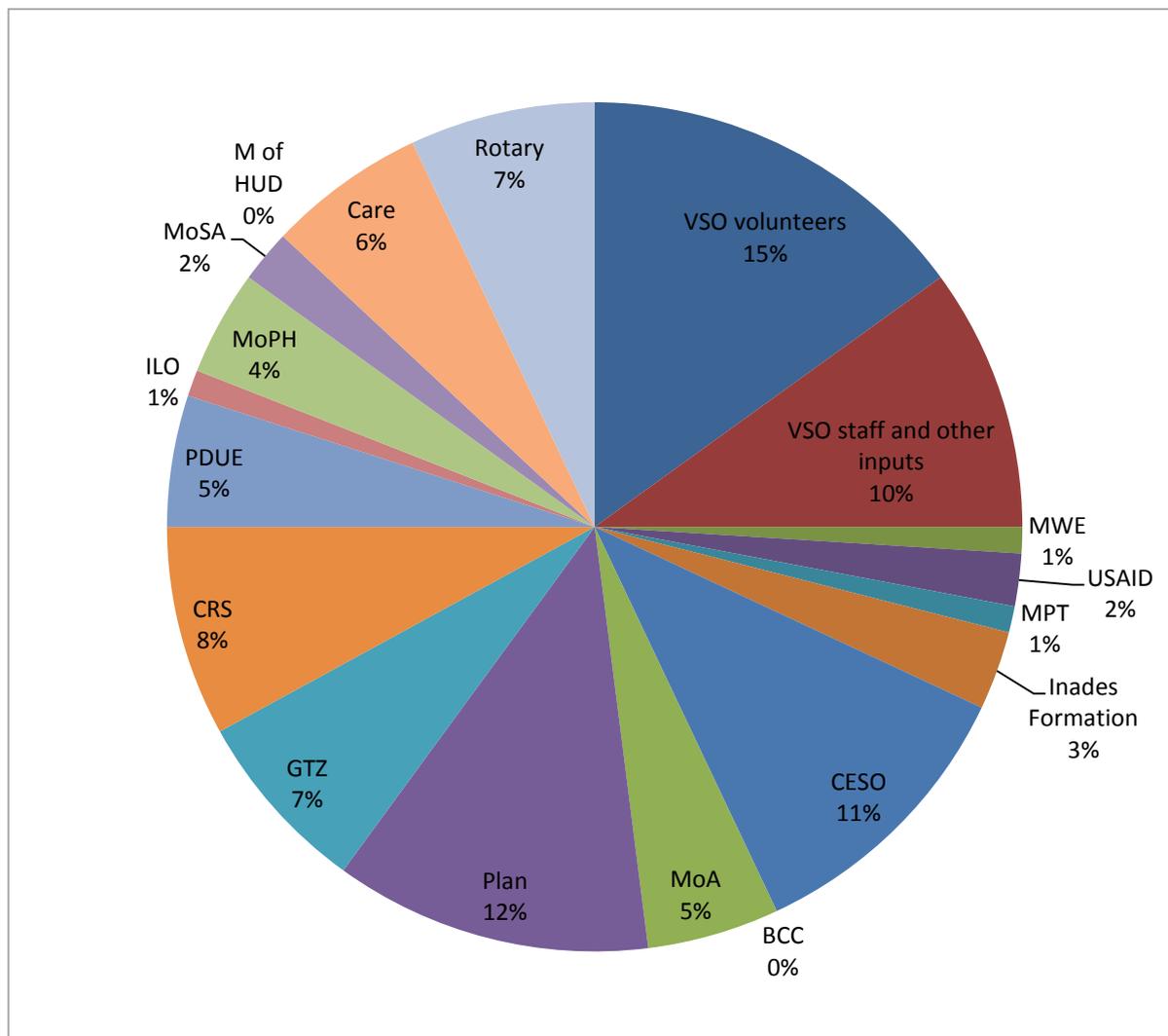
Chart 3 shows the aggregated contribution of each of the agencies supporting capacity building of Santa Council. Participants identified a total of 2 organisations in addition to VSO that had supported them to build capacity. They assessed that VSO contributed to 40% of their overall capacity and other organisations were assessed as contributing 30% each of overall capacity.

Chart 3 - Contribution to capacity building of VSO compared to other agencies for Santa Council
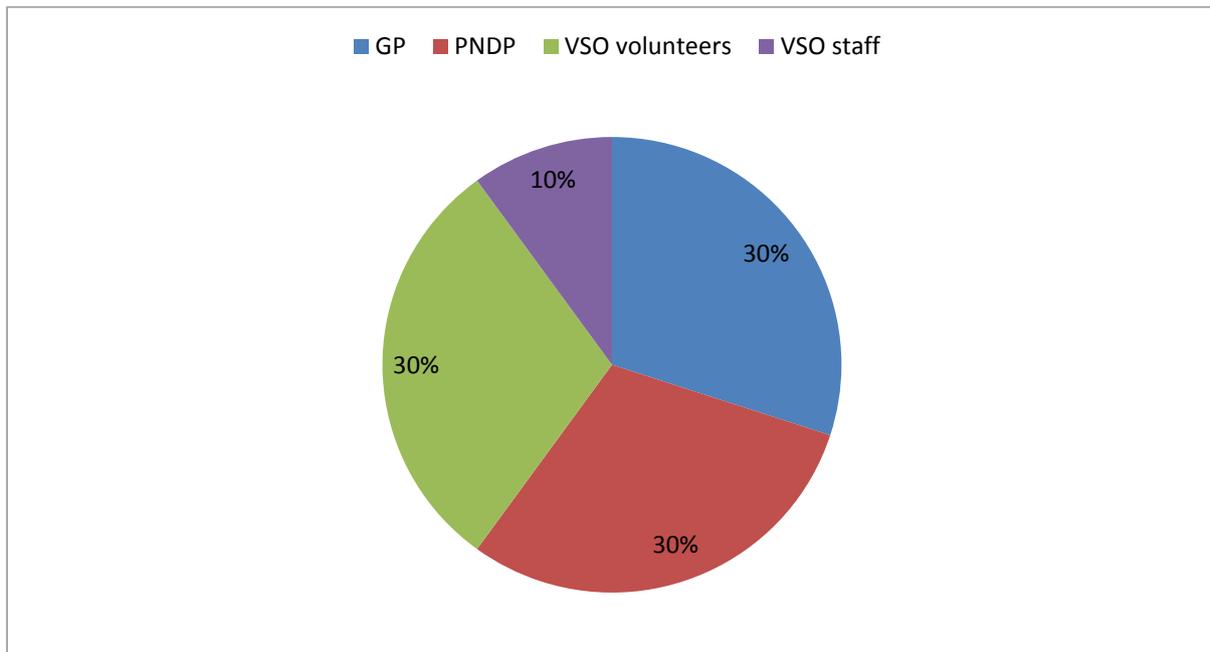
Participants were asked to identify if there was anything in particular about VSO's approach that facilitated or enhanced capacity building which differed from other organisations. They identified that volunteers were able to build capacity as they worked together with staff in communities and it was the ongoing day to day inputs that enabled them to support in the field and then follow up in the office that strengthened the development of skills and knowledge. This was seen as very different to an organisation that is only giving money.

> *"There is something special about having a volunteer supporting the organisation especially doing grassroots work in the field rather than just resources.......When doing grassroots work in the field they are very knowledgeable and have clear ways of expressing what they are trying to achieve. ......The person working with you is following up and seeing what you are doing more than the person that is just giving you money. A volunteer is teaching and training you and updating you – seeing that you understand....it's like teaching you to prepare food rather than just feeding you."* [IDF staff member]

Participants commented that donors often don't understand the challenges that the organisation faces but the volunteers had first-hand experience of some of these challenges by being directly involved with the staff and the communities. Volunteers travelled into communities which helped to ground their understanding of needs and they worked in a participatory way with communities.

> *"We sat together and analysed data to understand the needs and came up with a plan."* [Santa Councillor]

Some of the training provided by other organisations is provided across a wide network so a small number of staff may be able to attend rather than all staff being trained together. Staff do not always feel confident to come back to the workplace and train colleagues so it is not always possible to share learning.

"Expats carry more weight. When it's someone you know it's hard to think he knows more than you. If people don't have lots of experience they can't teach with confidence." [Santa staff member]

4.3   Outcomes and benefits

VSO's internal monitoring tool the Partnership Monitoring and Learning Tool (PMLT) collected data for the last time in the 2013/14 financial year in Cameroon. The tool provided data on the total number of primary actors that the two case study partners worked with during this year as shown in table 5.

Table 5 – Number of primary actors for IDF 2013/14

Type of primary actor	IDF	Santa Council
Children aged 0-5	0	0
Children aged 6-17	100	0
Young people aged 18-24	114	2,274
Adults aged 25 and over	558	3,039
Total number of primary actors	**772**	**5,313**

The case study reports (annex 2 and annex 3) provide detailed sections on outcomes and benefits that were identified by participants during the fieldwork. These outcomes and benefits were all linked to capacity building work. The capacity building work was often non-linear and its impact occurred at different levels and for different groups of stakeholders. Table 6 provides a summary of the range of changes identified by stakeholders for IDF as a result of the capacity building work.

Table 6 – Summary of outcomes and benefits for IDF

Level	Changes
Regional/national	• Development of policy on palliative care • Use of morphine introduced for palliative care as result of lobbying
Community	• Development of associations for people living with HIV • For those with HIV increased knowledge and confidence which has led to more support, better diet and more people accessing treatment and greater awareness of mother to child transmission • Establishment of a credit union has reduced the level of heavy labour undertaken by people living with HIV • Bead making has resulted in income generation for women living with HIV • Changes in agricultural practice have enhanced crop yield • Increased knowledge about nutrition has resulted in a more balanced

Level	Changes
	diet for some
	• Greater awareness of the rights of orphans and vulnerable children
Organisation	• Networks and links with other agencies working in palliative care have supported good practice development for IDF
	• IDF has built capacity of other agencies working in palliative care
	• Community training on malaria prevention awareness
	• Strategic plan in place
	• A person living with HIV sits on the board
	• Improved organisational systems enable improved response to funders' requests, greater tracking and efficiency
	• GPS used for mapping clients, identifying needs, resource management and service planning
	• Gender policy has resulted in a higher percentage of women attending IDF training sessions
Individual staff/community volunteers	• Increased skills and confidence in working with people living with HIV has resulted in more open dialogue, development of income generating activities and challenging stigmatisation
	• Increased confidence to interact with communities and knowledge of child rights has enhanced awareness raising abilities, lobbying and ability to share information
	• Increased knowledge of natural agriculture has been used to train community members
	• Nutrition training has supported work with carers of malnourished children
	• English language skills
	• Leadership skills
	• Computer skills
	• Proposal writing

Participants were able to describe how in some instances the work of individual volunteers had made a contribution to policy at a national and regional level by introducing and developing new areas of work in palliative care. They also described how volunteers' work was supported by other aspects of support from VSO such as field trips and study tours. In some cases, networks and connections made through VSO helped to identify and support these ongoing capacity building activities, some of which took place after VSO programme closure.

Table 7 provides a summary of the range of changes identified by stakeholders for Santa Council as a result of the capacity building work.

Table 7 – Summary of outcomes and benefits for Santa Council

Level	Changes
Community	• Farmers are able to move their produce to markets
	• Greater safety for village members crossing rivers
	• Improved access to health facilities due to improved roads
	• Increased construction in villages as building materials can be transported
	• Income generation from chair hire

Level	Changes
	• Increased willingness of communities to play an active role in development and in some cases increased financial contribution from communities towards further development • Greater engagement with the council
Organisation	• Greater community awareness of the role of the council • Greater community support for the council • Council now approaches development in a more participatory way • Increased clarity on organisational structure • Tighter controls on money as a result of budget tracking
Councillors	• Greater political dialogue between parties • Improved popularity in some cases • Improved community perception of councillors in some cases
Individual staff/community volunteers	• Increased clarity on roles • Increased budgeting skills • Introduction of reflective ways of working

Some of the areas where VSO volunteers had worked with Santa Council appear to have no evidence of change for example the development of a resource centre and the introduction of newsletters, notice boards and suggestion boxes. The lack of current evidence is more a reflection of the sustainability of the intervention. It is not possible to draw conclusions as to whether these interventions resulted in any changes at the time but the evidence shows that their effects are not being felt now.

4.4   VSO's approach

Factors supporting effective capacity building

Participants described how individual volunteers built capacity by working with individual members of staff, councillors and community volunteers. In many cases this was done through training, mentoring and ongoing support and dialogue. Participants described this as being most effective when the volunteers were embedded in the organisation for a longer period of time allowing capacity building to be tailored to mutually identified needs. In such cases the volunteer was often able to build trust with those they were working with, try different approaches and in some cases work directly with communities to reinforce and support the work they were doing within partner organisations. Some participants described a two way mutual learning between volunteers and those they were working with. As volunteers learnt from staff and communities they were able to consider the most effective ways of supporting the partner organisation.

Longer placements also had the potential to enable volunteers to gain a more holistic understanding of both the needs of the partner organisation and the most effective ways of working with them. This was often achieved by volunteers working very closely with staff in the field which enabled them to understand the specific challenges faced by staff and also the communities that they work with.

> *"Volunteers come and work with you in the field. They show you the way to succeed. They see the difficulty you face and help you to solve it"* [Field worker]

"Volunteers provided refreshers, and accompany this with more training … not just one off"
"the regular teaching makes us not forget what we learn from the volunteers" [former primary actor now community volunteer/social worker]

"Volunteers always seek your opinion, they don't impose. They seek to improve what is already there" [IDF staff]

Some volunteers also built capacity through delivering more formal structured training and this was considered to be more effective when it was designed specifically for the partner organisation. During the period when the cluster model for volunteering was being used by VSO, volunteers were not embedded in partner organisations in the same way and worked across a number of partner organisations. This was considered by participants to be less effective as the training was not specifically tailored for the individual organisation.

Some participants were able to describe how capacity building at an individual level enhanced the capacity of the organisation because of the way individuals were able to practically apply their acquired skills and knowledge within their role. This was often combined with volunteers also working with the organisation to develop systems, strategies, polices and ways of working which supported organisational capacity development.

Participants were able to describe how capacity built at both an individual level and an organisational level were able to support and enhance work done with communities. In some cases volunteers supported partner staff to work with communities and in other cases volunteers worked with members of the community to support awareness raising campaigns (e.g. the Small Money Big Change programme at Santa Council) or build capacity of community volunteers (e.g. HIV awareness and bead making at IDF). Diagram 2 shows the range of levels at which capacity was built for both partners.

Diagram 2 – Interrelationship of capacity building at different levels

Participants described some of the approaches of volunteers which supported and enhanced capacity building work to include the use of participatory approaches, critical thinking, a holistic approach and challenging stigmatisation and discrimination. Volunteers also utilised networking skills and supported partner organisations to develop and enhance their skills in this area.

Additionally, participants reported how individual and organisational capacity was built through other VSO mechanisms which often complemented the work of the volunteers. This included study tours and exchange visits, small grants, equipment and support from VSO staff with partnership development and programme design. In one case VSO had also supported the cost of a consultant to undertake strategic gender focused work with the partner organisation.

Factors inhibiting effective capacity building

There were a number of factors that participants identified as inhibiting the capacity building processes carried out by VSO. Participants talked extensively about the way in which the cluster model did not support effective capacity building as volunteers did not have the opportunity to develop the same depth of relationship with the partner as those placed full time with one partner. This in turn did not enable volunteers to acquire the same level of understanding of the needs of the partner and the communities that they work with. Participants from one partner organisation did not feel that volunteers they worked with under the cluster model had the same level of experience compared with previously placed dedicated volunteers.

VSO programme staff felt that the move to the cluster model hindered their ability to be effective both in their relationship with partners and understanding their own role:

> *"It greatly affected the way we worked with partners. Staff didn't have the mastery of partners any more. Staff had had strong relationships with partners, understood capacity gaps and could place volunteers to meet these gaps. With the cluster we did not place in individual organisations but volunteers supported a wide range of organisations.....Staff found it difficult.....partners disconnected from VSO and volunteers did not know how they fitted into the model.* [VSO former programme manager]

Other factors which inhibited the effectiveness of capacity building were language barriers and cultural differences such as different perspectives on time management which participants felt impeded the ability of the volunteers to build capacity as this could result in misunderstandings or tension.

Another factor that was reported to create challenges with capacity building was where volunteers had preconceived ideas and made assumptions about staff's knowledge or the needs of individuals or the organisation. This supports the point made earlier about the importance of mutual learning for both the volunteer and staff and this is something that does not always happen with volunteers.

Where volunteers were working directly with the communities, some participants commented that communities occasionally struggled to understand the programme objectives and volunteers had to be very persistent in their work to sell concepts and ideas.

Some participants commented that in some instances volunteers did not have the resources they needed to do the job or that they brought their own resources, such as GPS equipment which they took with them when they left.

Some volunteers were considered to be over ambitious and unrealistic as they were faced with numerous exciting priorities and insufficient time and resources to address them all.

Participants from both case studies felt that the closure of VSO's programmes was not handled well and towards the end of the relationship with the partners this impacted on the effectiveness of capacity building work being undertaken by VSO.

Willingness to pay

In order to understand the comparative value that partners place on the value of a volunteer a willingness to pay exercise was carried out using one to one interviews with participants. A hypothetical question was posed which required participants to make a judgement on whether given the choice they would prefer a volunteer, a consultant or a given amount of money to support their organisation. The question was asked three times using three different sums of money:

5,000,000 Central African Franc (CFA) (£5,758)
10, 000,000 CFA (£11,516)
20, 000,000 CFA (£23,032)

A total of 7 participants took part in this exercise and 5 out of 7 said that they would opt for a volunteer irrespective of the amount of money on offer.

> *"When I see what I have gained from a volunteer it is fifty times more than money. You can have money but not know how to manage it because you don't have the skills..... The organisation can crumble if you pour money in without preparation. We need good skills to plan and evaluate. "* [staff]

The remaining two participants said they would opt for a consultant as they felt they would be more questioning than a volunteer and better at identifying needs and gaps.

4.5   Sustainability of capacity building

Each of the case study partners carried out a participatory exercise to assess capacity change over time. Using the identified capacity indicators for their organisation they scored each of these indicators at four different key points in time:

- The point at which VSO was not working with the organisation (2007 for IDF and 2008 for Santa Council)
- The point at which VSO changed the model of working with volunteers to a cluster approach (2012)
- The point at which VSO ended its operations in Cameroon (2014)
- The current point in time, 18 months after VSO ended its operations in Cameroon (2015)

Chart 4 shows the aggregated capacity scores across all indicators over time for IDF and compares the scoring of the group against the scoring of the CEO (the exercise was carried out separately with the CEO). There was a very marked difference between the two case studies with IDF showing ongoing increases in capacity throughout the entire period even after VSO had closed its operations and Santa Council showing a decrease in capacity from the point of the introduction of the cluster model and a further decrease since VSO's closure.

Chart 4 - Aggregated capacity scores over time for IDF
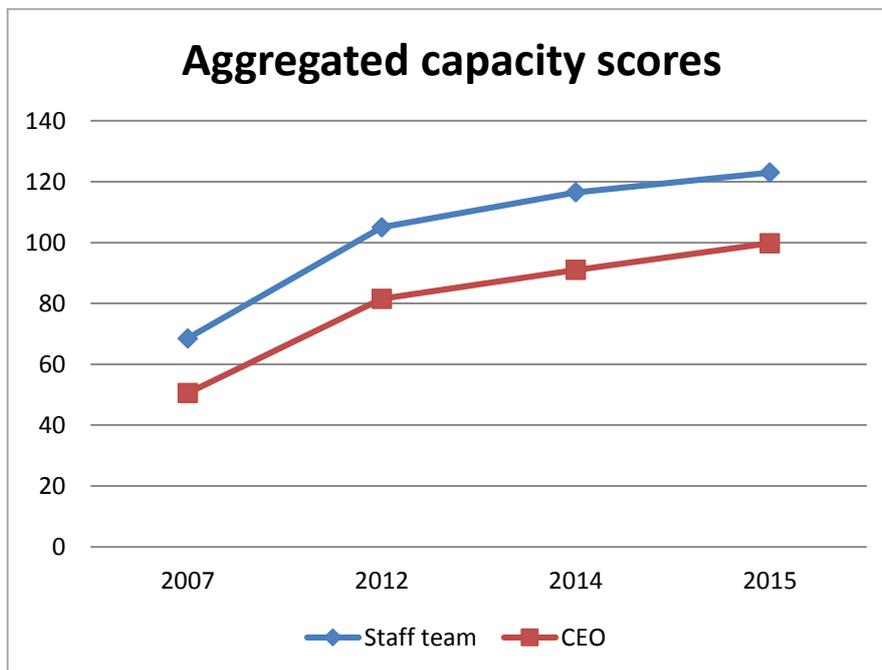
Aggregated capacity scores

Whilst the CEO consistently scored at a lower level to the staff both showed a very similar trend of an overall increase in capacity over time. The greatest rate of increase in capacity occurred between 2007 and 2012 when individual volunteers were placed with IDF. Overall capacity continued to increase but at a slower rate during the period that the volunteers were building capacity through the cluster model. Since VSO has closed its operation in Cameroon there has been some additional increase in capacity but again at a diminished rate. Chart 5 shows the aggregated capacity scores across all indicators over time for Santa Council.

Chart 5- Aggregated capacity scores over time for Santa Council

Aggregated capacity scores
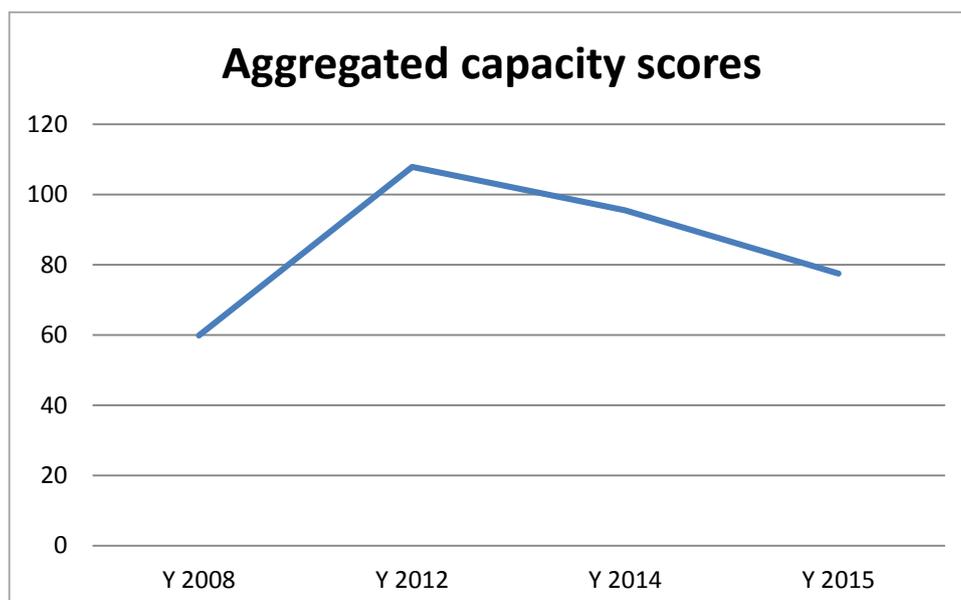
This chart shows that capacity increased significantly between 2008 and 2012 when individual volunteers were placed with Santa Council. There was a steady decline in capacity from 2012 to 2014 during the period that the volunteers were building capacity through the cluster model. Since VSO has closed its operations in Cameroon there has been a continuation in the decline of capacity.

Looking at the breakdown of individual scoring for both organisations the patterns for each indicator showed a similar trend to the aggregated trend for the organisation. The detailed breakdown is presented in individual case study reports (annex 2 and annex 3). In other words all the indicators for Santa council showed a consistent upward trend during the period of 2008 to 2012 when individual volunteers were placed and a downward trend from 2012 when the cluster model was introduced. Again, all but one indicator showed a further downward trend from the point of closure of VSO's operations to the present day. For some of the indicators, capacity dropped to a level where almost all the gains had been lost.

Almost all indicators for IDF showed a consistent increase from 2007 through to the present day. Some indicators remained at the same level since VSO's operations ended and some remained the same during the period of the cluster model but the general trend was of continued increase in capacity.

With such a difference in patterns of sustainability between the two partners, it is important to consider the factors presented as contributing to sustainability or lack thereof. Strong leadership was viewed as an important factor to the sustainability of the capacity building work of volunteers. One organisation had retained a strong CEO throughout the whole period of VSO's interventions and is still in post now. The other organisation had seen significant changes in both leadership and personnel as a result of a change in political administration.

Having a culture of learning and documentation within the organisation was another contributory factor to sustaining capacity. One partner organisation identified how staff attending training sessions shared their learning with the team whereas the other partner organisation said that staff did not feel confident to share their learning with other staff after training sessions.

For one partner, organisational infrastructure and systems such as a monitoring and evaluation framework and financial and operational plans had helped to embed the work undertaken by volunteers. These systems had impacted positively on external perceptions of the organisation which in turn had contributed to increased capacity building support from other organisations and therefore resulted in capacity continuing to increase. For the other partner, the volunteers had supported the development of these systems but many of them were no longer in place and this was considered to be largely due to the change in political administration and turnover of staff in the last two years.

There was a similar dynamic that had occurred with the training manuals produced by the volunteers. One organisation had a significant library of resources which included manuals written by volunteers as well as additional resources that volunteers had supplied linked to their area of professional interest. Staff described that they found these materials acted as a useful reminder and prompt for their learning from training which volunteers had supported. The other organisation said that a volunteer had developed a resource library but none of the participants were able to recall what had happened to this library and there was no evidence that it was in use. Again it appeared that the change in administration had played a role in the lack of sustainability of this resource.

Another significant factor that contributed to the sustainability of VSO's work with IDF is the stability of the staff team and volunteers that work for the organisation. Most of the staff have been in post

for a reasonable period, some service users became community volunteers and many community volunteers became members of staff over time. This dynamic facilitated the retention of learning and skills development within the organisation. However, in the case of the council, a change in political administration meant a change in both leadership and key staff.

Both case study partners identified that volunteers had worked directly in communities and used participatory approaches. There was evidence from both partners that this work had raised awareness and shifted thinking – for example on views about the stigma of HIV, the role of the council and the importance of community engagement. There was evidence that these changes have been sustained and in some instances for IDF these changes had expanded as staff and community volunteers continued to train and raise awareness in their communities.

Within one of the case study partner organisations, staff have continued to have ongoing relationships with volunteers after their placements have finished and this has facilitated informal support but has also opened up opportunities for other capacity building opportunities. This had not been possible for the other case study partner due to the change of administration which meant that those personal relationships with individual volunteers were unable to be sustained.

Some areas of capacity building had not been sustained because staff felt that their skills had not been developed far enough to enable them to use such skills with confidence. Another reason for lack of sustainability cited by both partners was due to lack of necessary equipment such as GPS equipment and cameras. Some volunteers were reliant on their own equipment which they took with them when they left and both partners mentioned that when VSO closed its operations they lost access to such practical equipment.

The cluster model was identified by both partner organisations as a less effective approach for capacity building however for Santa Council the Small Money Big Change programme which had been introduced during this period was the most visibly sustainable element of VSO's work. For IDF there was weaker evidence of the sustainability of the work of many of volunteers during this cluster period however, there appeared to be 2 volunteers whose work in natural agriculture, early childhood development, children with disabilities, nutrition and bead making had been sustained.

There was a view that capacity building could have been made more sustainable by supporting some partners in the longer term to work with other local organisations to build their capacity.

> *"VSO did the ground work which is yielding fruit today. If VSO was still here it could have taken us to another level. We could have scaled up and worked with other NGOs"* [IDF staff]

4. Methodology

4.1 Conceptual framework

The methodology for this evaluation has drawn on the methodology developed for a post closure evaluation of VSO's work in Sri Lanka[1] commissioned a year after operations in that country ended. The conceptual framework for the Sri Lanka evaluation was based on the notion that organisational features such as capacity to deliver services or projects are seen as emergent outcomes. Emergent outcomes are defined as and caused by the patterns of interaction and relationships between people. This means, for example, that the capacity of partners to deliver services and projects is caused by and emerges from the patterns of interaction and relationships between VSO volunteers and individuals in partner organisations in addition to other stakeholders and actors. Patterns of interaction arise from organisational wide features, features of the individual or wider contextual factors such as policy, culture or social norms. Patterns of interaction and outcomes depend on how people relate, the power dynamics, who has control of resources and how they are used in interactions and how individuals use their skills, knowledge and experience in interactions. Patterns of interaction and outcomes are not static but are fluid and unpredictable.

This evaluation has drawn on a number of tools that were used for the Sri Lanka evaluation and they have been adapted to meet the specific context of the partners selected for this evaluation in Cameroon.

The primary unit of analysis for this study is the partner and the focus is the partners' capacity to deliver services and projects. There is also consideration of the individual volunteer and the activities that they undertook to support capacity building.

4.2 Approach

In order to explore in detail the capacity building process, its impact and sustainability and the changes that have occurred, a case study approach was used for this evaluation. Case studies have been used to test assumptions which are built into VSO's programming.

We began by asking partners to define what capacity means to them and asked them to develop indicators which, within their context and definition, can be used to measure capacity. These indicators were then used to work with staff to measure change within their organisation.

This approach was necessary because there were no baseline data available on patterns of interaction and relationship and capacity to deliver services and projects before VSO's interventions. The approach aimed to construct a baseline of the situation before VSO's support to partners, to assess changes in partners' capacity to deliver services and projects as a result of VSO's work (and relative to other organisations working with the partners). This was done by asking partners to explain the situation before VSO's intervention – in terms of how they had defined capacity to deliver services or projects. Participants were then asked to explain, using examples and other supporting evidence, how the support of VSO volunteers and programme staff changed each of these elements of capacity. Additional baselines were then constructed using the same approach. These baselines were set at:

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[1] Sri Lanka post closure evaluation
https://www.vsointernational.org/sites/vso_international/files/sri_lanka_post-closure_evaluation_report.pdf

- The point at which VSO was not working with the organisation (2007 for IDF and 2008 for Santa Council)
- The point at which VSO changed the model of working with volunteers to a cluster approach (2012)
- The point at which VSO ended its operations in Cameroon (2014)
- The current point in time, 18 months after VSO ended its operations in Cameroon (2015)

These points were then compared against the current situation and in assessing the current situation we explored what capacity gains are still in place.

We then explored with partners other factors, external to VSO, which have also resulted in built capacity and asked partner staff to weight and rank these contributions against those of VSO. Furthermore, we explored with partners the way in which built capacity led to change with primary actors and in some cases triangulated this with interviews and focus groups with primary actors.

4.3 Selection of case studies

Selection of the case studies was carried out in discussion with the VSO Regional Director for West and Central Africa and former programme staff in Cameroon.

The criteria for the selection of partners were developed to help with this process:
- Providing a typical example of VSO's capacity building work
- A long relationship with VSO to enable exploration of changes over time
- Willingness and capacity to participate in the exercise and share records and information as appropriate
- The partner organisation retained staff that hold institutional memory of the partnership
- Reasonable accessibility from both geographical and security perspectives

As previously outlined, two partner organisations were selected for detailed case studies using these criteria. A summary sheet was developed to provide information for prospective partners on what the participation would entail and the proposed framework for the evaluation.

Logistics support was contracted from a former member of VSO staff who visited the partners and discussed their participation and arranged an agreed timetable. Some of the negotiations with one of the partners was carried out by a member of the evaluation team during a visit from the partner to the UK. The two selected partners were:

Integrated Development Foundation (IDF)

An NGO working across the North West and West region of Cameroon. Its work focuses on community health (HIV/AIDS), women's empowerment, local economic development and women and child rights.

Santa Council

A local council which is one of the five local government councils in the Mezam Division of the North West Region of Cameroon. It is made up of both elected representatives and administrative staff with the Lord Mayor and Deputy Mayors.

It was felt that these partners reflected the diversity of VSO's programme areas and range of partner type. Each case study has been written up within a separate report which forms annex 2 and annex 3 of this report.

4.4 Evaluation stages

There were four key stages to the evaluation which are described below:

Stage 1 - Production of terms of reference

A terms of reference was developed by the Impact and Accountability team in liaison with the VSO Regional Director for Central and West Africa. The terms of reference contained a proposed evaluation framework which outlined activities and fieldwork to be undertaken with chosen partners.

Stage 2-Document review

Once partner organisations were selected a document review was undertaken which included:

- PMLT data for the selected partners
- Country strategies
- Annual country reviews
- Partnership review data
- Any available volunteer reports
- Any available research and evaluation reports

It was not possible to obtain any documentation from partner organisations ahead of the field visit but one of the partners was able to provide documentation during the fieldwork period.

Stage 3 - Fieldwork

A range of methods were drawn on during the fieldwork stage. In summary, the key methods were:

- Focus group discussions with partner staff which included the use of tools: matrix scoring, proportioning technique
- Semi-structured interviews with partner staff and other relevant stakeholders
- Ranking
- Review of partners' documents and systems linked to data emerging from discussions and interviews
- Partners' reports
- Semi-structured interviews and focus group discussions with primary actors

Stage 4 – Analysis and reporting

Elements of the initial analysis were undertaken during the fieldwork with participants. This was achieved through using participatory approaches in workshop sessions with the participants. Some of the analysis however was undertaken after the country visit by the evaluation team. The overarching reflection and analysis has fed into a series of three reports. For both of the partners included in the study, an individual partner case study report has been produced and shared with

the respective partner as part of the evaluation process. This synthesis report draws together the findings and learning from the two case studies.

4.5   Sample size

A total of 50 stakeholders participated in the study and many of those involved participated in more than one element of fieldwork activity. A small number of Skype interviews were also conducted with other stakeholders to triangulate data collected from the partners. Of the 50 participants, 16 were engaged with case study 1 (IDF), 33 were engaged with case study 2 (Santa Council) and 1 staff interview covered both case studies.   Each individual case study report provides a detailed breakdown of participants. Table 8 below shows the number of stakeholders involved across the study segregated by case study.

Table 8 – Summary of participants

	Partner staff/representatives	Community volunteers	VSO staff	VSO volunteers	Primary actor and community organisations working with partner	**Total**
Case study 1 (IDF)	12	3			1	**16**
Case study 2 (Santa Council)	15			2	16	**33**
Covering both			1			**1**
Total	**27**	**3**	**1**	**2**	**17**	**50**

3.6   Limitations

The detailed limitations of each individual case study are discussed in each case study report. A more overarching limitation of the study is that whilst the case studies are in depth and involve detailed work with the participating partners, only 2 partners have been included. VSO Cameroon was however reported to be working with in the region of 50 partners at the time of closure. Whilst there was an attempt to ensure that the two partners selected for case study were very different types of organisations and covered different programmatic areas, it is not possible that that those selected represent the full diversity of VSO Cameroon's partner portfolio. The need to identify partners that would be willing to engage in the fieldwork and workshops may have also resulted in some element of sample bias.

There were a number of practical challenges which applied to both the case studies. Because the evaluation takes a retrospective approach, it was reliant on participant's recall. There was also a challenge in ensuring that participants selected were around during the time of VSO's interventions

and could comment on VSO's work. This presented particular challenges for one of the case studies due to a high turnover of staff and councillors.

Because of the very different situations at each of the partner organisations it was not possible to carry out all of the planned exercises with both partners. For Santa Council, where there had been a change of administration and significant staff turnover, only a small number of the participants were able to comment on how volunteers had built capacity. This was dealt with by restricting some of the planned activities for the workshops and undertaking some of the activities with a smaller group who had been around during the period that VSO began working with the council.

5. Conclusions

Capacity was defined by partners as the potential for growth and improvement and for some partners it is specifically linked to gaining abilities or awareness. Although the case study partners were very different types of organisations there were a number of common indicators that they identified when defining how capacity building could be measured. Enhanced knowledge and skills of individuals, improved communication and improved transparency and accountability were indicators identified by both partners. Additionally, they identified a set of indicators that although not identical, were very similar which included enhanced relationships and engagement with communities, monitoring and tracking and organisational strategy and infrastructure. There were other indicators identified which partners did not have in common. When measuring capacity it is important that local and contextually specific factors are taken into consideration rather than building the measurement around generic definitions which may not have organisational relevance for all partners.

Both case studies provided evidence of how volunteers had worked with staff, counsellors and community volunteers to develop capacity. There was also evidence of other resources from VSO such as exchange visits, study tours and small grants which had been used to complement the capacity building work of the volunteers. There was strong evidence from one case study of how individual capacity building had been embedded within the organisation and was impacting on work with communities. Capacity building work with community health volunteers had also helped to increase the reach of capacity building as they rolled out training, shared learning through support groups and also supported individuals on a one to one basis. For both partners, volunteers were assessed as playing a more significant role in capacity building than VSO programme staff and other resources such as study tours, exchange visits and grants.

When viewing capacity building with partner organisations it is important to consider the role played by other organisations working with the partners that also contributed to capacity building. Both case study partners were able to describe how other partners had supported them to build capacity. One partner identified 2 other organisations that they had worked with to develop capacity apart from VSO but the second partner identified 17 additional organisations. Participants from the latter partner organisation described how VSO had supported them to build a foundation which in turn enabled them to develop relationships with other organisations who worked with them to build capacity.

There was only very limited evidence to draw on regarding vertical and horizontal linkages in this study so it is not possible to assess if they can sometimes achieve institutional or systemic change. One partner had worked very closely with a volunteer who was placed at another partner organisation which had supported policy change at a national level. The other partner had received inputs from a volunteer based in another council where the same programme was also being rolled out. It should however be noted that the study was restricted to 2 partner case studies which is likely to have limited the possibility of identifying linkages. The cluster model introduced an approach whereby volunteers worked across a number of partners. It was the intention of this model to enhance linkages and in turn increase organisational capacity and institutional dynamics. There was however strong evidence that this approach was a less effective model for capacity building with individual partners and it resulted in lower levels of understanding and weaker relationships between volunteers and partners.

The way in which individual volunteers worked with partners affected the effectiveness of their capacity building work. Longer term placements exclusively with one partner were considered to support enhanced understanding of the needs of the partner, the communities they work with and

supported the delivery of more tailored interventions. Participants described some of the approaches of volunteers which supported and enhanced capacity building work to include the use of participatory approaches, critical thinking, networking, a holistic approach and challenging stigmatisation and discrimination. Approaches that had restricted the effectiveness of volunteers to build capacity included situations where volunteers made assumptions and came with preconceived ideas rather than employing an approach of mutual learning.

Case study partners provided some evidence of outcomes linked to increased access and quality of services and resources, increased access to natural resources, market opportunities, greater social accountability between citizens and those in power and better design and implementation of policies. There were changes for individual members of staff, councillors and community volunteers but also evidence of change for primary actors. The capacity building work was often non- linear and its impact occurred at different levels and for different groups of stakeholders.

There were very different patterns of sustainability for the two case study partners. Strong leadership and staff continuity and consistency were important factors for sustaining capacity. Other factors that supported the sustainability of capacity building were a culture of learning and sharing, training manuals and the work that volunteers did directly with communities to influence change. Factors inhibiting the sustainability of capacity building included length of volunteer placement, lack of equipment and a lack of confidence where skills were not developed enough to provide the confidence to use them. Where volunteers had supported the case study partner to improve their own structures and organisational profile this had contributed to the organisation securing ongoing capacity building support from other organisations.

There was a view that capacity building could have been made more sustainable by supporting partners in the longer term to work with other local organisations to build their capacity.

Annex 1 –VSO programme goals and objectives[2]

Programme goal
To increase the power of disadvantaged women to demand and access growth-oriented economic opportunities and quality-focused education and health services.

Objective 1: Women's participation in decision making
Empower women to actively participate in decision making within the household and wider community.

Outcomes
a) Women are influencing decision-making in the household (e.g. family planning, children's education, allocation of household budget).
b) Women are participating in political decision making processes at local, regional and national level, resulting in changes to service provision.
c) Women know their rights, support legislation and service provision and are better able to exercise/demand them.
d) Men's attitudes regarding the role of men and women in decision-making have changed.

Interventions
i) Support grassroots awareness-raising on gender, inheritance and property rights and legislation, using participatory communication methods e.g. theatre, participatory gender audits and facilitated discussion.
ii) Promote advocacy campaigns to raise awareness of women's rights and voice, including through engagement with the media (e.g. influencing content of radio dramas).
iii) Support networks of women in positions of leadership and promote positive male and female role modelling.
iv) Support the enforcement of legislation on key issues for women, including property rights, inheritance, birth certificates, ID cards and marriage registration (including continuation and nationwide expansion of Law Clinic).
v) Promote advocacy to increase women's power in decision-making on education, health or livelihoods following structured research and consultation.
vi) Support and enhance efforts of civil society organisations in engaging women in participatory budgeting processes.
vii) Research barriers to women with disabilities and mental illness participating in decision-making processes regarding education, livelihoods and health. Develop strategy for intervening in these areas, jointly with specialised NGOs and INGOs, and implement relevant activities that address these issues in year two and three of strategy.
viii) Provide targeted organisational/institutional development support in order to increase the capacity of civil society organisations and councils to empower women to participate in decision-making.

Objective 2: Women's health
Empower women to take informed control of their own health and demand increased access to better quality maternal health provision.

Outcomes
a) Reduced maternal mortality rate.
b) Improved access to and satisfaction with maternal healthcare.

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[2] VSO Cameroon Country Strategy 2012-2015

c) Improved technical capacity of maternal healthcare practitioners.

d) Females and males follow good practice in preventative and reproductive health and contribute towards the health of their community.

e) Women are knowledgeable about their rights to healthcare and are better able to exercise these rights.

Interventions

i. Build women's knowledge base and empower them to manage their health and that of their families, using participatory communication initiatives.

ii. Support inclusion of women's organisation members in social auditing of healthcare services.

iii. Support and train existing community health focal points/community relay agents.

iv. Support community health providers to mainstream HIV awareness in their service provision.

v. Provide targeted organisational development support in order to increase the capacity of health providers to improve maternal health outcomes.

vi. Strengthen training of traditional birth attendants.

vii. Support national curriculum development for midwifery training, training the trainers for delivering the new curriculum and for increasing practical experience.

Objective 3: Women's economic power

To increase women's economic power by enhanced business development, improved business management skills and access to markets and financial services.

Outcomes

a) Women have created, expanded or improved businesses or agriculture to gain income for their households.

b) Women's ownership of assets and their control over them has been increased.

c) Women are using improved business management skills.

d) Women have increased knowledge of and access to markets, financial services and vocational skills development services.

Interventions

i. Support training and mentoring for women entrepreneurs in building financial literacy, business and financial management, understanding microfinance institutions (MFIs) and identifying market opportunities.

ii. Support participatory community assessments of skills and skills deficit, market access, training opportunities and understanding value chains.

iii. Support training and mentoring for women entrepreneurs in agricultural techniques, including climate change adaptation strategies (e.g. irrigation, water management and erosion prevention), storage, processing, and transportation.

iv. Support the creation or management of networks of women's associations to promote and facilitate learning and building economies of scale.

v. Build business partnerships to engage mentors, coaches and role models to share expertise and encourage building economies of scale.

vi. Create linkages with microfinance institutions in order to enable women to access services.

vii. Engage in community awareness-raising, including participatory communication methods, for the potential of women as entrepreneurs.

viii. Bring key stakeholders in the model forests together to develop and adopt policies, systems and processes that ensure greater participation of all stakeholders in the conservation, management and sustainable use of forest resources.

ix. Provide targeted organisational development support in order to increase the capacity of organisations providing business development support to deliver effective services to women.

Objective 4: Education for women and girls

Support formal and non-formal education for women and girls through enhancing inclusive education communities and adult literacy programmes.

Outcomes

a) More girls enrolled in primary and secondary school.

b) Education management more effective and more responsive to the needs of parents and the community.

c) Increased numbers of women have functional literacy and numeracy skills and are using them to generate income, engage in decision-making, improve their health and support girls in their education.

d) Mothers teachers associations (MTAs), inspectors and councils have undertaken joint initiatives to improve access to education services for girls.

e) Schools actively promote gender equality and the participation of girls in decision-making.

Interventions

i. Support MTAs to encourage girls' enrolment, retention and completion of primary school and their entry into secondary school, including action in communities promoting the value of education.

ii. Support MTAs, inspectors and councils to collaborate on school management.

iii. Support awareness-raising on the importance of birth certificates and initiatives to deliver them.

iv. Support the engagement of MTAs in social auditing of education services, including monitoring resource allocation by mayors and inspectorates.

v. Train and support community level literacy trainers to enhance the literacy skills of local women.

vi. Assess and adapt a non-formal literacy approach and toolkit to be used by cluster volunteers and partners:

   a. Promote gender awareness in schools and educational management offices, including positive attitudes on girls' safety in the school environment.

   b. Promote the involvement of girls and boys in school planning processes and producing educational materials.

   c. Promote data collection in schools tracking gender inclusion, retention, dates of birth and enrolment into further education and follow up action.

   d. Promote identification and monitoring of 'children in need' and mentoring and role modelling for secondary entry for girls.

vii. Provide targeted organisational development support in order to increase the capacity of MTAs, councils, inspectorates and civil society organisations to improve the provision of education for women and girls.

Annex 2 – Case study 1 – IDF

Post closure evaluation of VSO's work in Cameroon. Case study 1 – Integrated Development Foundation (IDF)

2015-6

1. Organisational and partnership context

IDF (Integrated Development Foundation) was established in 1994 as a Non-Governmental Organisation. The organisation has its headquarters in Bamenda and has branch offices in Wum, and Kumbo in the North West region and Bana in the West region.

IDF's work focuses on community health (HIV/AIDS), women's empowerment, local economic development and women and child rights. Community health work includes HIV/AIDs, malaria prevention and palliative care. Target groups for IDF are children, especially orphans and vulnerable children (OVC), women and single adolescent mothers. It also works with village development associations and cooperatives.

The mission of the organisation is to empower the population of the northwest and west regions of Cameroon to be able to take part actively and democratically in the development of their community, socially, economically and with the guiding principles of team work, quality, equity and social justice.

The partnership with VSO began in 2007 and continued until the closure of VSO's operations in March 2014. The partnership was framed by partnership building activities including organisational development self assessment processes, implementation of an organisational development plan, a participatory partnership agreement and participatory impact assessments.

During the period of the partnership a total of 9 volunteers were placed with IDF with placements varying in duration from 1 to 14 months. From 2007 to 2012 individual volunteers were placed with IDF but from 2012, VSO's volunteering model in Cameroon moved towards a cluster model. This cluster approach meant that volunteers worked across a range of partner organisations rather than being dedicated to one specific partner.

In addition to the placement of volunteers, IDF participated in VSO exchange visits within and outside Cameroon which were supported by VSO. IDF also benefitted from VSO small grants for project implementation.

2. Evaluation methods

The full detail of the methods used for this evaluation is contained within the main evaluation report.

The methods used for this particular case study included the following:

- A document review
- In depth one to one interviews
- Focus group discussion
- Participatory workshops
- Field visit to partner organisation
- Willingness to pay exercise

For this case study, a total of 16 participants were engaged including the CEO, a range of staff from head office and branch offices, community health volunteers, primary actors and a member of a partner organisation. Many participants took part in a number of these activities over a three day period in November 2015. A significant number of the participants had been service users and community volunteers prior to their current role and therefore spoke from a dual perspective of primary actor or volunteer and member of staff. When these participants have been quoted within the report, they were allocated the designation which as far as possible linked to the perspective from which they were speaking. Table 1 shows a summary of fieldwork participants.

Table 1 – summary of participants

	CEO	Staff	Community volunteers	Members	Social workers	Partner	Primary actor	**Total**
In depth interviews	1	3	1		2	1	1	
Focus group		3	1	3	2			
Workshop 1		3	1	3	2			
Workshop 2	1	3	2		2		1	
Total	**1**	**4**	**3**	**3**	**3**	**1**	**1**	**16**

Limitations

Whilst IDF is based in Bamenda it has three branch offices across two geographical regions of Cameroon. Fieldwork was undertaken towards the end of the rainy season and as such, the team was advised that running the sessions in Bamenda would be more time efficient because the roads may be in poor condition. Because of this, the team did not visit the communities but participants travelled from the communities to take part in the workshops. It may have been possible to engage with more primary actors if it had been possible for the team to visit one of the branch office locations.

Many of the workshop participants were former service users so whilst it appears that only one primary actor participated in the fieldwork, many of those participating did so in more than one capacity. The fieldwork addressed this issue by using one to one interviews to provide the opportunity for a number of participants to give their perspectives as primary actors in a confidential environment.

3. VSO volunteers' contributions to IDF's capacity

Participants were asked to identify the different VSO volunteers that had been placed with IDF and also to describe the role and areas in which each volunteer had built capacity. Participants were able to provide more detail regarding some volunteers than others and during the period of the cluster model, when individual volunteers worked across a number of partners, it was harder to map and describe the clear roles. One of the volunteers listed was not placed with IDF but her role had helped to build capacity and therefore it was felt she should be included. Table 2 provides a summary of the data provided during these discussions.

Table 2 – summary of participants

Date of placement	Name of volunteer	Summary of capacity building activities/role
2007	?	A volunteer based in Yaoundé who supported the development of the partnership – gave some support on documentation and strategy planning
2008	Michael Bower	Support with project design for HIV work
2009 (for 6 months)	Mark Hall	Support with orphaned and vulnerable children and home based care. Helped to organise the CHVs.
2010	Catherine Shih	Developing confidence in English language skills Supported car maintenance Physical filing Computerised filing Office management Leadership training Website design Scanning of pictures Basic computer skills Photovoice How to live with HIV
2011	Carolyn Spira	Photo voice Communication Reporting
2011	Catherine De Souza	Set up palliative care centre Lobbied for the use of morphine in palliative care Helped to identify scholarships and training grants
2012	Fikia	GPS and data collection
2012	Lydia Feggio	Early childhood development Nutrition Bead making

		Work with disabled children's mobility, access to school and sensitisation
2012	Alan Feggio	Natural agriculture Planting leguminous plants and cover crops Early childhood development Work with disabled children
2012	Augusto	GPS training Website development
2013	Aminata	Helped with fundraising for training in palliative care
2013	Augusto (returning for second time)	GPS training Website development

It was also noted that as well as providing volunteers to support the work of IDF, VSO also provided other inputs which supported their work. Participants indentified the following additional inputs:

- Study tour to Uganda to learn and share on palliative care
- Exchange visit between IDF and an organisation in the far north of Cameroon to look at home based care
- IT exchange trip to Canada
- Visit to Ghana with a focus on capacity strengthening
- Groundwork support to develop the partnership
- Leadership skills training
- Office equipment grant which supported the purchase of a camera, calculator and fax machine
- A grant to support the development of income generating activities used to purchase 2 motor bikes for staff in the Wum and Kumbo branch offices
- Gender consultant who brought organisations together to share good practice
- Grants for food packages, clothing and educational needs of OVCs

4. Defining capacity

Participants were asked to define capacity within the context of what it means to IDF as an organisation. They found some challenges with defining capacity but linked it to the concepts of potential and growing and improving. Some linked capacity to gaining abilities or awareness and others linked it to performance. It was much easier for participants to provide examples of capacity building than a definition and the examples given covered skills, knowledge and awareness.

Participants were then asked as a group to come up with a list of indicators of capacity building. They worked individually to begin with and then brought their ideas back to the workshop. The evaluation team then facilitated a session where ideas and suggestions were shared and categorised by the group. Through this exercise they came up with a consensus on the following indicators:

Table 3 – Indicators of capacity

Indicators of capacity for IDF

- Improved relationship with donors
- Improved communication
- Increased trust/confidence with communities
- Good governance/transparency
- Enhanced organisational image
- Ability to monitor and evaluate
- Improved programme design
- Improved infrastructure
- Improved funding
- Improved knowledge
- Improved skills
- Clear goals

Participants were then asked to rank the indicators in order of importance. Diagram 1 maps the indicator ranking exercise. Whilst participants were able to rank their top four indicators as shown below, they felt that the other indicators were too close in importance to be able to reach a consensus on their ranking. Therefore, these other indicators were all placed at the same level of ranking.

This exercise highlighted that gaining knowledge was the most valued aspect of capacity building as felt by staff, followed by increased capacity to build trust with communities and gain their confidence. Improving relationships with donors and having clear goals were also valued aspects of capacity building above the other indicators. The remaining indicators were all considered of equal value.

Diagram 1 – Ranking of capacity indicators
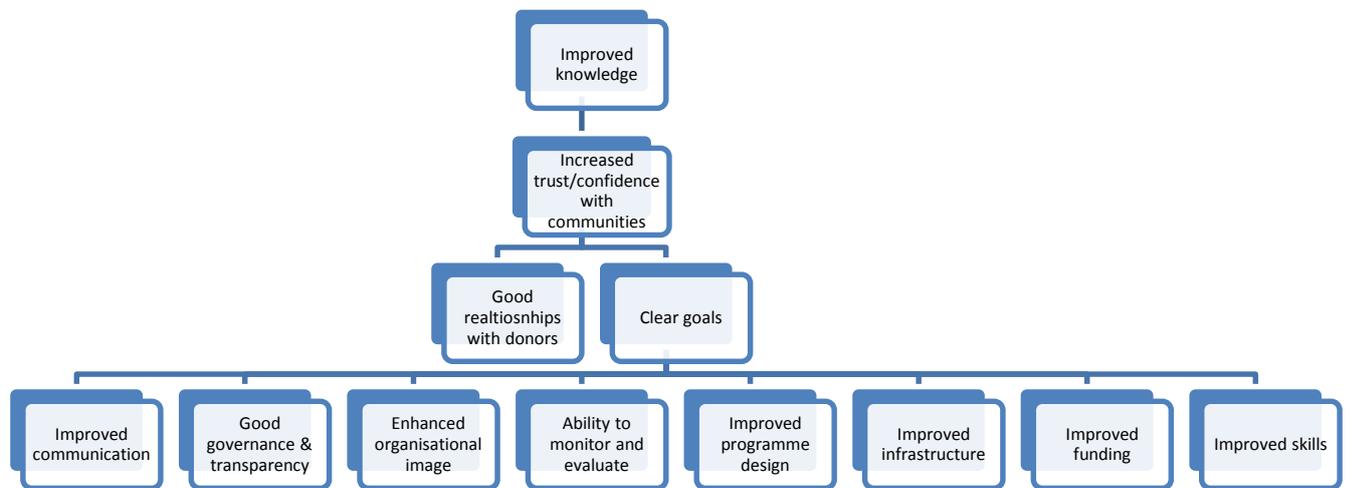
The indicators identified by the participants have been grouped under domain headings in order to support the analysis and presentation of findings. These domains and groupings are presented in diagram 2 below.

Diagram 2 – Indicator domains

5. Capacity change over time

Participants were asked to score IDF for each of the capacity indicators identified in the previous exercise on a scale of 0 - 10 for each of the 13 indicators. They were asked to give a score at 4 different key points in time.

- 2007 – the point at which VSO was not working with IDF
- 2012 – the point at which VSO changed the model of working with volunteers to a cluster approach
- 2014 – the point at which VSO ended its operations in Cameroon
- 2015 – the current point in time, 18 months after VSO ended its operations in Cameroon

This exercise was undertaken by a group of staff and volunteers who self-facilitated the discussion and scoring process with initial support and guidance from the evaluation team. The group was able to reach consensus on the scorings given. The CEO did not participate in this exercise as she was asked to undertake the exercise separately without seeing the results from the group exercise. She scored using the same indicators developed by the group.

Chart 1 below shows the aggregated capacity scores across all indicators over time and compares the scoring of the group against the scoring of the CEO.

Whilst the CEO consistently scored at a lower level to the staff, both showed a very similar trend of overall increase in capacity over time. The greatest rate of increase in capacity occurred between 2007 and 2012 when individual volunteers were placed specifically with IDF. Overall capacity continued to increase but at a slower rate during the period that the volunteers were building capacity in the cluster model. Since VSO closed its operations in Cameroon there has been some additional increase in capacity but again at a diminished rate.

Chart 1 - Aggregated capacity scores over time
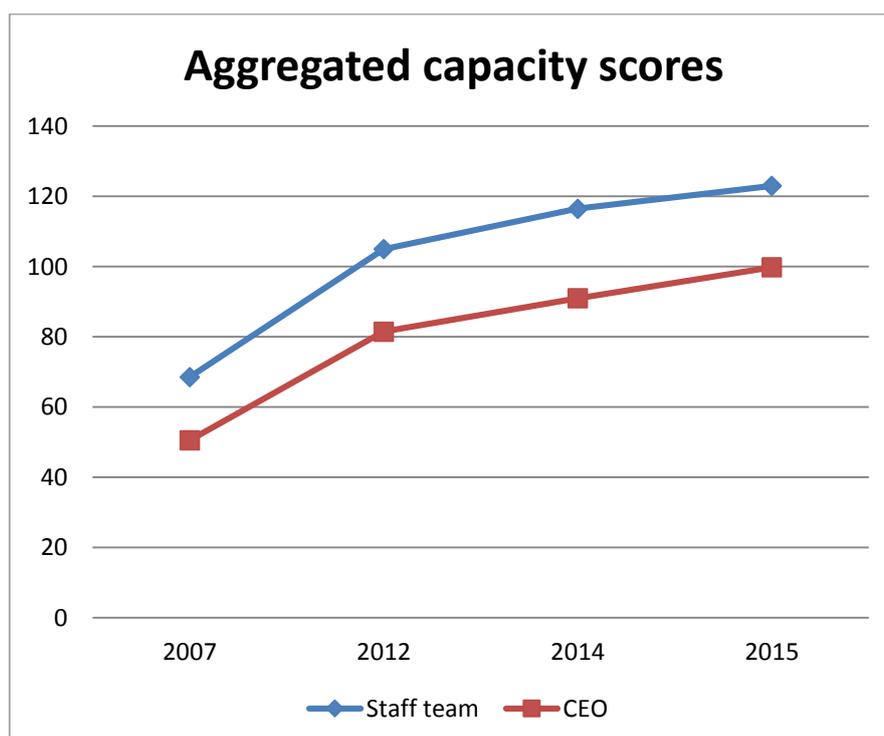
Individual capacity indicators included improved skills and improved knowledge. Chart 2 below shows that staff assessed that both these indicators followed a similar trend with a sharp increase in capacity between 2007 and 2012. This increase continued but at a slower rate from 2012 to 2014 and again increasing at a slower rate from 2014. Volunteers carried out lots of training sessions with staff as well as one to one training which built capacity across both these indicators.

The CEO assessed a lower starting point for knowledge compared to skills and a steeper increase in knowledge capacity. She also made an assessment that knowledge and skills had continued to increase after VSO had stopped working with IDF but felt that this had been possible because of the foundation that VSO interventions helped to build as well as the consequent enhanced organisational profile VSO supported. She also felt that VSO could have extended this work further in building capacity of local NGOs to support ongoing capacity building work with smaller local NGOs. This she felt, would have facilitated even greater sustainability.

> *"VSO gave us the foundation, the volunteers, the financial support and the study tours. VSO made IDF to be known because of that groundwork. VSO could have helped many NGOs scale up and now serve as capacity for smaller NGOs. Any project I see here I see VSO. If I had not worked with VSO on OVCs I would not have the Care Project."* [Staff member]

Chart 2 - Individual capacity
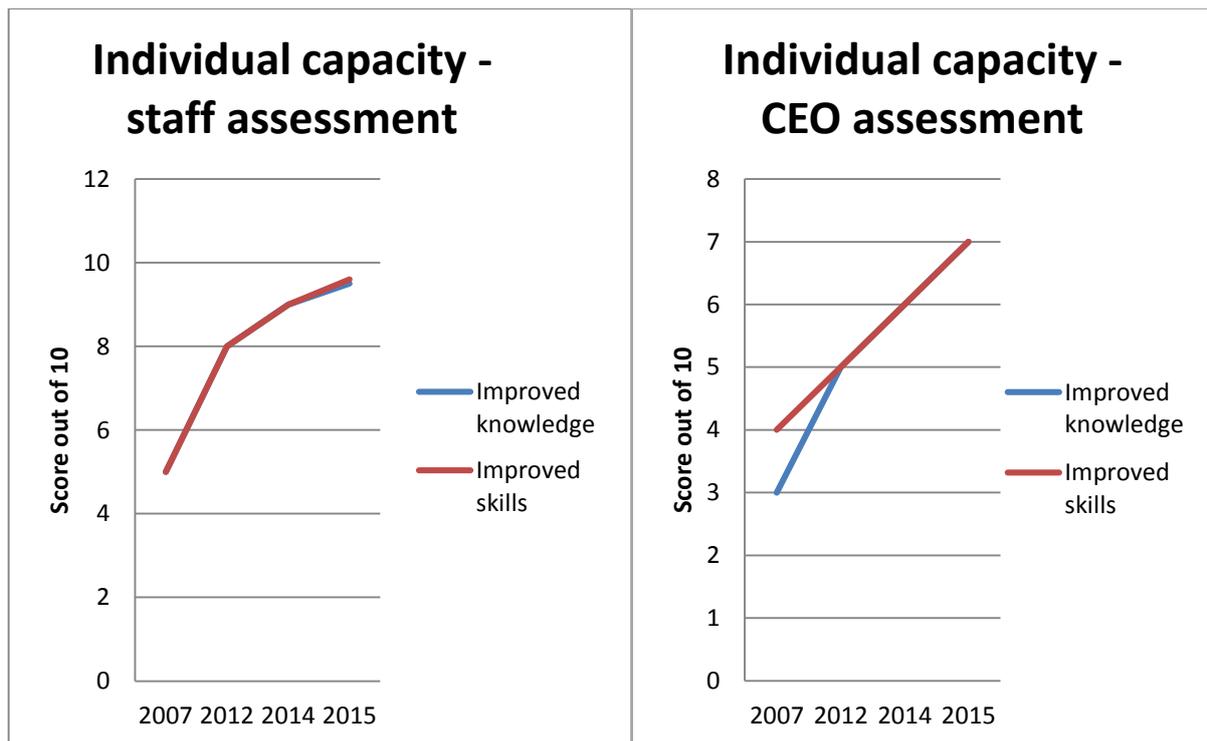
Resource capacity indicators included improved infrastructure and improved funding. Chart 3 shows that the staff group and the CEO assessed funding improved steeply between 2007 and 2012. Then, the rate of increase was lower from 2012 - 2014 and since 2014 the staff team considered that funding capacity decreased whereas the CEO felt that it had remained constant.

The staff team and CEO assessed infrastructural capacity quite differently. The staff team scored capacity in this area at quite a high level in 2007 with a steady increase from 2007 to 2015. However, the CEO assessed capacity starting from a much lower point with a steep increase from 2007 - 2012, a lower rate of increase from 2012 - 2014 and a reduction in capacity since VSO programme closure in 2014.

Chart 3 - Resource capacity
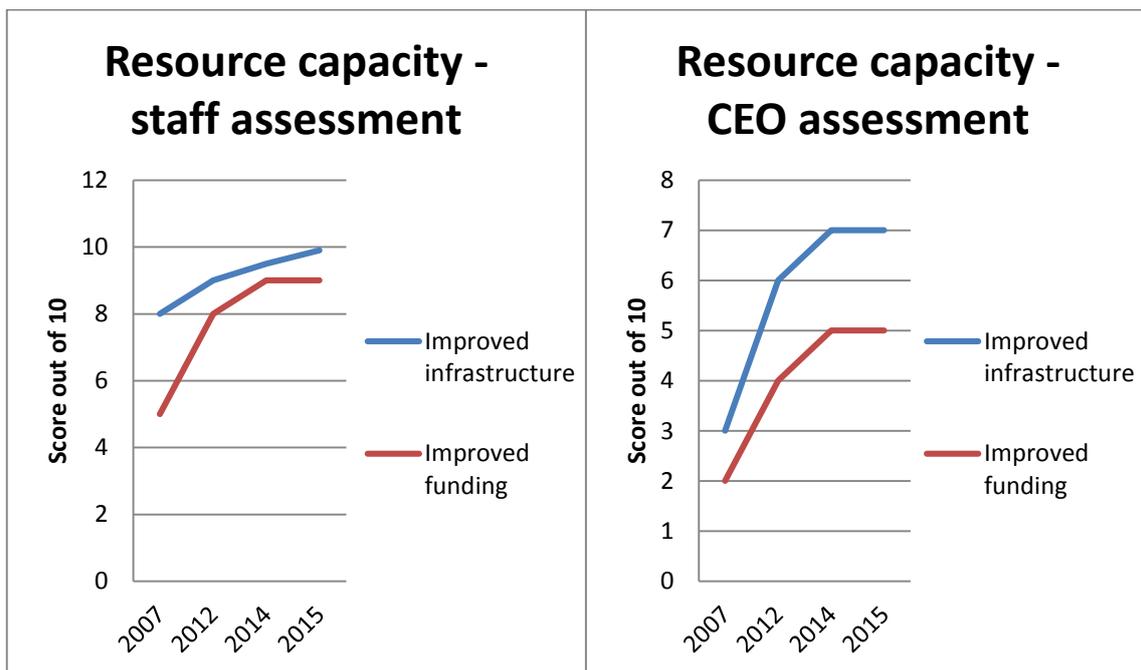
Strategic capacity indicators included clear goals, improved leadership, good governance & transparency and enhanced organisational image. Chart 4 shows that the staff group and the CEO had reached consensus on their assessment of leadership capacity and clear goals. They commented that leadership has improved and has also extended across the organisation to the branch offices. They also commented that before VSO's involvement IDF had some goals but they were unclear. The volunteers helped the organisation build on what they had as a starting point but then shape them into clearer goals. Capacity for both these indicators has continued to increase over time from 2007 - 2015.

The indicator of enhanced organisational image was assessed by both the staff team and the CEO as showing a continuous increase although the CEO assessed a lower starting point and steeper increase in capacity from 2007 to 2012.

The indicator for good governance was assessed by staff to have continued to increase over the period whilst the CEO assessed it as starting from a lower point than the staff, increasing from 2007 - 2014 and remaining at the same level from 2014 - 2015.

Chart 4 -Strategic capacity

Strategic capacity - staff assessment

Strategic capacity - CEO assessment
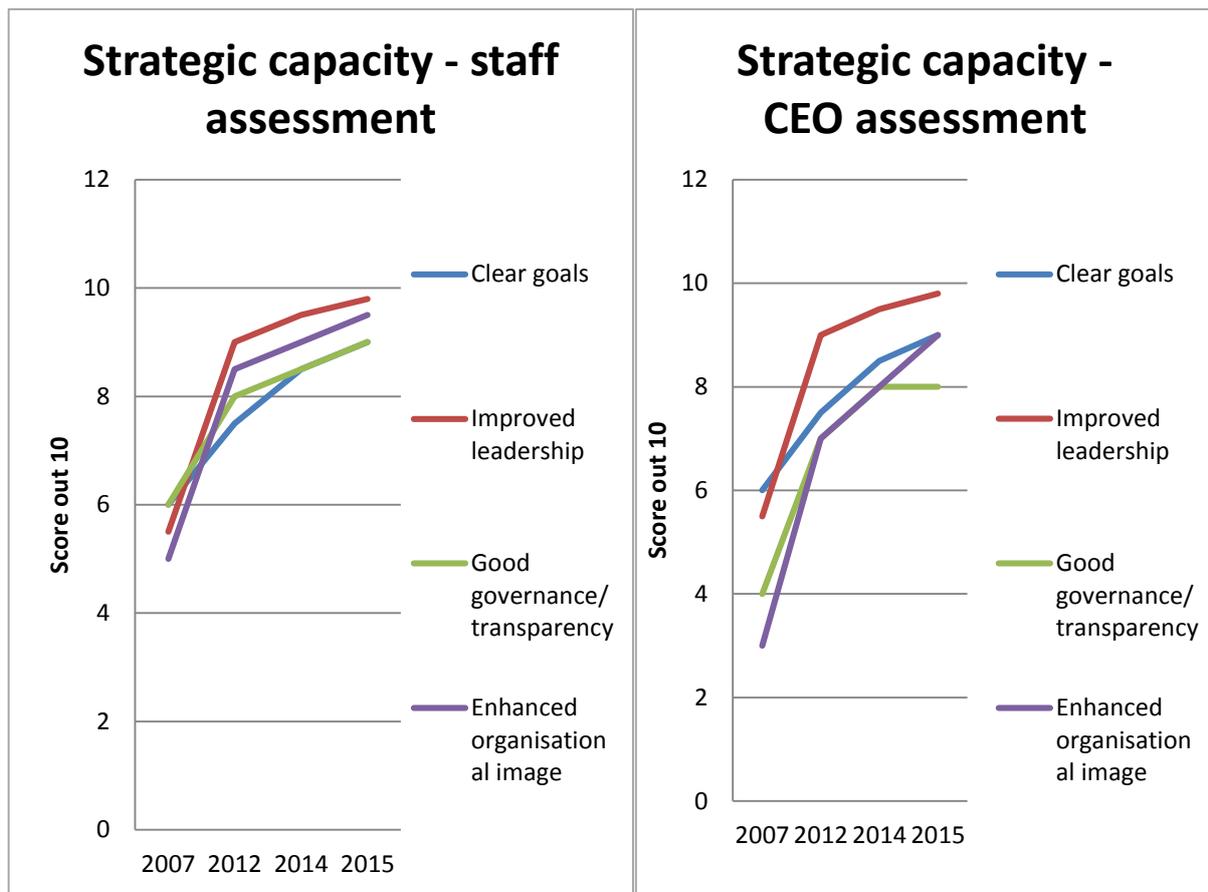
Programme capacity indicators included the ability to monitor and evaluate and improved programme design. Chart 5 shows that the staff group and the CEO had consensus on their assessment of ability to monitor and evaluate showing a steady increase from 2007 - 2015.

The assessment of the improved programme design indicator differed between the staff and the CEO. Staff showed an increase over the entire period whereas the CEO assessed that there had been an increase from 2007 – 2012 but when the volunteers had moved to the cluster model she felt that no capacity was built in this area. She did however assess that capacity continued to rise again since VSO operations closed in 2014.

Chart 5 - Programme capacity
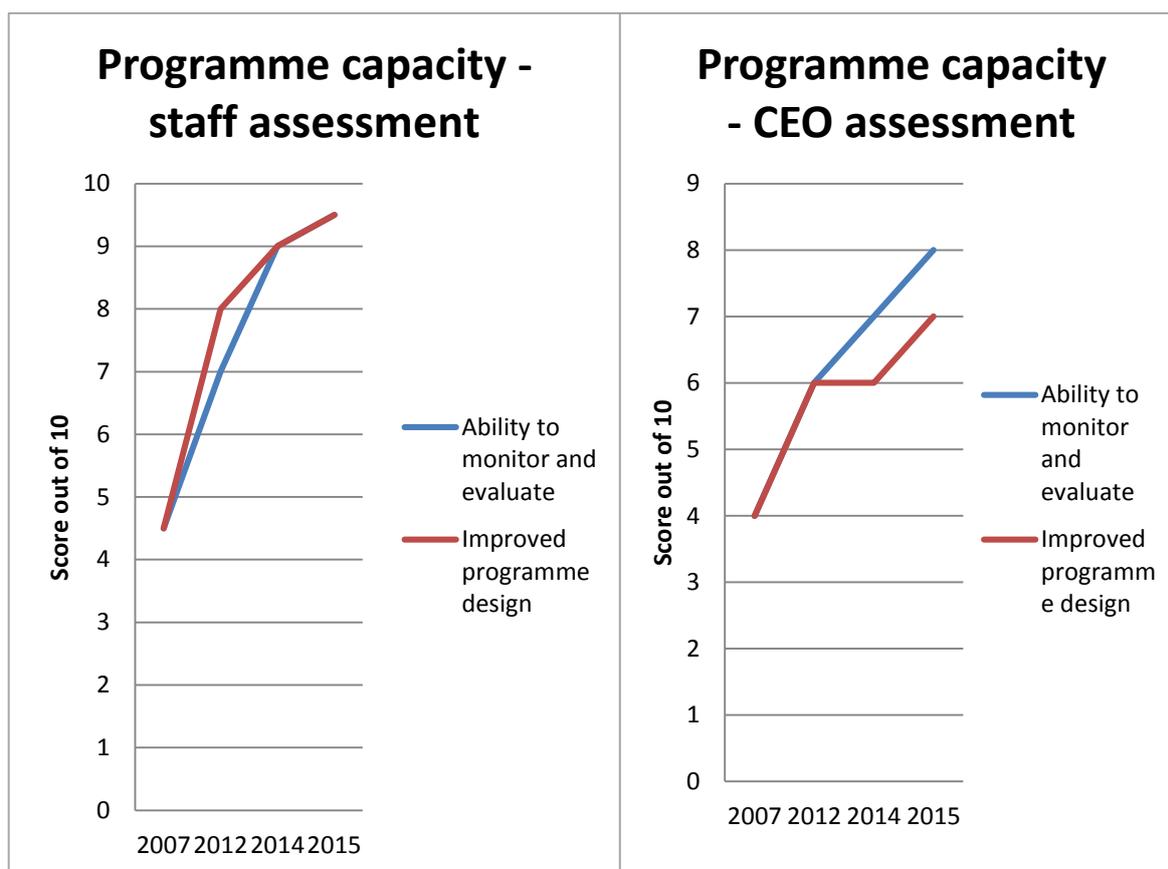
Relational capacity indicators included improved relationship with donors, improved communication and increased trust and confidence with communities. Chart 6 shows that the staff group and the CEO both assessed a similar rate of continuous increase in capacity in this area although the CEO assessed the starting point in 2007 as lower than the staff team. Staff talked about the way in which volunteers supported a process to promote networking with other organisations which resulted in much improved relationships with donors and other organisations and improved how IDF now work with a greater range of donors.

The assessment of the improved communication indicator differed between the staff and the CEO. Both showed an increase in capacity in this area from 2007 - 2012. Staff talked about how they had learnt to use social media which helped to improve organisational communication. They also said that awareness of IDF has increased and as a result they are now working with not only a larger number of communities but also, more households in existing communities. The CEO assessed capacity in this area as not increasing during the period from 2012 - 2014 when the cluster model was in place but then increasing again after 2014 after VSO's operations closed. She had felt that the way volunteers worked with IDF in the cluster model did not facilitate capacity building that supported improvement in communication for IDF.

The assessment of the indicator of increased trust and confidence working with communities also differed between the staff and the CEO. Staff assessed the starting point for IDF as lower than the CEO's assessment. Whilst staff's assessment showed an increase in capacity from 2007 – 2015, the CEO again felt that during the period of the cluster model from 2012 to 2014, capacity in this area remained at the same level but has continued to rise again after the closure of VSO's operations.

Chart 6 -Relational capacity

Relational capacity - staff assessment

Score out of 10

Legend:
- Improved relationship with donors
- Improved communcation
- Increased trust/confidence with communities

X-axis: 2007 2012 2014 2015

Relational capacity - CEO assessment

Score out of 10

Legend:
- Improved relationship with donors
- Improved communcation
- Increased trust/confidence with communities

X-axis: 2007 2012 2014 2015
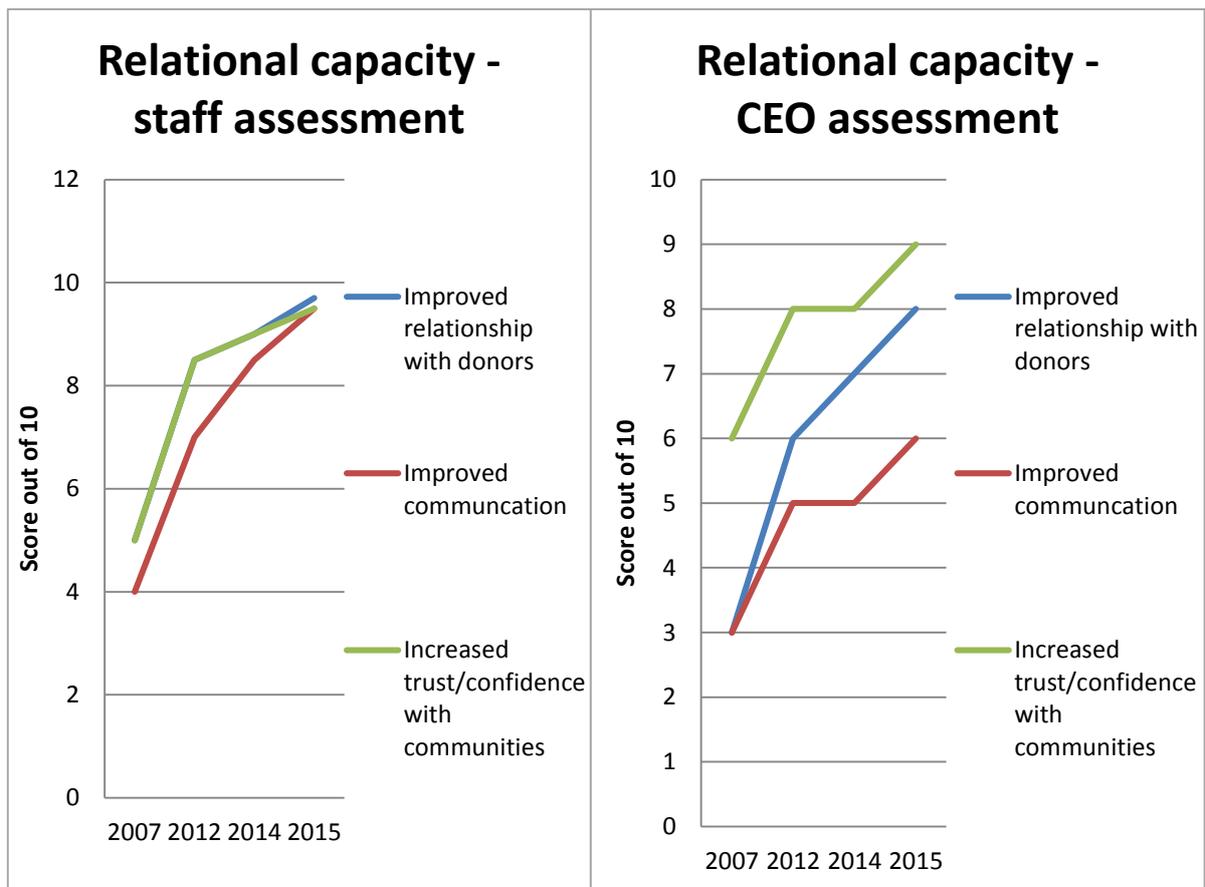
6. VSO's contribution to capacity building

It is important to understand more about the overarching context in which IDF is operating and an important element of this is recognising that whilst IDF was working with VSO there were also a range of other organisations working with IDF in differing ways. An exercise was carried out to try and measure the level of capacity built by VSO and that which was built through the work of other organisations.

Participants were asked to list all the organisations, partners or funders that they have worked with since 2007 which have contributed towards building the capacity of IDF. Table 3 below shows the range of organisations identified and the type of capacity building they were involved in.

Table 4 – summary of agents which supported capacity building

Organisation	Capacity building support offered to IDF
CESO	Sent two volunteers to support GPS development
Inades Formation	Project writing Programme design Training on networking
Ministry of Professional Training (MPT)	Funding for IDF staff salaries
USAID	Funding Training on project design and project writing
Ministry of Women's Empowerment (MWE)	Supported IDF staff to go into the community – especially to work with Muslim groups Supported women's days
Ministry of Public Health (MPH)	Training the trainer for: • Home base care • Malaria • Palliative care • HIV/AIDS – drug adherence, nutrition, rights, awareness, reduction of stigma and discrimination
Ministry of Social Affairs (MSA)	Training to support awareness of rights and entitlement of people with disabilities
Ministry of Housing and Urban Development (MHUD)	Supported paper work for programme development
Care	Training on leadership and governance Training on working in collaboration with HIV services and improve the

Organisation	Capacity building support offered to IDF
	quality of testing
Rotary	Programme design Identifying community needs Funding Finding donors
Bamenda City Council (BCC)	Supported links into the community Support to maintain community infrastructure
Ministry of Agriculture (MA)	Build capacity of farmers' rice production
Plan	Community development Funding Child rights and OVCs Governance and transparency Cultural development association Malaria
GTZ	Training on adolescent youth reproductive rights Training on HIV/AIDS, malaria and palliative care Funding
CRS	Funding from global fund Training community volunteers Training social workers Training on counselling and home visits Early age work with children
PDUE	Funding for meeting community needs – roads, halls and infrastructure
ILO	Knowledge on how to bring women together to form a cooperative

Once the full list of agencies was completed it was used to form a matrix against the indicators for capacity development that were developed in the earlier workshop. Participants were then asked to consider for every indicator identified, the apportionment of each of the identified agencies' contribution – i.e. of the total capacity building support received by IDF in that area, how much (what percentage) each of the listed agencies had contributed.

For this exercise VSO was added to the list of agencies but split between the contribution of VSO volunteers and the contribution of other VSO resources including programme staff and any other non - volunteer inputs. The aim of this divide was to gain insight into the different roles played by volunteers compared to other inputs from VSO.

The pie chart below shows the aggregated contribution of each of the agencies supporting capacity building of IDF:

Chart 7 - Aggregated contribution to capacity building of all agencies
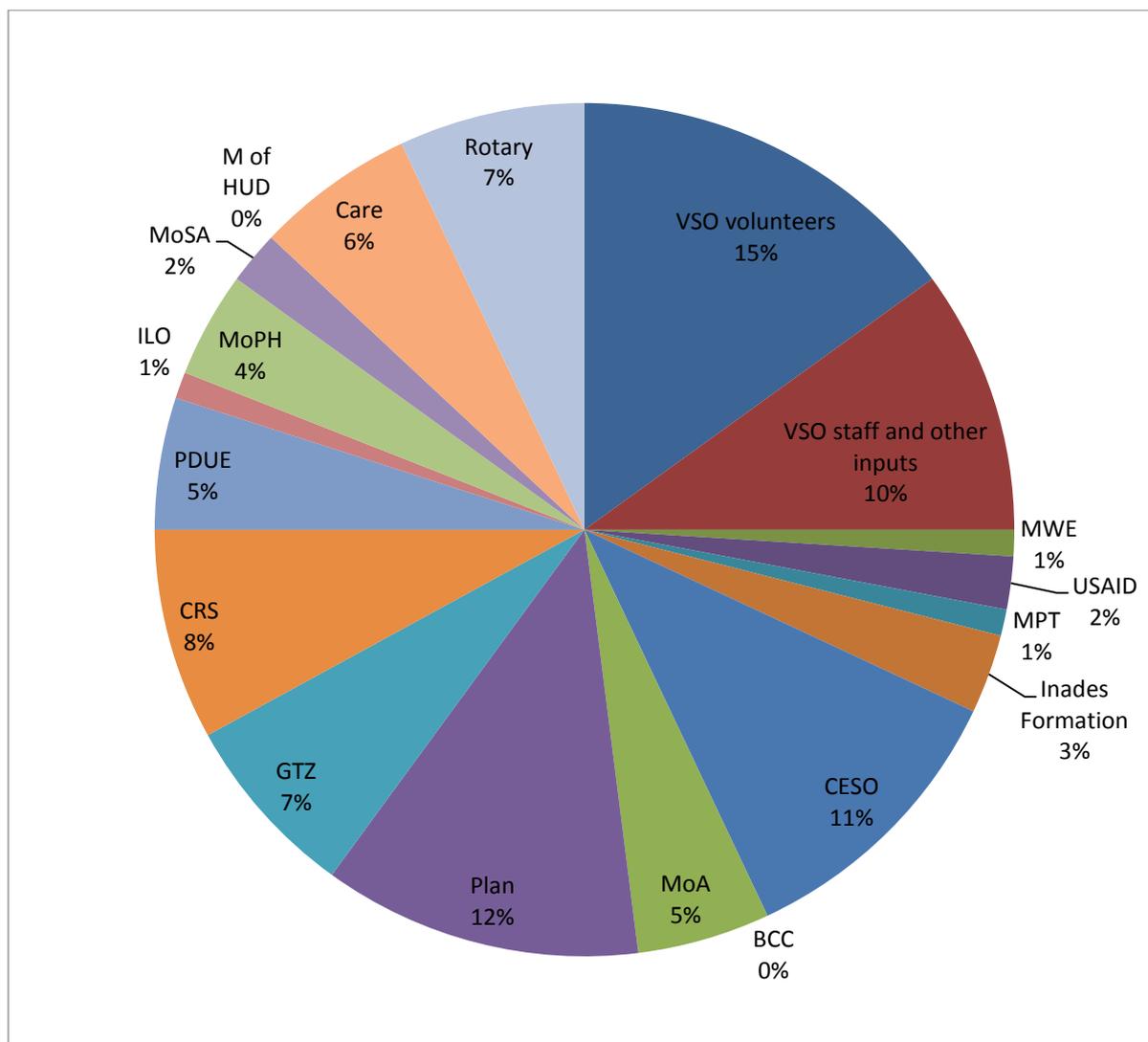
Overall, VSO had a greater input on capacity building for IDF than any of the other organisations and the role played by volunteers had a greater impact than other VSO inputs. Other organisations that had a high overall impact on capacity building for IDF were Plan, Rotary, CESO and PDUE. Interestingly, they were all identified as organisations that worked in a collaborative way.

Participants were asked to identify if there was anything in particular about VSO's approach that facilitated or enhanced capacity building. They said that volunteers were able to build capacity as they worked together with staff in communities and it was the ongoing day to day inputs that enabled them to support in the field and then follow up in the office. This strengthened the development of skills and knowledge which is very different to an organisation that is only giving money.

> *"There is something special about having a volunteer supporting the organisation especially doing grassroots work in the field rather than just resources.......When doing grassroots work in the field they are very knowledgeable and have clear ways of expressing what they are trying to achieve. ......The person working with you is following up and seeing what you are*

doing more than the person that is just giving you money. A volunteer is teaching and training you and updating you – seeing that you understand....it's like teaching you to prepare food rather than just feeding you." [IDF staff member]

Participants commented that donors often don't understand the challenges that the organisation faces but the volunteers had first - hand experience of some of these challenges through being directly involved with the staff and the communities.

The following series of diagrams show how this is broken down for each organisation against each of the indicators:

Chart 8 - Individual capacity
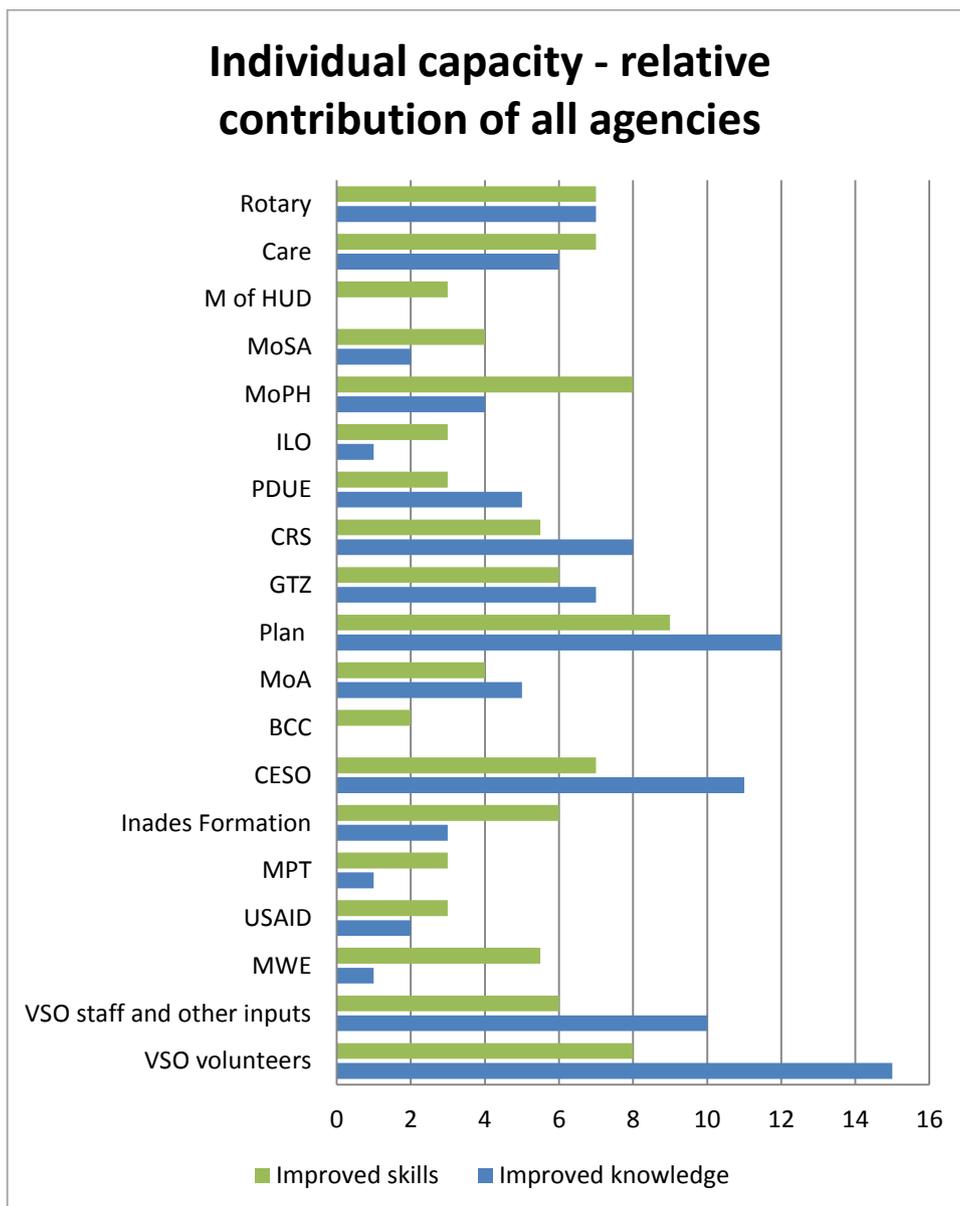
Chart 8 shows that VSO volunteers scored much higher than other organisations on building knowledge. Plan and CESO also scored reasonably well on knowledge building and there was a significant level of knowledge building that came from VSO's non – volunteer inputs. This capacity building was said to be achieved through study tours and some generic training.

Participants did not score VSO as highly for building skills as for across all of the identified organisations. They assessed Plan as building most capacity in this area. VSO volunteers and the Ministry of Public Health were jointly as the next highest.

It should be noted that almost all the agencies listed made some contribution to building capacity at an individual level.

Chart 9 - Resource capacity

Resource capacity - relative contribution of all agencies
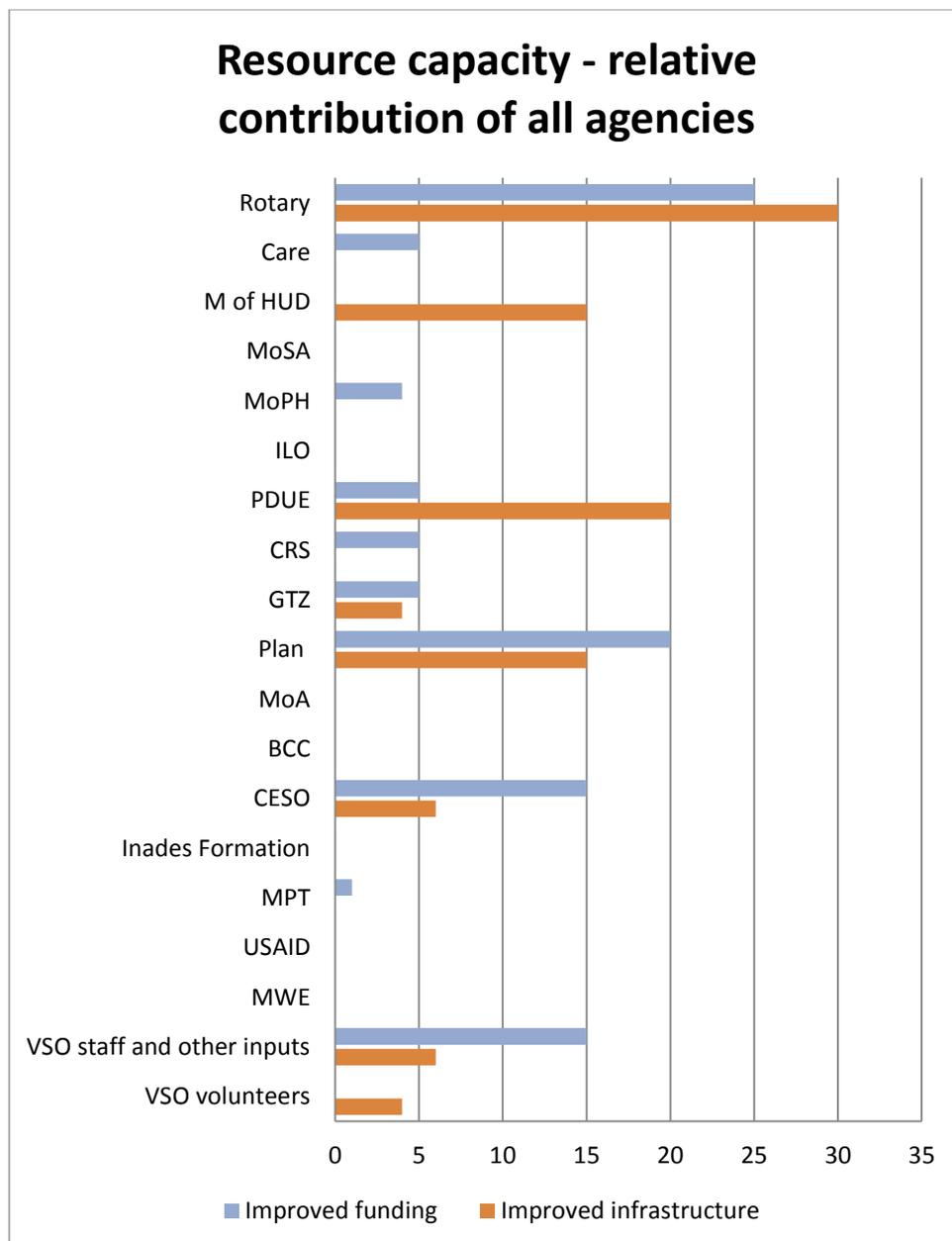
Only a few of the organisations identified were felt to have contributed to resource capacity. Rotary were assessed as scoring the highest in both improved funding and improved infrastructure. VSO volunteers supported a small amount of capacity to build infrastructure and VSO non - volunteer inputs scored slightly higher than volunteers on improving infrastructure as well as scoring joint third highest after Rotary and Plan on improved funding.

Chart 10 -Strategic capacity

Strategic capacity - relative contribution of all agencies

Legend:
- Clear goals
- Enhanced organisational image
- Good governance/transparency
- Improved leadership

Categories (top to bottom): Rotary, Care, M of HUD, MoSA, MoPH, ILO, PDUE, CRS, GTZ, Plan, MoA, BCC, CESO, Inades Formation, MPT, USAID, MWE, VSO staff and other inputs, VSO volunteers
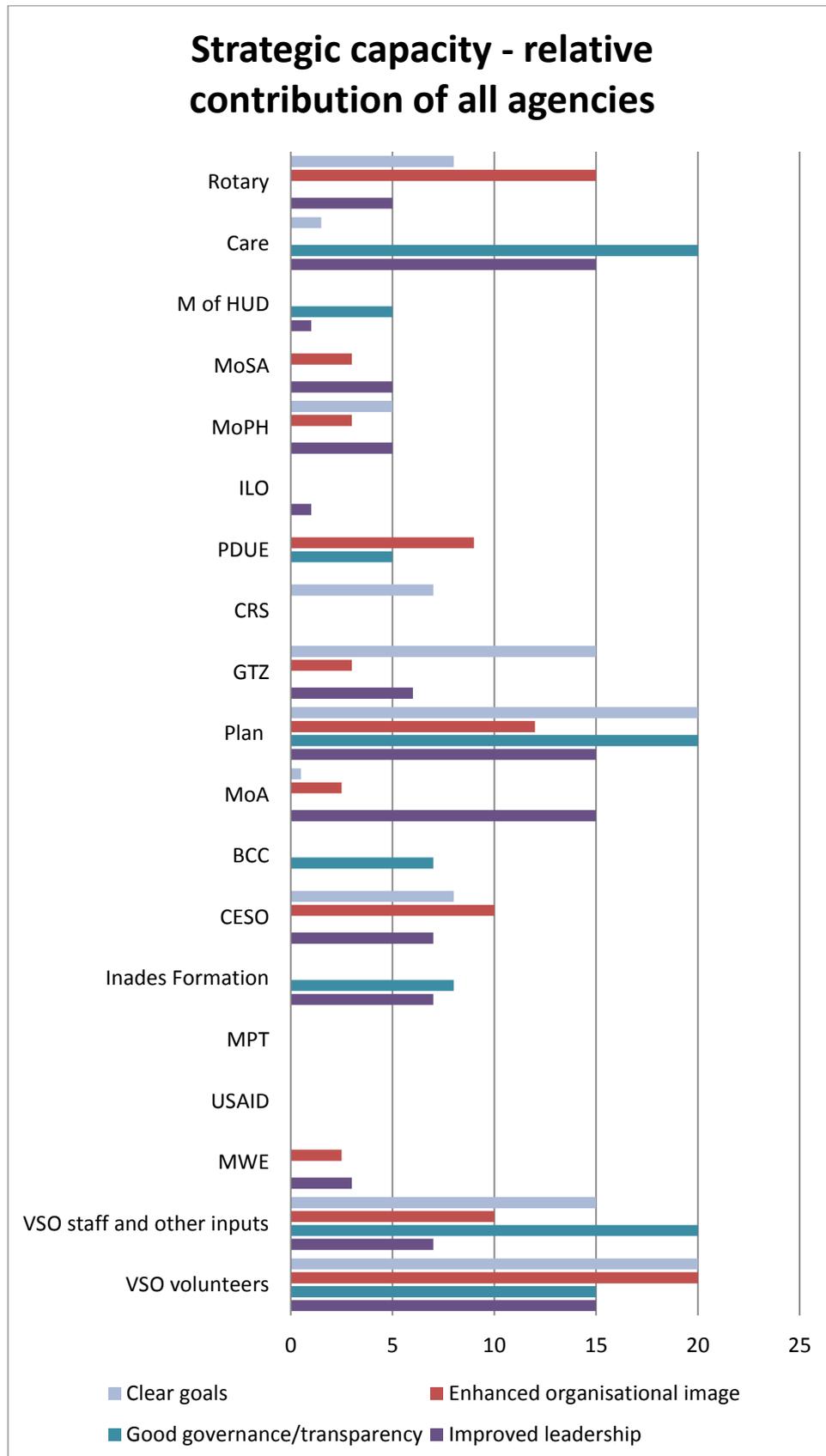
Chart 10 shows that the greatest support for building capacity in setting clear goals came from VSO volunteers and Plan but with contributions from a number of other organisations with both GTZ and VSO staff supporting this process.

Significant capacity building to enhance the organisational image came from VSO volunteers with Rotary, Plan, CESO, PDUE and VSO staff also playing a role.

Support for building capacity on governance and transparency came largely from VSO staff and other inputs, Care and Plan with some support from VSO volunteers.

Support on leadership came largely from Care, Plan, the Ministry of Agriculture and VSO volunteers.

Chart 11 - Programme capacity
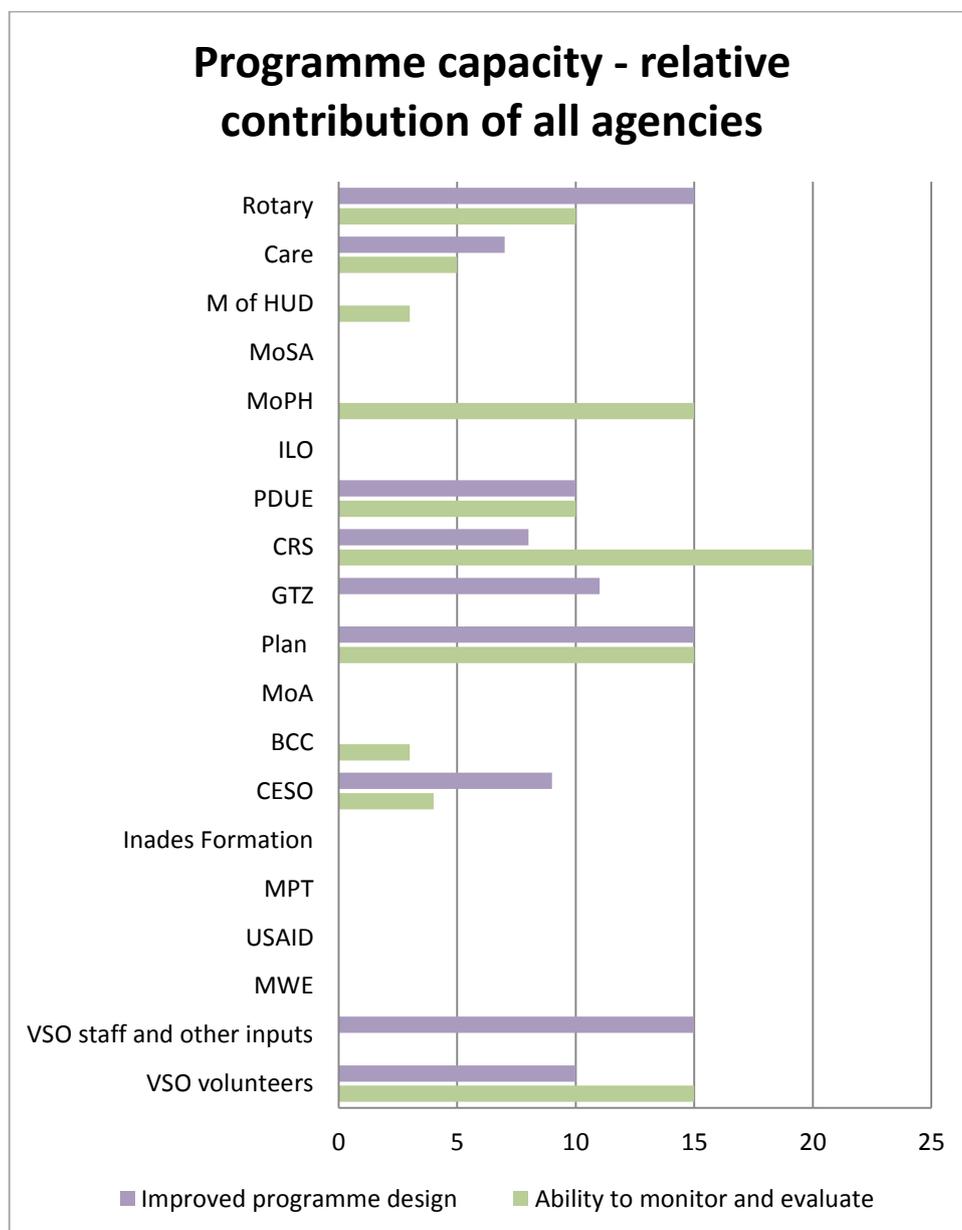
Chart 11 shows that VSO non-volunteer inputs, Plan and Rotary made the most significant contribution to improved capacity for programme design. The most significant capacity for monitoring and evaluation came from CRS followed by the Ministry of Public Health, Plan and VSO volunteers.

Chart 12 - Relational capacity

Relational capacity- relative contribution of all agencies

Legend:
- Increased confidence and trust with communities
- Improved communication
- Improved relationship with donors
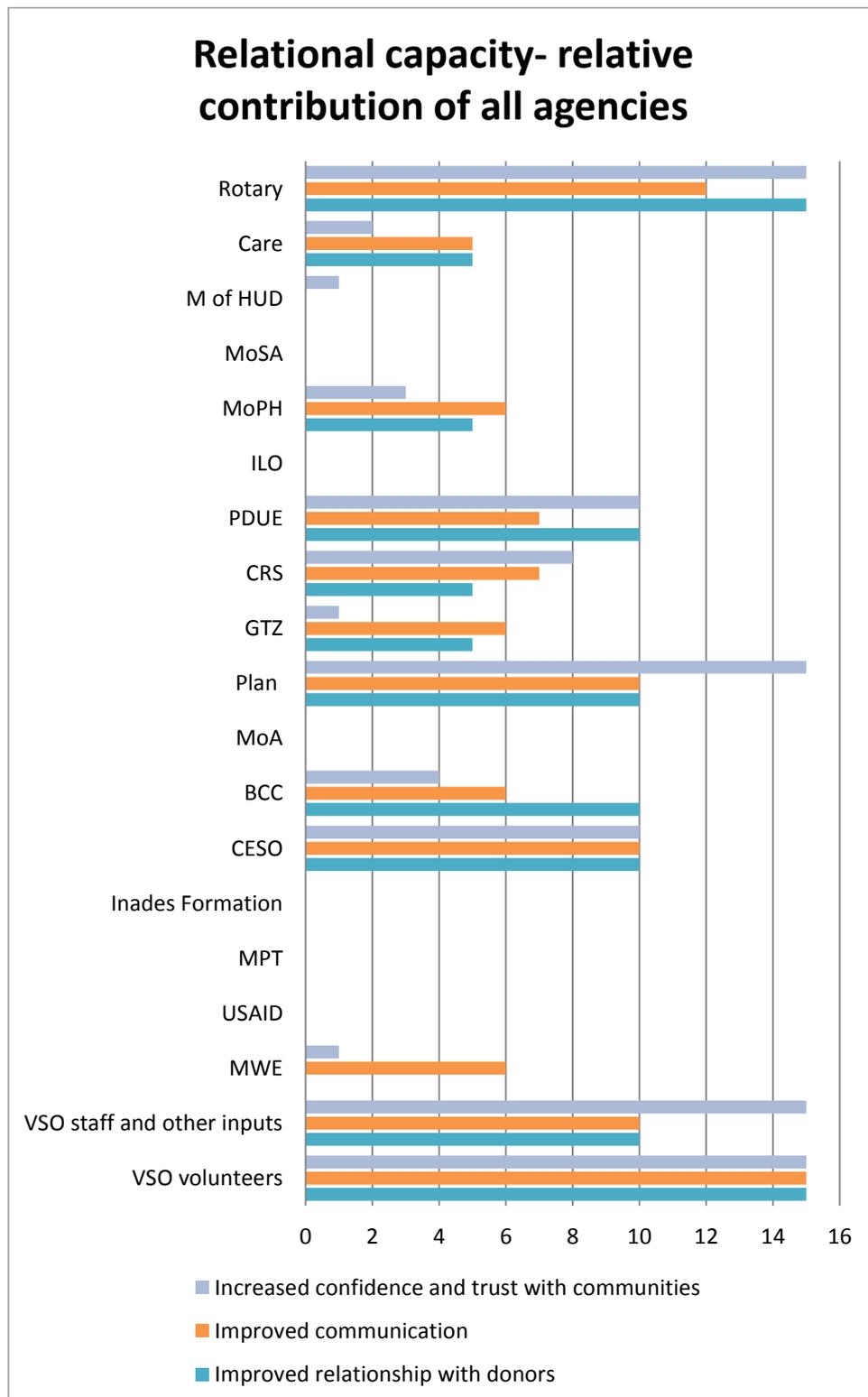
Chart 12 shows that VSO volunteers, VSO non-volunteer inputs, Plan and Rotary made the most significant contribution to improved capacity for increased confidence and trust in working with communities.

VSO volunteers followed by Rotary made the most significant contribution towards improving communication capacity. VSO volunteers and Rotary both equally made the most significant contribution to improved relationships with donors.

Some organisation's approach to capacity building was through much shorter term interventions such as one off training or provision of funding. The approach of placing volunteers for 1 or 2 years was more valued as volunteers offered a more embedded and tailored intervention to support capacity building.

The length of time volunteers worked with the organisation affected their ability to build capacity. Those volunteers working with IDF over the period of the cluster model, worked with IDF for much shorter periods than those placed before this approach was introduced. They were considered to have less impact on organisational capacity building than those placed for longer periods.

7. Outcomes and benefits

This section outlines the outcomes and benefits that were identified by participants during the fieldwork. These outcomes and benefits were all linked to capacity building work. The capacity building work was often non- linear and its impact occurred at different levels and for different groups of stakeholders which is reflected in the subsections below.

VSO's internal monitoring tool the Partnership Monitoring and Learning Tool (PMLT) collected data for the last time in the 2013/14 financial year from IDF. The tool provided data on the total number of primary actors that IDF worked with during this year as shown in table 5. It also shows the scale of IDF's work with primary actors.

Table 5 – Number of primary actors for IDF 2013/14

Type of primary actor	Total
Children aged 0-5	0
Children aged 6-17	100
Young people aged 18-24	114
Adults aged 25 and over	558
Total number of primary actors	**772**

Outcomes and benefits from VSO's capacity building work at a national level

Participants were able to describe how in some instances the work of individual volunteers had made a contribution to policy at a national and regional level by introducing and developing new areas of work. They also described how volunteers work was supported by other aspects of support from VSO such as field trips and study tours. In some cases networks and connections made through VSO have helped to identify and support these ongoing capacity building activities some of which have taken place after VSO programme closure.

The work on palliative care introduced through volunteer Catherine De Souza was a new project not just for IDF but for Cameroon itself. There was no policy on palliative care in Cameroon and very little had been developed in this area. Her work lobbying on the use of morphine triggered a change in policy for the government. Her placement was not directly with IDF but the work that she did directly influenced IDF's work in this area and is an example of how horizontal linkages between volunteer placements can result in indirect benefits. IDF was the first organisation in the North West region of Cameroon to work on palliative care.

Outcomes and benefits from VSO's capacity building work for IDF

Palliative care

Capacity building in palliative care for IDF was enhanced through a field trip to Uganda supported by VSO and IDF continues to develop and build capacity in this area. In 2015 the CEO attended a 2 week course in palliative care in London which she learnt about through ongoing dialogue with a former volunteer. IDF now delivers training to other organisations on palliative care.

Malaria

The organisation has an increased understanding of what needs to be done to minimise the risks of malaria. One participant had used this learning in the community and had done training with 150 women to raise awareness on malaria prevention through various groups.

Strategy and accountability

Since the capacity building work of the VSO volunteers, IDF now has a strategic plan in place, they developed a board of directors and also ensured that a person living with HIV sits on the board.

Office systems

Capacity building from volunteers has resulted in the staff working in a more structured and systematic way which has helped in working with donors' requests for information. Support with filing has resulted in better office systems both at the head office and in the branch offices. This has resulted in greater efficiency and better tracking and monitoring systems.

> "*Now we work in a more structured way with communities. We document things...we know how we are using money. If we want to divide resources for orphans we know which child is entitled to what. Before VSO we didn't have these structures in place and it was less organised. Now we have files for each child and know what resources they have received.* [Staff member]"

Staff also reported improved work planning, financial systems and a better system of keeping track of mileage and car maintenance.

Monitoring and tracking

Some staff had training on GPS which supported the collection of data in the field and enabled the production of social maps. This has been used to locate and track children that IDF work with when workers go the field. It had also been used to understand where volunteers are located in relation to the children they work with and where there are concentrations of children and a possible need for mobile teams. The GPS work was identified as an area of potential that has not been fully utilised by IDF because of limited resources and the expenses they incur when printing maps. It has a particular potential for mapping needs and gaps within and across communities which can inform a range of decisions about service provision and interventions. Developing skills further in this area would enable IDF to provide a service to other organisations and generate further income.

Staff had also been trained in Photovoice – an approach to monitoring change and impact through the use of photography to document the story of change. This has been used extensively by IDF and has improved the way in which they record change and the impact of their work.

Gender

IDF now have a gender policy that was developed by a consultant who came through and was funded by VSO. There has also been training on gender issues. Since gender training there has been an increase in the number of women who attend training sessions. Participants reported that the training has also influenced staff behaviour within their own households:

> *"In my house now we make decision together."* [Staff and primary actor]

Outcomes and benefits from VSO's capacity building work for individual staff

HIV

Participants were able to describe how HIV training had increased their skills and confidence in this area which supported them with their work in communities with people living with HIV. It had helped with increasing openness and dialogue about HIV and supporting people to talk about medication and access to treatment. Some had also worked with people living with HIV to undertake income generating activities in groups. There has also been a reported reduction in stigmatisation:

> *"Previously in Bana people consider death by HIV as a curse and HIV screening is one of the biggest problems because after diagnosis there is a problem with stigma. Families rejected sick family members. Training has helped them understand that sick people have a right to a normal life and their role is to accompany them through sickness and through to death."* [Staff member]

Disabilities

One participant living with disabilities said that he has learnt a lot from VSO volunteers. He described how he had faced stigmatisation and now he goes into communities and works with a range of people including children, people living with HIV, notables and mayors. Volunteers developed his skills to interact with people and he has learnt how to pass on information. He has also learnt how to listen, question, lobby and advocate. He has used these skills to work with orphans and vulnerable children in his community. The focus of his work has been raising awareness of child rights.

Natural agriculture

Participants described learning about natural agriculture from a volunteer but they were also taught about the links between palliative care and agriculture. Staff have used this learning to make these connections in the work they do with communities.

Nutrition

Using their training on nutrition, IDF social workers help to identify children in the community who are malnourished and educate the care givers about local produce such as soya and vegetables and how to prepare them.

Personal development

Participants reported the following learning and skills from capacity building work of volunteers:

- Improved confidence with communication.

"If I go to seminars now I can understand and I can express myself" [staff]

- Leadership training - reported more reflective practice and greater focus on goals and objectives at the outset.
- Support with the website - staff were shown how to add documents but have not really taken this forward – they said that they feel as if they need more training in this area.
- Enhanced computer skills but some aspects didn't continue such as the use of Access.

"My computer skills have increased from 5% - 50%". [Staff member]

- Working with communities to understand their needs.
- Writing funding proposals e.g. for Rotary

Outcomes and benefits from capacity building work for primary actors

HIV and AIDS

IDF supported the formation of associations for people living with HIV and AIDs. They used a community development approach working with village development associations to mainstream HIV into the council and village structures.

Participants living with HIV mentioned an increased confidence in talking about their condition and an increased awareness of the benefits of a good diet to support their health. This learning came from the work of VSO volunteers. They had received training and are now rolling out this training to others. They have formed women's groups which facilitate the sharing of knowledge about HIV and promote the need for testing. One participant said that she had carried out training with 75 women in her local group:

> *"The training is very good – it has improved my living standards and spread the knowledge in my community."* (Primary actor)

Another primary actor spoke of how she talks to groups about HIV on a regular basis – sometimes groups as large as 90 people in a church setting. She has also accompanied six people to treatment centres in the last four months.

Women in the HIV support group have established a small informal credit union which has enabled many of them (75%) to set up small businesses, meaning they are no longer carrying out heavy farm labour.

One participant had learnt from a volunteer how to make beads and jewellery. She now sells the jewellery and this has helped her earn money to buy more vegetables to feed the family, buy exercise books for her children and she is less reliant on her husband. She has also taught other women so they have the same skills and can use them in the same way:

> *"I used to buy little vegetables and now I don't have to rely on my husband and can buy exercise books for the children. Some women are widowed so this has really helped them to improve their living standards."* (Primary actor)

Another participant who was a service user and is now a social worker, received training on HIV and AIDS and then participated in World AIDS Day celebration activities where VSO volunteers sensitised

community members and created awareness. With the skills, knowledge and confidence she now has, she teaches people on HIV and AIDS issues, testing and counselling, medication and good nutrition. She is also involved in awareness raising in her community on preventing mother to child transmission, counselling patients, care givers and families. She said that stigma has reduced in her village and she is president of a group for people living with HIV and AIDs which meets regularly at the district hospital with currently twenty members.

One of the challenges faced by women which limits the effectiveness of the outcomes of the work is that it is hard to engage and talk to men. Another challenge has been the fact that the community perceive the volunteers are getting paid which can create a barrier to engagement.

> *"Through sensitisation work, my friends who are HIV positive have disclosed to their families 15 other members of our group have joined World AIDS Day activities now and sensitise awareness"* [Primary actor/community volunteer]

One participant talked about the increased incidence of rape of young women out late at night drinking. The increased awareness of the risks of contracting HIV has resulted in some behaviour change although this generally resulted in changes in behaviour for the young women.

IDF works with a women's cooperative partner organisation working with women living with HIV and AIDs to overcome the challenges they face accessing finance. Women often find that they have challenges accessing loans because they often do not have access to the required title deeds to land. Women living with HIV and AIDs face even greater challenges with access to credit and financial services. Women receiving the loans have set up small businesses such seamstress work, selling phone credit in booths, production of spices or tomatoes and selling food by the road.   The cooperative staff and volunteers received training from the VSO volunteers on HIV home visits. The cooperative works with psychosocial and economic HIV counsellors who received training from volunteers. In addition the cooperative has received ongoing capacity building support from IDF.

> *"It's that training that has made me to know how to deal with all kinds of people."* (Cooperative member of staff)

Diet and natural agriculture

Participants learnt about diet and agriculture from two different volunteers but the two things are interrelated; understanding what a balanced diet is and how it can promote good health and then maximising the potential with crops. One participant mentioned how she used to take all her ground nut to the market but now she keeps some for her family as she knows it is good to include in their diet. She has also started to deliver cookery classes in her community to promote and support improved diets. Malnutrition has been a problem for children in the community but it is diminishing since people have begun to learn more about diet.

> *"We have not changed totally but there is great improvement."* (Primary actor)

Poor nutrition was identified as a problem in the community and natural agriculture had the potential to improve diet which in turn supports patients to take their medication. OVCs and parents have improved the way they prepare food as well as increasing income from the crops that they have produced using the techniques learnt.

> *"Many families now have tomatoes from their own yard".* [Community volunteer]

One participant described how the knowledge about natural agriculture has enabled her to plant in one spot for much longer now that they no longer burn but just clear the land which enabled it to be reused without moving to another spot requiring labour to dig. She also uses cover crops to add nutrients to the soil. She no longer purchases fertiliser which has reduced costs and reduced the level of poverty for her family. She has an increased yield too which means that she can sell more of her crops enabling her to buy books for her children.

> *"We used to dig and dig and dig and now we just wait for two weeks and go and plant. We are very happy. Two hundred people have now been trained to use this method."* [Primary actor]

Orphans and vulnerable children

Participants identified that capacity building work has supported promotion of the rights of orphans and vulnerable children:

> *"The knowledge imparted in me and my community is giving fruits. Before OVCs were seen as outcastes and now they know their left from their right. Capacity has been built in such a way they now feel part of the community."* [Community volunteer]

8. Value of VSO's approach

Context

VSO's approach is to work with partners, bringing people together to build capacity, share skills and support action to change lives and reduce poverty. In Cameroon, volunteers were placed with individual partner organisations until 2012 when a shift in approach was introduced. From 2012, volunteers were no longer placed with an individual partner but rather worked in a cluster, delivering capacity building across a range of partners.

Factors contributing towards success of capacity building

Participants highlighted that capacity building had been much more effective during the period when individual volunteers were placed at IDF. During the period of the cluster model, volunteers were not so directly linked to the partner organisation and did not have such a strong understanding of the needs of the organisation. As a result capacity building activities felt less tailored to their needs.

Before 2012 when individual volunteers were dedicated to one partner organisation, they were able to build a stronger understanding of the organisations needs and also the needs of the communities that the organisation works with. As a result, their activities were better suited to meet IDF's needs.

Participants were asked to identify the ways in which volunteers worked with staff and volunteers that supported effective capacity building. Working alongside staff in the field was seen as a very important aspect of their approach as this helped them to understand the challenges faced by staff:

> *"They work with you in the field and see the difficulties you face and help you solve them."*
> [Staff member]

Because volunteers were located with staff in the office there was ongoing dialogue which promoted mutual understanding. Volunteers spent time working with individuals on a one to one basis as well as delivering trainings to groups of staff and volunteers. After training sessions the dialogue would continue so that staff could ask volunteers follow up questions and volunteers could offer hands on mentoring and support in addition to the training.

> *"Dialogue between staff and the volunteer was a main pillar."* [Staff member]

Participants commented that they valued the style and approach that volunteers used in their training whereby they helped to challenge discrimination and stigmatisation and pass this confidence on to trainees:

> *"I like the way VSO volunteers teach about the disease. … It helps remove shame from my face."* [Staff and primary actor]

> *"The volunteers make all efforts to make us understand the things they teach us."*
> [Staff member]

There was also a strong element of mutual knowledge and skills sharing rather than this being a one way process.

"Bringing together mutual knowledge to yield fruit." [Staff member]

Participants valued the participatory approach that was adopted by most of the volunteers and they also commented that volunteers generally had a strong background in multi disciplinary working.

Volunteers were effective when they listened to staff and the communities and used information and learning to inform and shape their work. Another common attribute of effective volunteers was their ability to think critically:

"We would present a problem and she would ask us how we do things. She would then identify faults." [Staff member]

"Volunteers always seek our opinion and don't impose. They seek to improve what is already there." [Staff member]

Volunteers developed handbooks to complement their training and staff found this very helpful especially after the volunteers had left.

"Can't always remember but they left books and manuals that staff can go back to." [Staff member]

Diagram 3 shows an illustration of participants' views on the characteristics of volunteers that supported effective capacity building:

Diagram 3 – Volunteer attributes which support effective capacity building

Factors inhibiting the success of capacity building

Participants were asked to consider some of the challenges of working with VSO for IDF which may have inhibited or limited the ability for capacity to be built. They felt that they were not able to give volunteers what they needed especially when they wanted to go to the field. There was also a feeling that volunteers often had different perspectives to IDF staff on respecting time which created some challenges and tensions for working relations.

One participant commented often there were too many exciting priorities for volunteers and insufficient time and resources to address them all. As a result, volunteers were often over ambitious and could have been more effective if they focused on a smaller number of priorities.

Some of the staff said that they found it difficult to understand volunteers because of language differences. Another example was given of an inhibiting factor where a volunteer made assumptions about what staff knew and did not go slowly enough. This supports earlier comments about the need for volunteers to listen and collaborate with those they are working with and draw on this to inform the structure and shape of the their work.

One participant talked about a volunteer that had not been effective. His approach had not been participatory and he came with preconceived ideas rather than an open mind:

> *"He already had a project that he wanted to do. If you are coming first see what the people need."* [Staff member]

Volunteers did not always have the right resources or they brought their own equipment with them which impacted significantly on the partner when then they left. An example of this was the volunteers who came to build capacity on the use of GPS – they came with their own equipment and were reliant on that to do their work.

Additionally, participants identified a number of changes that occurred once the VSO model changed in 2012 and a cluster approach was introduced whereby volunteers were not placed with one partner but worked across a number of partners. This approach was considered to be less focused and less effective from the partner's perspective.

> *"Volunteers were working across three or four partner organisations rather than focusing on one organisation. They had too much to do and it was confusing. The volunteers kept changing and the VSO staff also kept changing."* [Staff member]

> *"Training was not necessarily at the right level and practical exercises could have been better."* [Staff member]

There was also a view that from 2012, volunteers working with IDF did not have the right experience in the way that previous volunteers had. This reduced confidence and also in turn the sustainability of the work. The fact that they rotated between partners was considered less helpful for building organisational capacity.

The programme closure of VSO Cameroon was considered to be a negative experience for IDF. It came as a surprise to the organisation and communications were not handled well. There was a view that it would have been helpful at an earlier stage for VSO to run partner workshops to gain views about what was working and what could be improved. Once the decision had been made about closure, more direct explanation for partners would have been valued and also a longer notice period to allow partners a more strategic phase out.

"When CUSO closed a person came from Canada to explain to all the partners. Closure was lovely. They continued to partner with us for one year." [Staff member]

Willingness to pay

During one to one interviews with staff they were asked a hypothetical question to understand the value that they place on volunteering. The question required participants to make a judgement on whether given the choice they would prefer a volunteer, a consultant or a given amount of money to support their organisation. The question was asked three times using three different sums of money:

5,000,000 Central African Francs (CFA) (£5,758)
10, 000,000 CFA (£11,516)
20, 000,000 CFA (£23,032)

A total of seven participants took part in this exercise.

The amount of money offered did not significantly alter the responses for most of the participants.

Two participants said that they would chose a consultant and the reasons given for this was that consultants were perceived by those participants as more questioning than a volunteer and better at identifying needs and gaps.

The other five participants said that they would choose a volunteer over a consultant or money irrespective of the amount of money offered.

"Teach a child how to fish do not give fish to a child." [Staff member]

"Money will finish so a volunteer cannot be compared with any amount of money. The knowledge a volunteer can impact will surpass any amount of money because the money may not be well managed to see any impact. We are still benefiting from the knowledge that Catherine gave us now." [Staff member]

"VSO volunteers provide more knowledge than money given by other partners. Money no give me knowledge, (that's why we score them plenty). Volunteers provided refreshers and accompany us with more training not just one off." [Staff member]

One participant however stressed that they would only chose the volunteer if they had the right qualifications for the role. She commented that when they have the right skills, they can train staff with skills which can enable staff to bring money into the organisation themselves. She considered this to be far more valuable than just being given money.

"When I see what I have gained from a volunteer it is fifty times more than money. You can have money but not know how to manage it because you don't have the skills.....The organisation can crumble if you pour money in without preparation. We need good skills to plan and evaluate." [Staff member]

9. Sustainability

There is strong evidence that the capacity building work of the volunteers at IDF has to a large extent been sustained a year after VSO operations have ended. There is strong evidence to support the fact that capacity was built in a much more effective way during the period where individual volunteers were placed with the organisation directly and at a slower rate than during the period of the cluster model where volunteers worked across a number of partner organisations.

Since VSO operations closed, capacity for IDF in many areas has continued to increase. This has occurred as the organisation is continuing to utilise learning and materials from VSO volunteers. However, it is also now working with other organisations that are supporting continued capacity building. Participants emphasised that the work done by VSO volunteers had in many cases given a foundation for gaining support from other organisations.

> *"VSO gave us the foundation, the volunteers, the financial support and the study tours. VSO made IDF to be known because of that groundwork."* [Staff member]

> *"If we didn't do home based care with the VSO volunteer we could not do the projects we are doing now with Rotary and PDUE."* [Staff member]

Strong leadership was also viewed as a contributory factor to the sustainability of the capacity building work of volunteers by shifting the operational structure of the organisation. The organisation put financial and operational plans in place, developed a monitoring and evaluation framework and established a board of directors. This changed the way IDF presented itself to other partners which supported the sustainability of the organisation.

> "*There is a dynamic coordinator.....*[who is] *able to try to learn from VSO's ways of working to regulate in her own organisation. The long term development strategy resulted in them increasing their focus on beneficiaries and caused them to change the way they work."* [VSO former programme manager]

Participants identified certain components of the way that volunteers worked which facilitated sustainability. The way in which volunteers delivered training and then provided ongoing support and refresher training to staff and community volunteers helped to embed and instil learning. This was further supported by the production of a range of manuals for staff which acted as a useful reminder for staff and has helped reinforce training.

> "*Regular teaching makes us not forget what we learn."* [Staff member]

Volunteers generally worked in a participatory way spending time in the field with staff and working with the partner to understand their needs. This helped volunteers to deliver capacity building which was grounded and in turn helped to support sustainability.

> *"They really put in us what we need to do our work. We keep using, practicing and implementing what they taught us."* [Staff member]

Delivering training that community volunteers have been able to deliver themselves, within their own communities, is an important element of building sustainability into the work. Many of the participants described how they are now using their learning from VSO volunteers to train their communities and were able to describe how this is affecting change in terms of improved diet,

increased income, increased awareness of the need for health checks and reduction in stigmatisation.

Some areas of capacity building had not been sustained and in some cases this was due to a lack of necessary equipment. In other cases it was because staff felt that their skills had not been developed far enough to enable them to use them with confidence. An example of this was the website development support they received where staff had learnt from the volunteer but did not now feel confident to use their skills. This training was carried out by a volunteer during the period of the cluster model so the volunteer was working across a number of partners and did not have as much time to dedicate to building capacity at IDF.

A significant factor that contributed to the sustainability of VSO's work with IDF is the stability of the staff team and volunteers that work for the organisation. Most of the staff have been in post for a long time and some service users became community volunteers and many community volunteers became members of staff. This dynamic has facilitated the retention of learning and skills development.

Another factor that helped to support sustainability is the culture of learning that is a strong part of the organisational culture. When staff have external training opportunities they bring materials back and share with the team by delivering internal training.

> *"It feel as if IDF has enough capacity now but that doesn't mean we have to stop learning and studying."* [Staff member]

Staff continued to have ongoing relationships with volunteers after their placements have finished and this has facilitated informal support but has also opened up opportunities for other capacity building opportunities. For example, the CEO recently attended a 2 week course in palliative care in the UK which came about through ongoing contact with a volunteer.

There was a view that capacity building could have been made more sustainable by supporting IDF in the longer term to work with other local NGOs to build their capacity.

> *"VSO did the ground work which is yielding fruit today. If VSO was still here it could have taken us to another level. We could have scaled up and worked with other NGOs."* [Staff member]

Annex 3 – Case study 2 – Santa Council

Post closure evaluation of VSO's work in Cameroon. Case study 2 – Santa Council

2015-6

1. Organisational and partnership context

Santa Council is one of the five local government councils in the Mezam Division of the North West Region of Cameroon. It was created in 1968 and the subdivision itself was created in 1992. The council area comprises of ten main villages - Santa, Akum, Alatening, Awing, Baba II, Baligham, Mbei, Mbu, Njong and Pinyin with a total population of about 200,000 inhabitants.

The council is made up of both elected representatives (a mayor, 4 deputies and 41 councillors) and administrative staff (permanent, temporary and seasonal) with the lord mayor and deputy mayors leading council deliberations and implementation of council decisions. Elected representatives have a mandate for five years. There are two main political parties and neither has an absolute majority. If one party wins outright, all the councillors would come from that party but without the absolute majority. The current composition of councillors is 31 from the CPDM and 10 from the SDF party. The councillors elect the mayor and deputy mayors. There has been a move towards decentralisation in Cameroon whereby increasingly the state devolves power and resources to the local councils.

Santa Council was one of the councils VSO partnered with under the Participation and Governance Programme from 2008 - 2012 and continued under the new programme strategy from 2012 - 2014. The aim of the programme was to provide a tool by which VSO partners could analyse their learning capacities and improve processes in the future as a learning organisation. The focus of the work VSO undertook with Santa Council from March 2008 was on the development of the council as an organisation through capacity building. The concept of capacity building itself is a function of the pillars of good governance: transparency, accountability and participation.

An assessment undertaken in the council area found that most partners and citizens felt communication between the council and the public was one of the most significant problems which limited the ability of the council to work effectively in the community. Santa Council accepted VSO's challenge by starting the Strengthening the Council Project in March 2008, with one volunteer initiating the process with the council by forming the Transparency, Accountability and Participation (TAP) Committee as an action learning set. In 2009 the council, through VSO's support, trained its councillors on their roles and responsibilities and the challenge of decentralisation in the Cameroon context.

VSO's programme objectives in participation and governance in 2008 aimed to strengthen the capacities of local decision makers and state agencies. In doing so, they aimed to engage in transparent practices that promote good governance and increase access to quality basic services by improving collaboration between civil society organizations, local councils, and state agencies. Volunteers were placed to develop the institutional capacity of Santa council by following an Institutional Capacity Development Plan. This included working with Santa council's staff, councillors, major committees and working units such as the Community Education and Action Centre and Transparency, Accountability and Participation Committee. This was achieved through a comprehensive partnership development process that entailed participatory partner assessments and capacity building planning.

Some of the projects VSO implemented with Santa council include Inclusion Enhanced and Photovoice, Action Learning Project 1 and 2, Participatory Budget Tracking (PB&T) and the Small Money Big Change Project (SMBC).

SMBC was a tool for community engagement and community development using a local governance approach. It was initially developed and implemented in communities through Babessi Council, in the Ngokentunjia Division in 2010 and then rolled out to five other councils in the North West region including Santa. The program worked towards addressing challenges identified within the partner councils including:

- Encouraging good governance
- Meeting council responsibilities under decentralisation
- Improving accuracy and realisation of annual budgets and a plan of action
- Providing basic public services for the population
- Increasing councillors' involvement within council decision making processes of development projects
- Engaging citizen involvement and increasing capacity for community development
- Involving the local community in decision-making processes and encouraging participation in council planning
- Encouraging decentralisation from the council to local communities and increasing citizen understanding of council responsibilities and processes

The SMBC programme allocated funding to community projects which were identified by the community who were required to match fund for the identified project. Communities were required to form a committee to oversee the project which had a required composition of 50% women, a representative with disabilities, minority group representatives and a representative from the opposition party. The community committee would then identify an agreed priority need and put together a proposal. Counsellors received training to support their engagement and participation in the programme. Funding was then allocated on the basis of the proposal and the ability to match fund in support of the proposal.

In 2012, VSO Cameroon changed its strategy and approach focusing on four key objectives:

- To increase women's participation in decision-making within the household and in local, regional and national bodies.
- To empower women to take informed control of their own health and demand increased access to better quality maternal healthcare provision.
- To increase women's economic power by enhanced business development skills and ownership of property.
- To increase the responsiveness of education communities and adult literacy programmes to women and girls' educational needs

Within the new strategy, volunteers were clustered to provide capacity building support to a range of partners across key programme areas.

The Participatory Budgeting and Tracking (PB&T) project was a 2 year initiative running from 2012 - 2014 and aimed to increase the participation of citizens, particularly women, in local political processes. It built on existing participatory budgeting projects already established by VSO which engaged community members in determining the council's community development allocations through Photovoice based projects. Photovoice is a method of using photography to promote discussions on issues and changes within communities. Community members were given digital cameras to take photos and knowledge gained from this approach was used to actively influence the programs of VSO Cameroon and its partners.

The overall programme objectives were:

- To develop young female community leaders.
- To enable young community leaders to spear-head positive change in their community's decision making structures.
- To involve the beneficiaries, particularly women, in the elaboration of community development budgets.
- To enable beneficiaries to monitor community development budget spend.
- To demonstrate the effect that active citizenship can have on the development of communities and then to use this as an 'example' of a process that can be adopted by other communities.
- To build capacity of strategic VSO Cameroon stakeholders in evidence-based programme planning, design, implementation and reflection/monitoring.
- To map community participation in the council allocation and spend of community development pots.
- To increase the accountability of council partners in the allocation and spending of the community development component of their budgets.

The SMBC programme was delivered using international volunteers and the PB&T project worked with national volunteers.

2. Evaluation methods

The full details of the methods used for this evaluation is contained within the main evaluation report.

The methods used for this particular case study included:

- A document review (internal documents only)
- In depth one to one interviews
- Focus group discussions
- Participatory workshops
- Field visit to participating community

For this case study a total of 33 participants were engaged including the mayor, deputy mayors, councillors (including a former mayor) a number of council staff from head office, primary actors and volunteers. Many participants took part in a number of these activities over a three day period in November 2015.

Table 1 shows a summary of fieldwork participants for this case study:

Table 1 – summary of participants

	Mayor	Deputy Mayors	Councillors	Council staff	Primary actors	Former volunteer	**Total**
In depth interviews	1		1				
Focus group		2	2		15		
Workshop 1		1	5	3			
Workshop 2		1	3	1	1	2	
Total	**1**	**2**	**8**	**4**	**16**	**2**	**33**

Limitations

One of the most significant challenges for this case study was the fact that due to a recent change in administration there had been a considerable turnover of councillors as well as the mayor and deputy mayors being new. This was managed within the study by working with smaller groups for the exercises that required historical knowledge and gathering data from the newer staff on current activities and practices linked to VSOs former interventions. Participants that were able to comment on all stages from the time of the VSO partnership to post closure were members of the opposition political party, including the former mayor who is now a current councillor. It should be noted therefore, that the profile of the participants and the dynamics of the political change may mean that there is some political bias in the participant's responses. It was challenging to gain a full perspective of VSO's intervention as data from most participants was fragmented. There was very little consistency of personnel from the council over the period of VSO's interventions.

Fieldwork with primary actors for this case study was not extensive and was limited to one primary actor who participated in some of the workshop sessions. All the other participants were from the same quarter (locality) and during the discussion it should be noted that the fieldwork team were accompanied by the deputy mayor who sat in on the session and this may have influenced some of the discussion. The study could have been enhanced through participation of a broader range of primary actors from a range of areas serviced by the council and without the presence of influential council stakeholders.

3.VSO volunteers' contributions to Santa Council capacity

Participants were asked to identify the different VSO volunteers that had been placed with them and to describe the role and areas in which each volunteer had built capacity. Table 2 provides a summary of these discussions. Only a limited number of stakeholders were able to input into this exercise as few had been present at the council during the period under scrutiny. There was also a lack of clarity amongst participants over some of the VSO volunteers and the activities they had been involved in. For some of the capacity building activities identified during the course of the workshops, participants were unclear which volunteer supported its development. The list of volunteers and their respective activities is therefore not comprehensive.

Table 2 – summary of volunteers

Date of placement	Name of volunteer	Summary of capacity building activities/role
2008 - 2010	Eric Bjorson	Conducted baseline on councils activities Introduced TAP committee Trained staff Trained councillors Trained communities
2010 - 2013	Kareen Cerdena	Continued the work that Eric had been doing Worked with communities to identify barriers of community engagement and gaps in understanding, introduced "Have your Say" Trained staff/counsellors Facilitated community engagement meetings Facilitated use of photovoice
2010/11 for 9 months	Phillipa	Facilitated TAP committee training
2013	Derek – national volunteer	Had to leave – using a national volunteer could have given an ongoing link if he didn't have to go
2013 cluster approach	Sandy (may have been others)	Educate on SMBC Seminars for women councillors

Between 2008 and 2014, there are indications that about five volunteers facilitated capacity building in Santa Council, delivering training on systems and procedure development (including a five year institutional development plan) as well as facilitating community engagement of councillors with communities.

Participants mentioned a number of programmes that VSO volunteers worked on which included SMBC, Have your Say and a programme which supported teenage mothers via loans for business transactions. Volunteers also introduced Photovoice to the council and this was introduced during the period of the cluster model. Additionally, volunteers facilitated action learning practices with council departments and helped to improve practices, systems and service delivery.

Volunteers identified that there was a lack of communication between the council and the community and identified a series of mechanisms to try and improve communication channels. This included the introduction of suggestions boxes and notice boards, which were created in each of the

council areas. There was also the introduction of a council newsletter which was produced on a quarterly basis with over 500 copies being produced. Production has however ceased now.

Volunteers worked with the councillors and staff to enhance council meetings and their coordination. The executive started to meet on a regular monthly basis and there were also regular meetings for staff to improve communication. Volunteers worked with the executive and councillors to support budgeting, staff, organisational policy development and resource management with the introduction of a council library and an organogram.

Diagram 1 – Volunteer activities which supported effective capacity building

Santa Council also benefitted from VSO exchanges (with Mayors from Zambia) and also visits to Ghana and Gambia to learn and share experiences. There was also a meeting to bring together mayors from across the whole of the north-west region and the exchange visits were organised with the Tuba Council and representatives from the far north. Small grants were made available from VSO which were used to buy computers and to support some of the partnership activities.

4.Defining capacity

Participants were asked as a group to come up with a list of indicators of capacity building. They worked individually to begin with and then brought their ideas back to the workshop. The evaluation team then facilitated a session where ideas and suggestions were shared and categorised by the group.

This session was undertaken with the full group which included participants who were in post during the time of the previous administration and those who were new in post. It therefore span perspectives of a combination of those who had experience of working with VSO volunteers and those that didn't have this experience or very limited experience when they were first appointed.

They came up with a consensus on the following indicators:

Table 3 – Indicators of capacity

Indicators of capacity for Santa Council

- Improved knowledge
- Improved skills
- Enhanced policies and procedures
- Enhanced systems and processes
- Improved service delivery
- Improved communication
- Improved planning and budgeting
- improved community engagement
- Improved understanding of roles and functions
- Improved budget tracking
- Increased transparency and accountability
- Improved community participation
- Enhanced community mobilisation
- Improved networking
- Ability to learn, reflect and apply

The indicators identified by the participants have been grouped under domain headings in order to support the analysis and presentation of findings. These domains and groupings are presented in diagram 2 below.

Diagram 2 – Indicator domains

Governance
- Improved planning and budgeting
- Improved budget tracking
- Increased transparency and accountablity

Individual
- Improved knowledge
- Improved skills
- Ability to learn, reflect and apply

Insitutional
- Enhanced policies and procedures
- Enhanced systems and processes
- Improved service delivery
- Improved understanding of roles and functions

Organisational capacity

Relational
- Improved networking
- Improved communication

Community inclusion
- Improved community engagement
- Improved community participation
- Enhanced community mobilisation

5.Capacity change over time

Participants were asked to score Santa Council for each of the capacity indicators identified in the previous exercise on a scale of 0 - 10 for each of the 15 indicators. They were asked to give a score at four different key points in time.

- 2008 – the point at which VSO was not working with Santa Council
- 2012 – the point at which VSO changed the model of working with volunteers to a cluster approach
- 2014 – the point at which VSO ended its operations in Cameroon
- 2015 – the current point in time, 18 months after VSO ended its operations in Cameroon

This exercise was undertaken by a group of stakeholders who were able to comment on the entire period from 2008 to the present time. The group was not always able to reach consensus on the scorings given so a mean score was calculated. Chart 1 below shows the aggregated capacity scores across all indicators over time.

It is evident that capacity increased significantly between 2008 and 2012 when individual volunteers were placed with Santa Council. There was a steady decline in capacity from 2012 to 2014 during the period that the volunteers were building capacity through the cluster model. Since VSO has closed its operations in Cameroon, there has been a continuation in the decline of capacity being built.

Chart 1- Aggregated capacity scores over time
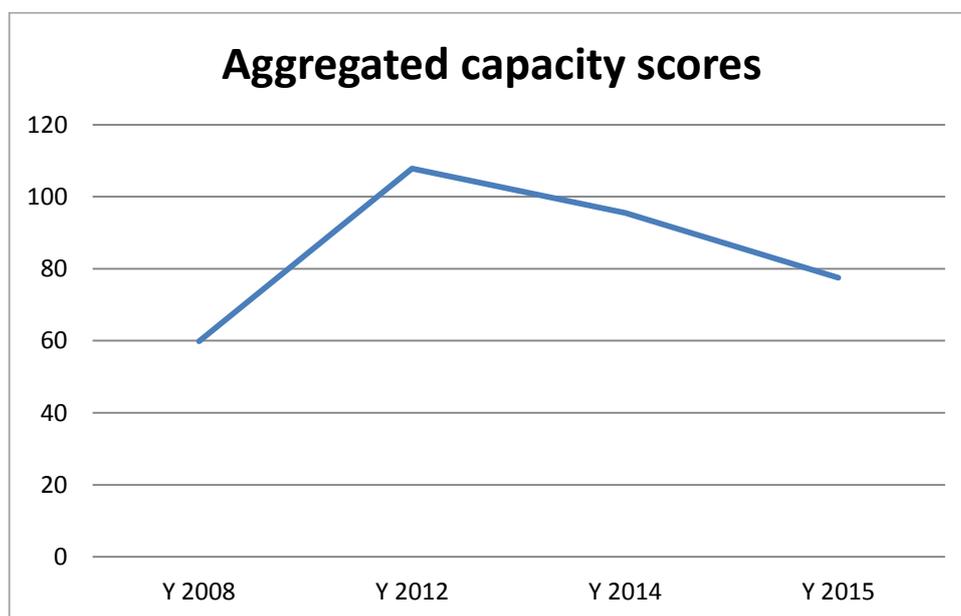
Individual capacity indicators included improved skills, improved knowledge and the ability to reflect and learn. Chart 2 shows that participants assessed all these indicators as following a similar trend with a sharp increase in capacity between 2008 and 2012 and a steady decline from 2012 when the cluster model was introduced. The decline in capacity continued after VSO closed its operations a year ago, through to the current day.

The greatest capacity gains in the domain of individual capacity were in knowledge and this is also the indicator that was assessed as having the greatest decline especially since operation closure in

2014. Capacity gains in skills was not as high but had not diminished to the same extent. Capacity gains in ability to learn, reflect and apply were assessed as being lower than skills and knowledge and have also reduced consistently since 2012.

Chart 2 - Individual capacity
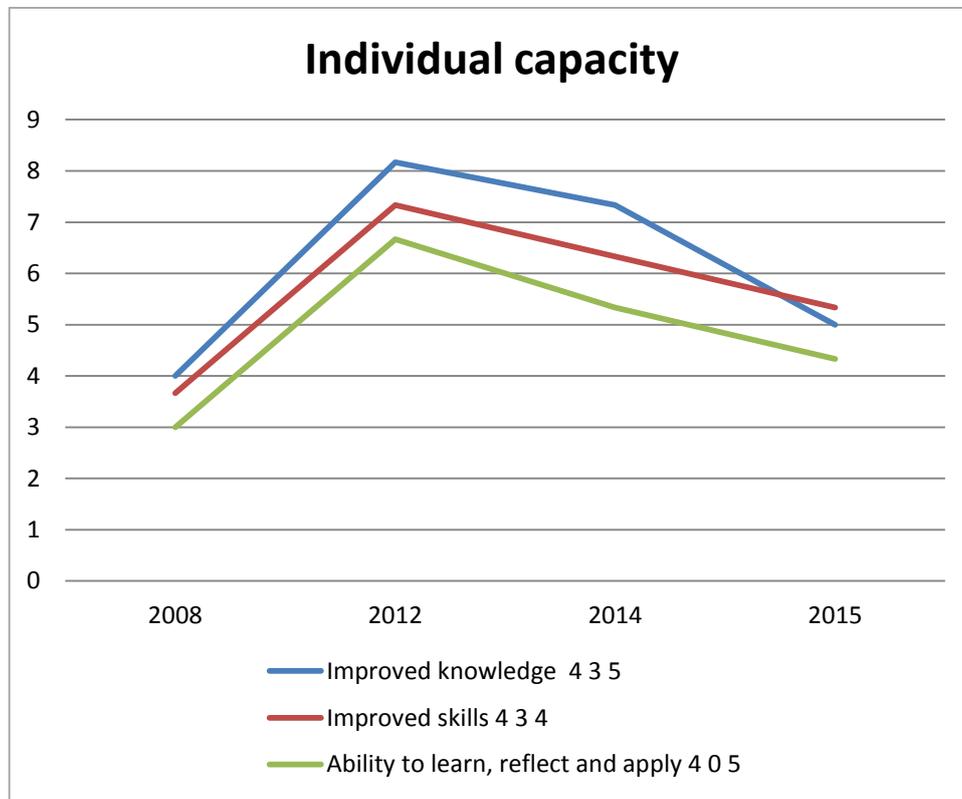
Community inclusion capacity indicators included improved community engagement, improved community participation and enhanced community mobilisation. Chart 3 shows that participants assessed all these indicators as following a similar trend with a sharp increase in capacity between 2008 and 2012 and a steady decline from 2012, again when the cluster model was introduced. The decline in capacity continued after VSO closed its operations a year ago through to the current day.

Community mobilisation was scored at a slightly lower rate of decline than the other indicators in the category from 2012 to 2014. The decline then increased after the closure of VSO's operations in 2014.

Chart 3 – Community inclusion capacity

Chart title: **Community inclusion capacity**

Legend:
- Improved community engagement 4 3 5
- Improved community participation 4 4 3
- Enhanced community mobilisation 4 4 5
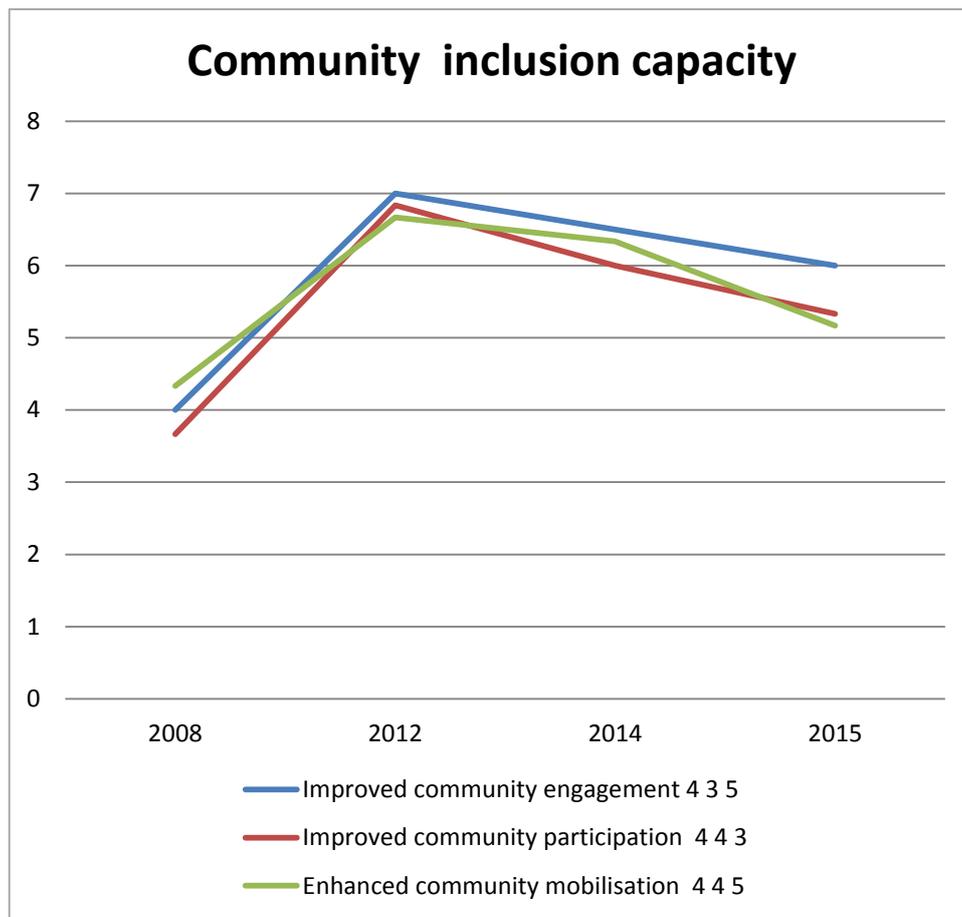
Relational capacity indicators included improved communication and improved networking. Chart 4 shows an increase in capacity between 2008 and 2012 for both communication and networking capacity. For communication capacity there has been a slight decline from 2012 when the cluster model was introduced. There was a slightly greater rate of decline from 2014 but overall communication capacity has not reduced significantly from its assessed peak in 2012.

Networking capacity has significantly declined from the point at which the cluster model was introduced through to the current day. Declines in networking capacity are so significant that participants assessed it currently at a level very similar to the level prior to VSO's involvement in 2008. This indicates that this has not been a sustainable area of capacity building.

Chart 4 - Relational capacity
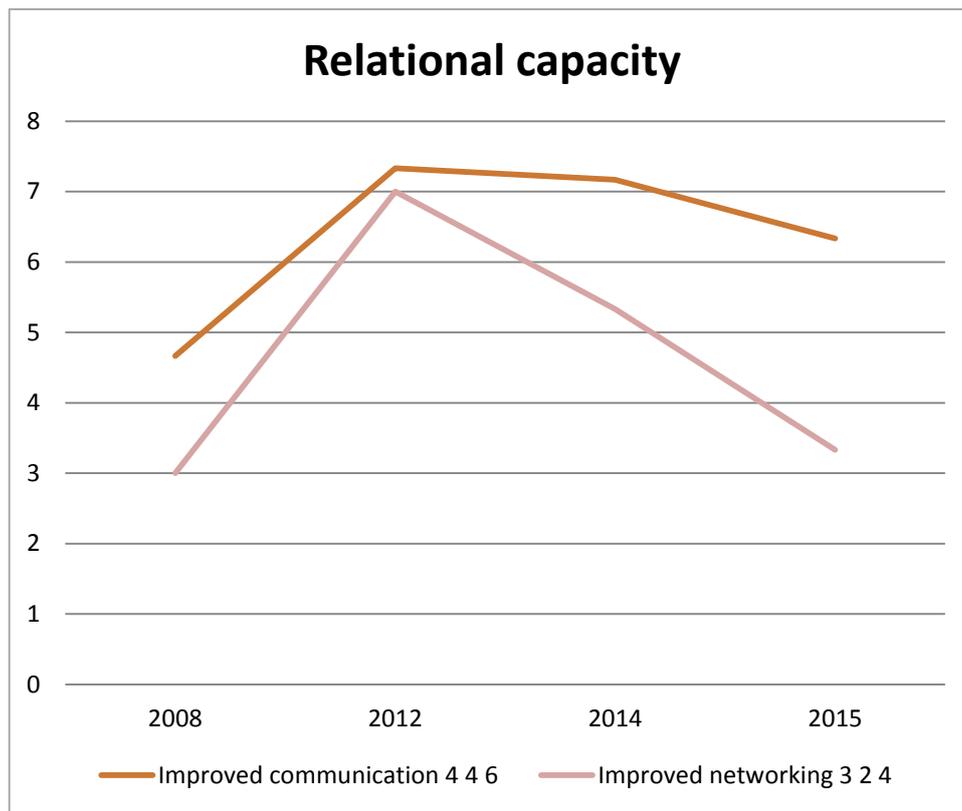
Governance capacity indicators included improved planning and budgeting, improved budget tracking and increased transparency and accountability. Chart 5 shows that participants assessed all these indicators as following a similar trend with a sharp increase in capacity from 2007 - 2012 and some level of decline from 2012 when the cluster model was introduced.

Between 2008 and 2012 the most significant increase in capacity was in budget tracking. Capacities for both budget tracking and transparency and accountability declined at a lower rate from 2012 to 2014 and then declined at a greater rate after this period to current day.

A decline in planning and budgeting capacity occurred from 2012 to 2014 but capacity in this area remained constant from 2014 to current day.

**Chart 5 – Governance capacity**

Chart 5 – Governance capacity

Governance capacity

Legend:
- Improved planning and budgeting 3.5 5 6
- Improved budget tracking 2 2 3
- Increased transparency and accountablity 4 5 4
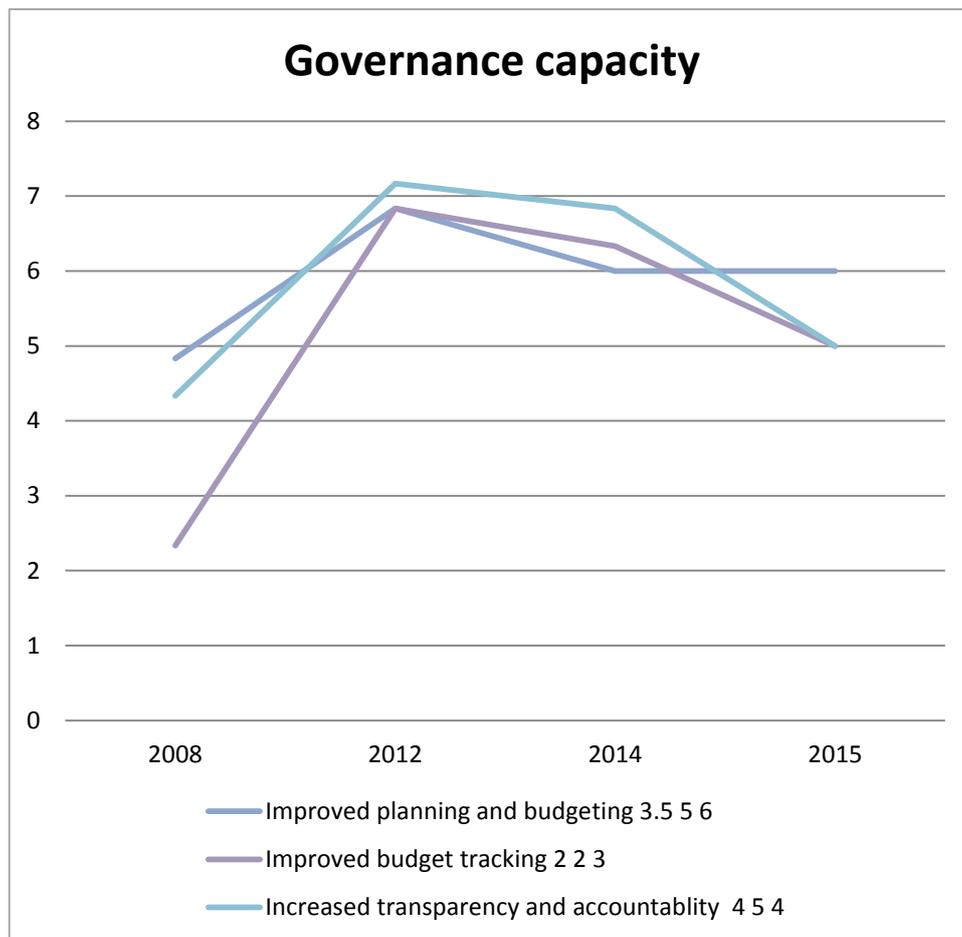
Institutional capacity indicators included enhanced policies and procedures, enhanced systems and processes, improved service delivery and improved understanding of roles and functions. Chart 6 shows that participants assessed all these indicators as following a similar trend with a sharp increase in capacity between 2008 and 2012 and a steady decline from 2012 when the cluster model was introduced. The decline in capacity continued after VSO closed its operations a year ago through to the current day.

Chart 6 – Institutional capacity
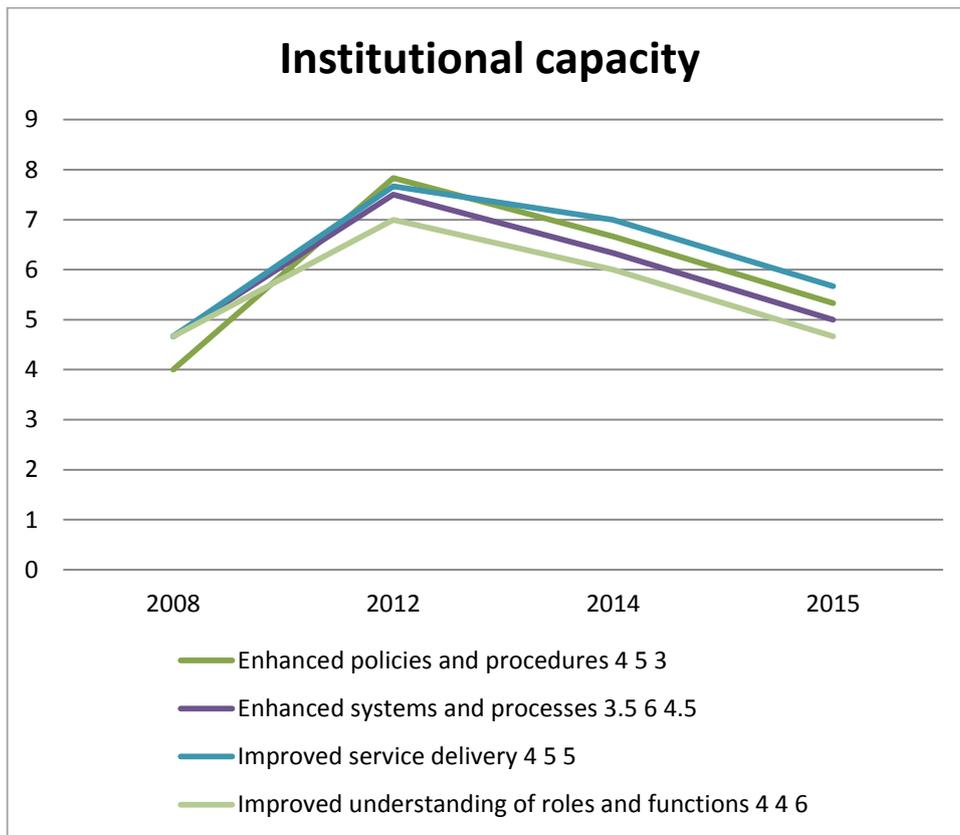
Institutional capacity

Legend:
- Enhanced policies and procedures 4 5 3
- Enhanced systems and processes 3.5 6 4.5
- Improved service delivery 4 5 5
- Improved understanding of roles and functions 4 4 6

6. VSO's contribution to capacity building

Participants were asked to list all the organisations, partners or funders that they have worked with since 2008 which have contributed towards building the capacity of Santa Council. Table 3 below shows the range of organisations identified and the type of capacity building that they were involved in.

Table 3 – summary of agents which have supported capacity building

Organisation	Capacity building support offered to Santa Council
PNDP (national community development programme)	Fixed government programmes Limited to aspects of the project cycle There is a specific budget and anything not in the budget is not covered
GP- DERUDEP (grassroots development programme)	Planning Budget tracking Budgeting Service delivery Community participation Community mobilisation
VSO volunteers	Brainstormed Realised what the needs were Drew up programmes to respond to needs Travelled to communities Used participatory approaches Sat together, analysed the data and identified needs Came up with a plan
VSO staff	Programme design Funds to support aspects of capacity building

Once the full list of agencies was completed, participants were then asked to consider the apportionment of each of the identified agencies' contribution – i.e. of the total capacity building support received by Santa Council how much (what percentage) each of the listed agencies had contributed. For this exercise, VSO was added to the list of agencies but split between the contribution of VSO volunteers and the contribution of other VSO resources including programme staff and any other non - volunteer inputs.

The pie chart below shows the aggregated contribution of each of the agencies supporting capacity building of Santa Council:

Chart 7 - Aggregated contribution to capacity building of all agencies

Contribution of capacity building

■ GP ■ PNDP ■ VSO volunteers ■ VSO staff
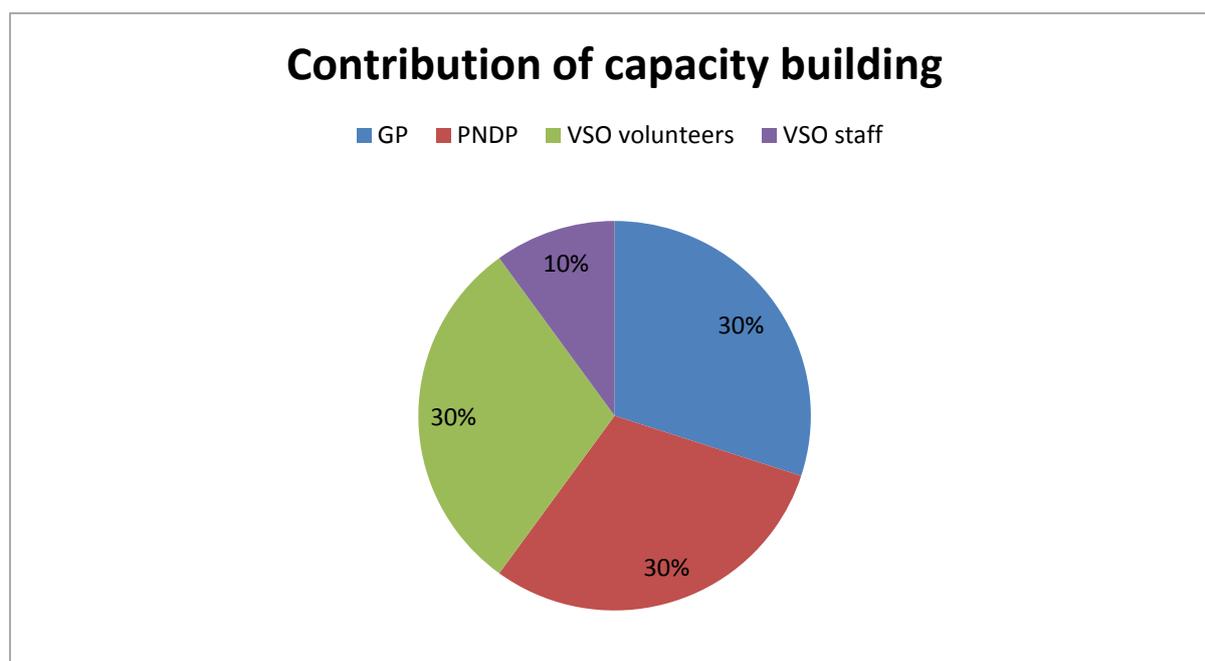
Participants felt that there was a reasonably even division of contribution to capacity building across the three agencies with VSO volunteers and other VSO inputs amounting to 40% and each of the two other agencies contributing 30% of overall capacity building.

Participants were asked to identify if there was anything in particular about VSO's approach that facilitated or enhanced capacity building in comparison with the way that other agencies worked with them to build capacity.

Participants commented that PNDP supported with project realisation but did not help build capacity with the management of projects in the way that VSO did.

Some of the training provided by other organisations is also provided across a wide network so a small number of staff may be able to attend as opposed to all staff being trained together. Also, there can be charges for the training and it was viewed as being expensive. Staff did not always feel confident to come back to the workplace and train colleagues so it was not always possible to share learning.

> *"Expats carry more weight. When it's someone you know it's hard to think he knows more than you. If people don't have lots of experience they can't teach with confidence."* [Staff member]

Participants described VSO working more closely with the council than other agencies. The starting point for volunteers had been to work with the council to understand in detail what the needs were and then draw up a programme that responded to the identified needs.

Volunteers travelled into communities which helped to ground their understanding of needs and they worked in a participatory way with communities.

> *"We sat together and analysed data to understand the needs and came up with a plan."* [Councillor]

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7. Outcomes and benefits

VSO's internal monitoring tool the Partnership Monitoring and Learning Tool (PMLT) collected data for the last time in the 2013/14 financial year from Santa Council. The tool provided data on the total number of primary actors that Santa Council worked with during this year as shown in table 5. This includes people in the different communities that have beneficiary committees and were able to identify community projects and send sms to inform the community on council budgeting processes.

Table 4 – Number of primary actors for Santa Council 2013/14

Type of primary actor	Total
Young people aged 18-24	2,274
Adults aged 25 and over	3,039
Total number of primary actors	**5,313**

Outcomes and benefits from VSO's capacity building work for communities

Many participants were only able to speak about the SMBC programme as they were not aware of any of the outcomes from other work. They were also not in a strong position to consider change over time as they had only been around for the last two years which briefly overlapped with VSO's interventions.

In 2013, five areas benefited from SMBC grants and in 2014 some of the conditions were relaxed by the new administration which meant that a larger number of areas had received grant funding through this programme. Applications tended to come in at the end of the financial year when liquidity is a problem and this has affected the number of areas that were able to benefit from the programme. In 2015, very few grants were given because applications came in late. The new administration provided the following data on the grants executed.

Table 5 – summary of grants executed through SMBC programme under new administration

Year	Number of grants	Total amount of grant (CFA)
2013 (executed)	5	Data not available (previous administration)
2014 (executed)	9	2,700,000
2015 (executed)	8	2,700,000
2015 (pipeline)	10	Not finalised

As demonstrated above, data was available for the projects executed during 2014 and 2015 and those in the current pipeline.

Chart 8 below shows a summary of the types of projects that have been funded by the current administration or are in the pipeline.

Chart 8 – SMBC grants for 2014 and 2015
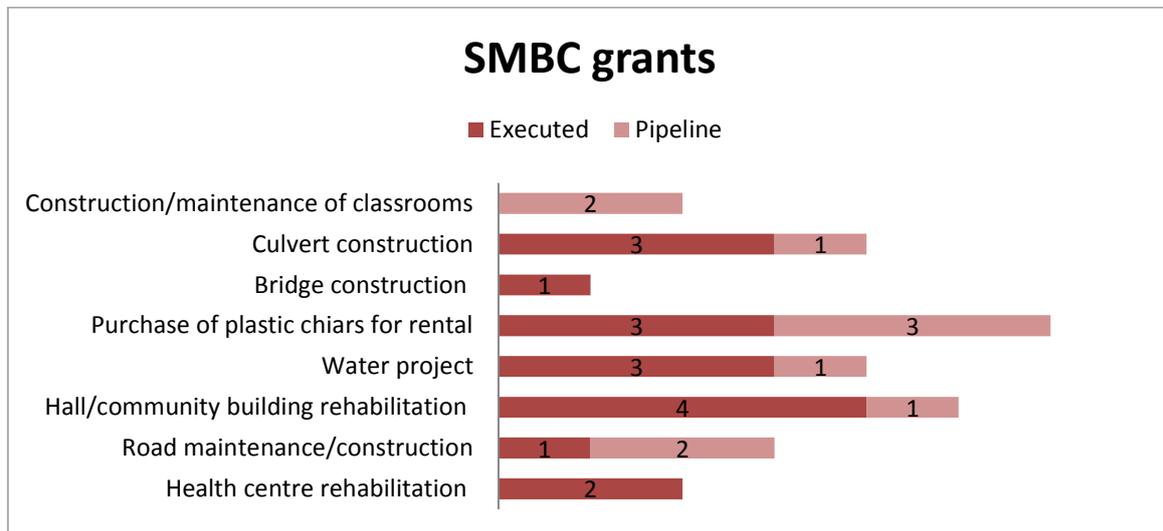
Participants described what changes these projects made for communities. Construction of a small bridge and the culverts for drainage enabled farmers to move their produce from their farms to the market and also increased the safety of the population. It also enabled communities to bring construction materials to the village and this supported other infrastructural developments in the village.

One participant talked about how the SMBC grant had resulted in the community building a bridge. Once the work was completed they kept their community account open and were able to construct a second bridge. The second bridge was not eligible for any council funding but the success of the first bridge gave the community confidence in the leadership qualities of the councillor.

Some communities had chosen to purchase plastic chairs for events. One participant explained how within his community they rent the chairs out and generate income and with this income they have been able to buy canopies which they also rent out. Before the chairs were available locally the community had to get chairs from 10km away for any events.

Other communities reported improved health as a result of a water scheme which enabled access to portable water in the village and another community had refurbished their health centre which is now functioning at full capacity.

The community in Akum had built a new road to their village with the SMBC grant and reported the following benefits:

- The road is now in use during the rainy season
- If someone in the community is sick they can now be taken to hospital
- Taxis can now access houses in the village
- Farmers can distribute their produce to town

All this has built community support for the council. They did however emphasise that there are other sections of road that need repairs and that they were quite limited in what they could achieve because of the limiting level of the grant.

> "*Small money was very small. We need larger amounts to make more impact.*" [Community member]

Others felt that the small amount of money was an effective catalyst to support further development:

> "*Little drops make a big sea. It doesn't matter how small the little contribution is. We can put our hands together and build a better society.*" [Community member]

Participants commented that SMBC made communities more aware of the council and the role that the council plays in local development. It also promoted a more participatory approach to development for the council. The community are making decisions about their own priorities and financially contributing to the project. It should be emphasised however, that SMBC is only operating on a small scale and the funding is, as the programme title suggests, on a small scale. Participants also commented that as inflation escalated the amounts have actually decreased significantly in real terms.

Outcomes and benefits from VSO's capacity building work for council staff and counsellors

Some participants felt that there was increased citizen engagement because of the capacity that VSO volunteers built within the council and this was across a range of areas rather than just the SMBC programme but the newer councillors felt that they had not had any of the benefit of these other activities.

> "*There was lot of mistrust.......it opened up a dialogue. The Have Your Say people realised that they could do something else - organise meetings and lead discussions. SMBC came way after........it build on and complemented the other side of what the council was doing to get the communities developed.*" [volunteer]

One participant felt that VSOs work had helped to increase political dialogue between members of the two parties through the introduction of the executive committee. A view was however put forward that now the relationship between the executive committee and the staff is not as good as it was during the previous administration during the time of VSO's operation. To a large extent this was linked to a lack of physical presence of current councillors on a regular basis at the council.

Prior to VSO interventions, participants commented that the way the council came up with projects was not participatory but now the council works in a more participatory way and obtains feedback from communities.

Before VSO volunteers' involvement, staff roles were not clearly defined and this sometimes meant that staff would bypass other staff in decision making processes. The distinction of individual roles is now much clearer and there is an organogram in place to illustrate this.

One participant who is a member of staff talked about how as a result of his training from VSO, he is now able and confident to draw up a budget. In addition, a councillor highlighted how her community application for a SMBC grant had gained her political popularity with her community:

"I have gained some popularity. I even got some of the opposition on my own side. They know that there is someone in the council who is doing something." [Councillor]

Another participant commented that it has strengthened the position of the councillors as leaders within their own community. Councillors are perceived as a new kind of leader and the community understands their role more because of the SMBC programme.

Participants reported that as a result of the work done on budget tracking by VSO volunteers, there are now much more stringent measures in place to prevent money from being siphoned.

VSO volunteers introduced a reflective way of working based on action learning approaches. This supported staff in reviewing their work and reflecting on what had worked well, what did not work so well and then reflecting on this to inform future work.

8. Value of VSO's approach

Context

VSO's approach is to work with partners, bringing people together to build capacity, share skills and support action to change lives and reduce poverty. In Cameroon, volunteers were placed with individual partner organisations until 2012 when a shift in approach was introduced. From 2012, volunteers were no longer placed with an individual partner but rather worked in a cluster, delivering capacity building across a range of partners.

Factors contributing towards success of capacity building

VSO worked on a number of work strands, all aimed at supporting the council to meet its needs and responsibilities to its citizens as it moved towards a landscape of decentralisation.

> *"What VSO did for the council was enormous – they wanted to build the capacities of the council to embrace decentralisation."* [Councillor]

Volunteers were perceived as working in a participatory way with staff, councillors and communities. This was viewed by participants as a strength of VSO's approach since it enabled volunteers to work alongside stakeholders, identify needs and then develop a plan of action to address them.

VSO brought the idea of networking to the council and this helped with the establishment of exchange visits and network meetings with other councils to share good practice and learn.

Participants described VSO's approach to capacity building as "elaborate" and said that a significant element of this approach that differed from that of other organisations was the way that VSO was concerned with all aspects of the council's activity rather than just focusing on one thing.

One of the volunteers placed at Santa identified the following attributes which supported the success of her work:

- Interest to improve services
- Strong leadership
- Readiness to engage
- Willingness to learn
- Assignment of people to do the work

Factors inhibiting the success of capacity building

One of the initial difficulties with the approach taken by the volunteers was that communities did not easily understand the participatory approach that they were taking or the value of transparency and accountability. They did not initially see the importance of providing capacities beyond immediate infrastructural needs. This was somewhat distracting at first but the volunteers overcame this through persistence and by moving out and working directly with the communities. Initial resistance was overcome over time and progress was made with communities:

> *"People came and saw that programmes were interesting."* [Councillor]

One of the volunteers placed at Santa indentified the following factors which inhibited the success of her work:

- Tension between the two political parties
- Staff working alongside the volunteer had their own role and work could sometimes get delayed if something urgent came up

With the SMBC programme there were a number of challenges. One practical cultural challenge was that members of the community felt that when the council came to visit to talk about the programme, there was a need to entertain them. This is a cultural expectation in the communities and in some cases significant costs would be incurred to fulfil this self imposed expectation. Because the grant money is small, some communities were put off by the perceived costs of hosting a visit from the council as they did not feel it was cost effective. The council did not promote this expectation of hospitality but it is deep rooted in some communities.

Another challenge was that in some communities the village association was already contributing financially to communal work and did not feel that they should have to make additional contribution to another project. They also perceived the council as a provider and did not feel that the community should contribute to things which they viewed as the council's domain. These perspectives had to be broken down through community education on participation.

Furthermore, there was a common challenge with mobilising communities which often took time. This meant that proposals came in late and could not always be funded as the money was no longer available or in some cases communities were not able to raise the funds within the required timeframe. There was also a view from some of the participants that the money given for a grant was too small.

> *"Budgeting and realisation are two different things."* [Counsellor]

> *"SMBC is a big headache because of problems of liquidity. The council needs to make this programme a priority and make it to be taken seriously by making sure that money is available. We need to do this every year.....most projects fail because the money is too small."* [Counsellor]

9. Sustainability

The change in administration in 2013 meant a significant change in councillors although a small number remained in post and the former mayor under the old administration still represents his community as councillor. There has also been a significant turn over in staff at the council over the last two years which ran in tandem to the administrative change. There was only a very short period of overlap between the change in administration and the end of VSO's operations in Cameroon. This period of the overlap coincided with the period of VSO operating the cluster model so there was less consistency of volunteers placed with the council.

Many of the programmes and initiatives supported by VSO volunteers were no longer in place 18 months after the closure of VSO's operations. The programme to support teenage mothers ended when VSO stopped working in Cameroon because the funding was no longer available. The Have Your Say programme also did not continue beyond VSO's operations and the TAP committee is no longer in place.

The quarterly newsletter also stopped being produced because it was sponsored by VSO. Other things such as the notice boards and suggestion boxes still appeared to be physically in place but there was no evidence that they were being actively used and promoted as a way of supporting communication between the council and the community.

Participants reported that as a result of the work done on budget tracking by VSO volunteers there are now much more stringent measures in place to prevent money from being siphoned. They did however emphasise that budget tracking went much further than revenue control as its focus was on identifying needs, allocating a budget and following up with communities. This follow up work was reported to no longer take place.

One volunteer put together a resource library and a participant that covered both administrations commented that there were lot of reports and documents stored on the work from volunteers but nobody was able to say what had happened to these documents or the resource library.

Photovoice was no longer used after the VSO volunteers left the council. One practical reason for this is that the cameras did not remain at the council. Beyond this, participants commented that their capacity in the use of Photovoice had not been sufficiently built before the volunteers left so there was not enough confidence and experience built amongst stakeholders for them to continue to use the approach.

The culture of networking that was established as a result of the work of VSO was considered to no longer be in place since the new administration came to power. The links and contacts built with other councils and civil society organisations have now been lost with the change in personnel.

Whilst one of the participants explained that as a result of his training from volunteers he is now able to draw up a budget and he is using these skills on a regular basis, other participants commented that new councillors do not have these skills:

> *"Councillors are very new. They don't know how to draw up a budget. Most of the councillors are new and don't know much. Nobody is training new councillors. VSO was helping doing everything. Now we don't have capacity and awareness."* [Councillor]

In some cases this has created some tensions for the new administration as they feel that they have not had access to the same opportunities as the old administration. Councillors in post during the

previous administration received training in community engagement and went to the communities with volunteers to talk to communities about the role of the councillor. Current councillors have not had the benefit of this exercise and have the added disadvantage that many of them do not live with the communities they serve which makes it harder to build relationships.

One participant commented that the culture of using an action learning approach to work is still there with some of the staff that were in post during the time of the VSO volunteers.

The new administration which came into power at the end of 2013 has continued the SMBC programme. The mayor however commented that it took some time for the new administration to understand the programme and have decided to make some changes to the way in which the programme is administered.

> *"VSO trained the opposition – we were not trained. Training was not available to us when the administration changed. There was no capacity as we were all new."* [Mayor]

Some of the new administration did say that they had received some briefing on SMBC when they came into power and there was report of a workshop organised by VSO volunteers on SMBC for councils in the North West region by volunteers who worked in the cluster model.

> *"When we started we had a seminar to explain it. We were asked to form small groups and told the type of people that need to be in the group. It needs to be diverse."* [Councillor]

The new administration highlighted the elements of SMBC that informed their decision to continue running the programme. Firstly, it is perceived as making councillors more responsible and the administration has ensured that councillors are now involved in the development of projects in their local area and taking overall responsibility for the projects. Another attractive element of the programme is that it brings development to the grassroots level.

> *"SMBC gives councillors voice. You people have opened our eyes to micro grant. If our revenue increases we will put more money in."* [Mayor]

When VSO was working with Santa Council volunteers would go to the field to talk to communities about the SMBC programme. Now it is left to counsellors to educate the communities and participants felt that it was sometimes hard for counsellors to get communities to understand that they need to contribute and that volunteers were more effective at gaining this buy in from communities.

Some participants stressed the potential value of national volunteers. There was one national volunteer who was placed with Santa Council and he had to leave but they acknowledged that had he been able to stay he could have offered more ongoing support which they felt could have helped with sustainability.

In summary there is very limited evidence that much of the work undertaken by VSO volunteers has been sustainable apart from the SMBC programme which is actively being used by the current administration as a way of engaging with communities and involving them directly in development.

> *"SMBC is the most visible legacy of VSO because of its concrete nature. People are physically involved in a practical way and it creates infrastructure projects that are there for everybody to see."* [Councillor]

The programme has created some awareness amongst communities of the importance of governance and accountability:

> *"It's hard to know if the message had sunk in when people learn it is important to know if things are put into practice. SMBC was an opportunity to combine theory with practice. Get communities to come together and carry out projects. People contribute and communities support. I am happy that the new administration has continued it."* [Councillor]

It is however important to understand that the SMBC programme is only operating on a small scale with only limited impacts for communities.

> *"The amount contributed by the council is too small. Projects have to be very minor."* [Councillor]

Some participants considered that the most significant change for communities through this programme is that communities now know that they have to contribute. Councillors have also become more involved with community development. Because the communities are contributing directly, there is more pressure on the councillors to deliver and failure to do so is likely to result in a loss of community support. Some highlighted that the changes brought about through SMBC are a starting point and have created a shift in culture which could lead to more significant change in the future:

> *"In the future bigger things can come.....SMBC is an ideology and it may be possible to involve them* [community members] *in bigger projects."* [Councillor]

> *"VSO sewed a seed and the seed is growing."* [Mayor]

Annex 4 – Evaluation framework

Terms of Reference questions	Sub-questions	Methods
1. **How have local partners' defined 'capacity'?**	What does 'capacity to deliver services /projects' mean to you?	Focus groups and interviews
	What are the elements of capacity? – used to identify compound indicators and specific indicators as appropriate.	
	Rank the 'elements of capacity' in order of importance	Ranking exercise
2. **What contribution do partners think VSO made to developing capacity?**	What was the situation (of each capacity element) *before* support from VSO volunteers?	Focus groups and interviews
	What capacity developing activities were carried out by individual VSO volunteers?	Interviews and volunteer reports
	What capacity developments were left with the partner at the end of each VSO volunteers' placement?	Focus groups
		Self-assessment questionnaire by partner staff on skills development
		Review of VSO volunteers' final reports
	What contributions did VSO volunteers make to supporting partners form relationships and links to external agencies, such as donors?	Focus group
	What were the qualities of relationships with external partners?	
	What role did VSO staff play in supporting capacity building?	
3. **What alternative explanations are there for changes in organisational capacity of local partners?**	What were the overall changes in partner capacity over time – in terms of each capacity element - (from before VSO's partnership to Nov. 2015)?	Focus group with matrix scoring
	What was the relative contribution of VSO volunteers' compared to other organisations which supported partners?	Focus group discuss with proportioning technique
	What other factors (internal and external) affected capacity developments?	
4. **To what extent have capacity development gains been sustained since VSO's departure?**	Of the capacity development gains supported by VSO volunteers, what is still being used by the partners?	Focus groups and interviews
	What are the most important elements of capacity development supported by VSO volunteers? What was the lasting change? Why?	Self-assessment questionnaire by partner staff on skills development
	Give examples and supporting evidence.	Review/checking of the functioning of systems, documents, reports,

Terms of Reference questions	Sub-questions	Methods
		guidelines, website
		Partners' monitoring data
		Focus group discussion
5. **What are the key factors in whether or not capacity development was initially successful and subsequently sustained?**	How were the capacity developing activities carried out between partners and VSO volunteers? What were the factors that supported and hindered this process?	Interviews with partner staff and volunteers
		Interviews with partner staff
	What were the qualities of individual VSO volunteers and the way they worked?	Focus group with matrix scoring and interviews
6. **What is demonstrably effective about capacity development through the placement of international and national volunteers?**	How do the approaches used by VSO and other organisations differ? What makes VSO's approach unique and effective relative to other organisations working with partners? What are the comparative strengths and weaknesses of international and national volunteers for effective capacity building? Does length of placement influence the effectiveness of capacity building?	Focus group discussions and interviews with former VSO staff and partner staff
7. **What role have VSO programme staff played in facilitating capacity development**	What relationship did VSO staff have with the partner organisation and how did this influence capacity building? What role did VSO staff play at a programme level and how did this influence capacity building?	Focus group discussions and interviews with primary actors and partner staff Mini case study with primary actors
8. **Where capacity is built how does this result in changes for primary actors and what are these changes? Have any changes been sustained or further developed since VSO's departure?**	What changes have occurred for primary actors that have come about as a result of capacity built within the partner organisation How have these changes occurred? What difference have these changes made for primary actors? Have these changes been sustained?	