



Sri Lanka post-closure evaluation

Report

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This report

This report presents the findings of the post-closure evaluation of the VSO program in Sri Lanka, which took place between March and June 2015.

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Table of Contents

ACKNOWLEDGMENTS.....	1
FIGURES.....	5
TERMS	6
EXECUTIVE SUMMARY	7
1. INTRODUCTION	13
1.1 Overview	13
1.2 VSO program in Sri Lanka.....	13
1.2.1 Sri Lanka context.....	13
1.1.2 VSO country program.....	14
1.3 The post closure evaluation	16
1.3.1 Aim and key questions	16
1.3.2 Focus and scope of the post-closure evaluation	17
1.3.3 Participating Partners	17
2. METHODOLOGY.....	19
2.1 Evaluation strategy	19
2.1.1 Conceptual framework	19
2.1.2 Approach.....	20
2.2 Data collection, analysis and interpretation	22
2.2.1 Participants and sampling.....	22
2.2.2 Assessing change - retrospective views and baselines	22
2.2.3 Methods of data collection	23
2.2.4 Analysis and interpretation of findings.....	23
2.2.5 Limitations of the methodology.....	24
3. FINDINGS	25
3.1 Meaning of ‘Partner Capacity’	25
3.1.1 Focus of this section.....	25
3.1.2 Partners’ perceptions of capacity	25
3.1.3 Description of the main capacity elements	26
3.1.4 Most important capacity elements.....	28
3.2 VSO’s contributions to Partners’ capacity development	29
3.2.1 Focus of this section.....	29
3.2.2 <i>Specific</i> contributions of VSO volunteers to capacity development.....	29
3.2.3 <i>Specific</i> contributions by the VSO country program	31
3.2.4 Change in capacity: patterns of interaction and emergent outcomes	31
3.3 Relative contributions of VSO to Partners’ capacity development	35

3.3.1	Focus of this section.....	35
3.3.2	Alternative explanations for the capacity developments of Partners	35
3.4	How change in Partners’ capacity arises.....	38
3.4.1	Focus of this section.....	38
3.4.2	VSO volunteers.....	38
3.4.3	Partners’ internal factors	42
3.4.4	VSO’s programmatic approach	43
3.4.5	Contextual factors and donor partners	44
3.4.6	Capacity development as patterns of interaction and emergent outcomes.....	44
3.4.7	Capacity developing activities that were less successful.....	45
3.4.8	How change happens: congruence with VSO’s global Theory of Change	46
3.5	Sustainability of capacity gains	48
3.5.1	Focus of this section.....	48
3.5.2	Extent to which VSO volunteers’ contributions to Partner’s capacity development have been sustained from 2013/2014 to 2015.	48
3.5.3	Factors enabling and hindering the sustainability of capacity gains created with VSO’s support.....	50
3.5.5	Type of Partner, length of partnership, number of international volunteer placements	55
3.6	Unanticipated consequences of VSO’s capacity development work.....	56
3.6.1	Focus of this section.....	56
3.6.2	The unexpected.....	56
3.7	Unique effectiveness of VSO’s approach.....	57
3.7.1	Focus of this section.....	57
3.7.2	VSO’s approach compared to other organisations.....	57
3.7.3	Approach to capacity development: congruence with VSO’s theory of change	59
3.8	Assessing change in capacity: VSO’s M&E tools and Partner perceptions	60
3.8.1	Focus of this section.....	60
3.8.2	Partners’ perceptions of capacity: congruence with VSO’s scalar tools and global Theory of Change	61
4.	CONCLUSIONS, LEARNING, IMPLICATIONS, RECOMMENDATIONS.....	62
4.1	Perceptions of capacity and VSO’s contributions	62
4.1.1	Partners’ perceptions of capacity to deliver services and projects	62
4.1.2	VSO’s contributions to Partners’ capacity development	62
4.1.3	Indicators, baselines, monitoring and evaluation.....	63
4.2	Sustainability of VSO’s contributions.....	64

4.2.1	Sustainability of VSO's contributions to Partners' capacity development	64
4.2.2	Sustainability and VSO's program approach.....	65
4.3	VSO's global Theory of Change	65
4.3.1	Congruence with VSO's global Theory of Change.....	65
ANNEXES	67

Figures

Figure 1: Summary of VSO's country program between 2008 and 2013	15
Figure 2: Summary of VSO's Global Theory of Change	16
Figure 3: Conceptual framework used in the VSO post-closure evaluation	20
Figure 4: Focal areas of exploration to address VSO's key questions	21
Figure 5: Broad overview of the similar elements of the four Partners' definition of capacity to deliver services (NIMH-OT, Shantiham), and projects (JSAC, PCA).	25
Figure 6: Summary of Partners' definitions of capacity, showing similarities and differences between Partners	26
Figure 7: Definition of 'skills' according to Partners' perceptions, with key examples	26
Figure 8a: Capacity of NIMH to deliver services: the situation before support by VSO.	33
Figure 8b: Capacity of NIMH to deliver services: the situation with support by VSO.	34
Figure 9: Overall increase in PCA and JSAC's capacity between 2005 and 2014, and relative contribution of VSO	36
Figure 10: Actors who made connections for PCA with donor-partners: connections to donor partners made by each actor-group, as a percentage of all connections made, (from approx. 2002 to 2014).	37
Figure 11: Actors who made connections for JSAC with donor-partners: connections to donor partners made by each actor-group, as a percentage of all connections made, (from approx. 2001 to 2014)	37
Figure 12: Qualities of VSO volunteers that enable capacity development	39
Figure 13: Approach used by VSO volunteers working with Partners that enabled successful capacity developments: strategies and interactions	41
Figure 14: Partners' features that enabled and presented challenges for capacity development	42
Figure 15: Contextual factors supporting and challenging capacity development of Partners	44
Figure 16: Emergence of individual and organisation capacity at the same time, each causing and reinforcing the other in a paradoxical dynamic	46
Figure 17: Sustainability of all capacity gains supported by VSO for the NIMH-OT department, PCA, Shantiham, Tellipalai-OT Department (with Shantiham)	49
Figure 18: Sustainability of all capacity gains supported by VSO for three Partners: NIMH OT department, Shantiham, Tellipalai-OT Department (with Shantiham), and PCA	49
Figure 19: Factors supporting the sustainability of capacity gains created with VSO volunteers (2013/2014 – March 2015)	51
Figure 20: Factors contributing to the decline in capacity gains developed with VSO volunteers (2013/2014 – 2015)	53
Figure 21: Relative importance of certain capacity elements and degree of reliance on VSO volunteers to deliver these elements of capacity	54
Figure 22: Criteria used to compare all organisations' approaches to capacity development, and ranking of VSO	57
Figure 23: Qualities of good, medium, and poor working relationships between Partners and their partner- organisations (for PCA and JSAC)	59
Figure 24: Similarities and differences between Partners' perceptions of capacity (capacity elements and compound indicators) compared to VSO's 'partnership monitoring and learning tool' (PMLT)	61

Terms

CBO	Community based organisation
CBT	Cognitive behavioural therapy
EC	European Commission
EIDHR	European Instrument for Democracy and Human Rights
FGD	Focus group discussion
HDI	Human Development Index
JSAC	Jaffna Social Action Centre
MDT	Multi-disciplinary team
M&E	Monitoring and Evaluation
NGO	Non-governmental organisation
INGO	International non-governmental organisation
NIMH	National Institute of Mental Health
NIMH-OT	National Institute of Mental Health – Occupational Therapy department
NNT	National Network for Reconciliation
OD	Organisation development
OT	Occupational therapy
PCA	Peace and Community Action
PMLT	Partnership monitoring and learning tool
PSW	Psychosocial worker
SSI	Semi-structured interview
VSO	Voluntary Service Overseas

List of Annexes

Annex 1: Terms of Reference

Annex 2: Notes on evaluation methodology

Annex 3: Participants: VSO staff Sri Lanka, VSO volunteers, VSO staff UK and Regional.

Annex 4: Shantiham case study

Annex 5: NIMH case study

Annex 6: PCA case study

Annex 7: JSAC case study

Executive Summary

VSO POST-CLOSURE EVALUATION SRI LANKA

After having worked in Sri Lanka for over 40 years, VSO closed their country program in March 2014. VSO had been working in the areas of mental health, active citizenship and volunteerism, and supporting civil society to respond to the post-conflict conflict and reconciliation agenda. The closure was a strategic decision based on Sri Lanka’s middle income status, and the perception that VSO resources could be used more effectively elsewhere to alleviate poverty. VSO commissioned a post-closure evaluation of their Sri Lanka program, which took place between March and June in 2015. This report presents the findings of this evaluation.

The aim of the post-closure evaluation was to investigate four assumptions of VSO’s global Theory of Change: (1) the nature of ‘capacity’, (2) the sustainability of capacity improvements in Partner Organisations, (3) cause of change in Partner Organisation capacity and service delivery outcomes (value chain), and (4) the effectiveness of volunteers in building the capacity of Partner Organisations.

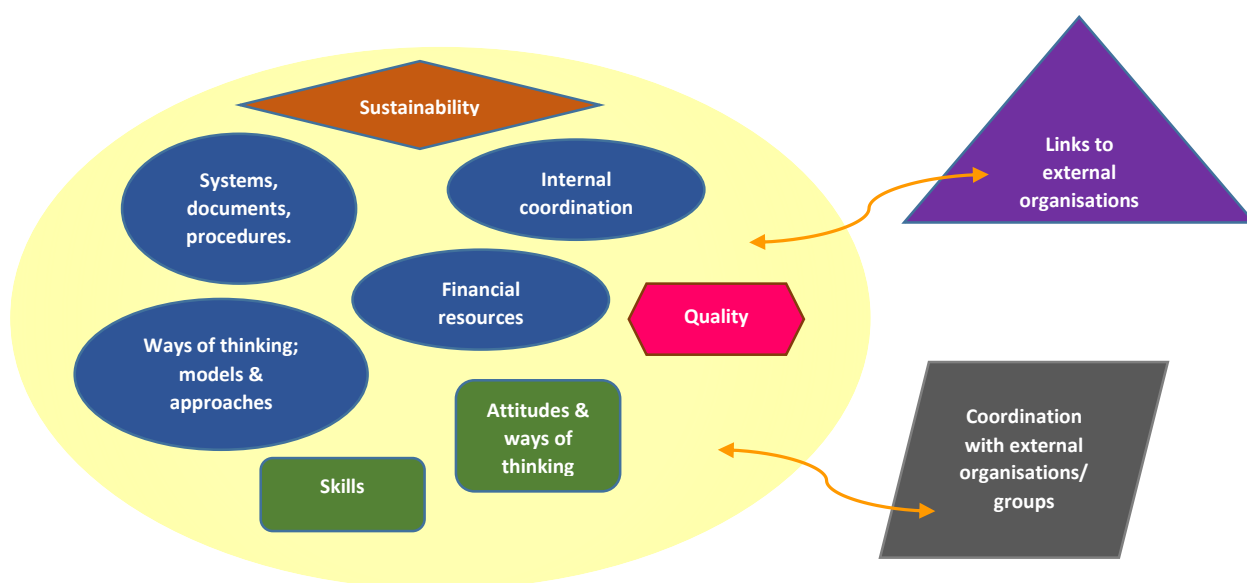
The primary focus of this evaluation was the *perceptions of VSO’s Partners’ themselves* on their ‘capacity to deliver services or projects’. As such, the evaluation was not based on assessing changes in relation to VSO’s program plans and logical framework. The conceptual framework used in this evaluation was based on the notion that capacity and capacity development are emergent outcomes, caused by the interactions between people and the many factors that affect this. This evaluation focused on the Partners’ themselves and did not assess the impact of Partners’ work on the lives of ultimate beneficiaries. This report is written primarily from the Partners’ perspectives.

The evaluation was carried out with four of VSO’s Partner organisations (‘Partners’) in Sri Lanka. Two are working in mental health services – the National Institute of Mental Health (NIMH), a government hospital; and Shantiham (an NGO). Two are NGOs working in the area of the ‘Promotion and protection of human rights and democracy through a stronger Sri Lankan civil society’ - Peace and Community Action (PCA), and Jaffna Social Action Centre (JSAC). The evaluation included a three-week visit to Sri Lanka. The other participants in the evaluation were former VSO volunteers, former VSO Sri Lanka staff, VSO UK and regional staff, and a small number of ultimate beneficiaries. 106 people participated in the evaluation. Mixed methods were used and were primarily qualitative. These included a document review; Focus Group Discussions (FGD) using a variety of tools including matrix scoring, flow diagrams, and Venn diagrams; semi-structured interviews; a questionnaire; observation; review of Partners systems and processes; secondary data from Partners’ records.

KEY FINDINGS

Partners’ perceptions of ‘capacity to deliver services and projects’

There were similarities in how Partners defined the ‘capacity to deliver services and projects’, as shown below.



Partners' perceptions were summarised into three broad groups of capacity elements. *Organisation-wide*: systems, documents, procedures; financial resources; internal coordination, ways of thinking, models and approaches; sustainability; and quality of services or projects delivered. *Individuals*: skills, attitudes, ways of thinking. The *wider context*: links with external organisations (e.g. donors, INGOs), and coordination with external organisations (e.g. other service providers, community structures, government).

The capacity elements were developed into indicators that were then used to assess and explore changes in Partners' capacity, using the methods listed above.

VSO's specific contributions to Partners' capacity

VSO made a wide range of contributions to Partners' capacity. The most significant capacity developments supported by VSO volunteers that were most valued by the Partners were as follows.

New ways of thinking and attitudes. These included individuals' beliefs and deep personal values, models such as client-centred mental health, community-based psychosocial services, non-conflict communication and peace-building, and community-led and owned rehabilitation processes. Changes in 'ways of thinking' and 'attitudes' was a change in how individuals see the world, society and themselves, such as what it means to be a professional occupational therapist or a professional coach facilitating conflict resolution in communities. 'New ways of thinking' enabled a fundamental change in the way services and projects were delivered.

Funding and links with donors. VSO volunteers played a very significant role in proposal preparation and fostering links between the Partners and donors. Although for most VSO volunteers it was not part of their original remit, three-quarters of volunteers reported being involved in securing donor funding. This was an unexpected (for volunteers at least) yet significant emergent outcome of VSO's work with Partners.

Building relationships (external and internal). These were essential to the delivery of client-centred mental health services; and community-based projects. In building internal relationships, VSO volunteers were particularly effective in facilitating closer links between different staff cadres, and in negotiating and challenging power differences and ways of thinking, in non-threatening ways.

Documents, systems, processes and organisation development. These were important to Partners because they provided a formal structure that supported service and project delivery. They also enabled Partners to better design and manage projects to meet the needs of and have a greater impact on the lives of beneficiaries, as well as their work with other stakeholders and partners. PCA and JSAC emphasised that improved and 'more professional' organisation and project management made them sought after partners for donors and INGOs. It also enabled PCA and JSAC to negotiate with potential donor-partners for partnerships on more 'equal' terms.

Skills developed. Partners greatly valued the improvements in all three aspects of skills (technical, interaction, personal). There was an estimated improvement in skills of between 25% and 60% as a result of VSO volunteers' capacity developing support (sample of staff in Shantiham, JSAC and PCA).

VSO's relative contribution to Partners' capacity development

Overall, PCA and JSAC estimated that VSO volunteers' *direct* contributions represented about **one third** of all the capacity developments by all of PCA and JSAC's partners between 2005 and 2014. However, Partners said that the *value* of VSO volunteers' contributions to PCA and JSAC was more than a third because of the interplay between the VSO volunteers' and other partner organisations' capacity developing work. This included the significant role VSO volunteers played in securing donor funding and increasing Partners' income. For example, JSAC estimated that VSO volunteers formed about 75% of their donor links. An important learning was that VSO's contributions to Partner capacity went beyond VSO's specific capacity developing activities (such as mentoring for skills development, creating systems, or inter-organisation networking). For the Partners, VSO brought much additional value to their overall capacity development. An example was that as a result of volunteers' improving Partner's capacity to deliver projects, the effectiveness of *other organisations'* contributions, such as donors, to the Partner's capacity was greatly improved. Apart from VSO, donors working with Partners also provided capacity developing support, e.g. training and creating systems.

How change in Partners' capacity arises

Six broad factors influenced how Partners' capacity changed: qualities of VSO volunteers; approaches used by VSO volunteers; Partners' internal features; VSO's programmatic approach (long term support, forming vertical and horizontal linkages); approaches of donors working with Partners; and contextual factors. These factors were interlinked. VSO volunteers used numerous strategies in their capacity developing work, such as

mentoring, build relationships, demonstrating the benefits of a particular model or system, and basing any change on a thorough understanding of the Partners’ realities. Central to this was the way in which VSO volunteers interacted with others (e.g. mutual respect, challenging ways of thinking and power differences in a non-threatening way). A key insight for VSO volunteers was their own learning. A change in ‘ways of thinking’ applied as much to the VSO volunteers as it did to their Partner-colleagues. Capacity development was an on-going emergent process as Partners and volunteers continued to explore, test ideas and approaches, and learn together. The ‘change in capacity to deliver services or projects’ and the ‘working relationships between volunteers and Partners’ were both emergent outcomes, arising at the same time and inextricably linked.

VSO’s contributions at a country program level

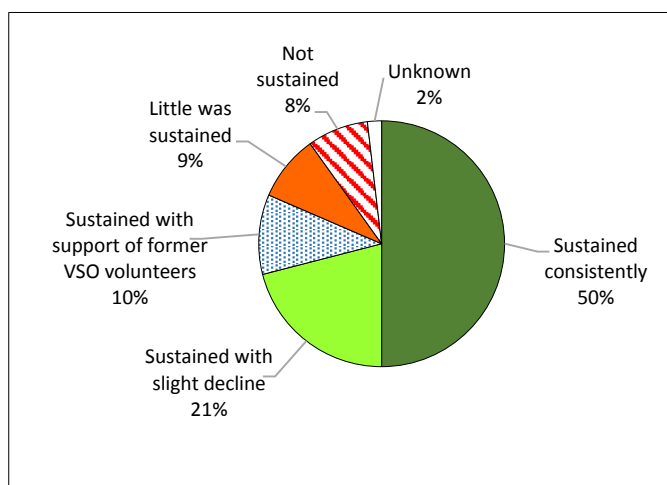
The VSO country program, working with volunteers, also made important contributions to Partners’ capacity. VSO’s strategy of creating horizontal and vertical linkages as part of their partnership portfolio was valued by Partners, although not all aspects as described in VSO’s logical framework plans were mentioned. The aspects mentioned by Partners were: (1) establishing long term relationships with Partners of 10 years or more; (2) quality of the relationship and the ‘genuine partnership approach’ of VSO of mutual respect, trust, joint decision-making, and equal power dynamics; (3) skills development, and the introduction of new ideas, models and approaches through exchange visits and learning within Sri Lanka and to other countries such as Ireland and India; (4) having volunteer placements that focussed on different aspects and professional areas; (5) successive volunteer to bring about organisation-wide, structural change that could be sustained over time; (6) facilitating the formation of coalitions; and (7) support in creating the occupational therapy degree course at the University of Kelaniya.

Sustainability of Partners’ capacity gains supported by VSO

Overall, of the capacity development gains for Partners achieved by the end of the VSO program in 2014, just under **three-quarters** have been **sustained to March 2015**, illustrated in the following diagram: -

Sustainability of all capacity gains supported By VSO for the NIMH-occupational therapy (OT) department, PCA, Shantiham, and Tellipalai-OT Department (with Shantiham).

Degree to which the capacity gains for Partners supported by VSO have been sustained to 2015, as a percentage of all capacity development gains with by all VSO volunteers. (n = 162 ‘capacity gains’, with 4 Partners). (Source: collated from Partner case studies, Annexes 4-6).



The Partners’ capacity gains (supported by VSO) that were sustained and not sustained included:

Capacity gains sustained	Capacity gains not sustained
<ul style="list-style-type: none"> ▪ Attitudes ▪ Way of thinking ▪ Skills ▪ Systems, processes, documents ▪ Liaison and cooperation between staff/professional groups in multi-disciplinary teams (MDT), (NIMH-OT) ▪ Relationships/links with community structures, government (PCA) ▪ Hosting events, challenging INGOs, representing organisation (PCA) 	<ul style="list-style-type: none"> ▪ Funding proposal preparation skills ▪ External relationships/ links - with donors (Shantiham, NIMH) ▪ Internal relationships /links - liaison between the OT department and leadership (NIMH) ▪ Supervision of some staff (psychosocial workers – Shantiham; OT staff – NIMH) ▪ Aspects of project management, e.g. M&E and data analysis (PCA, Shantiham) ▪ Advanced training in some psychosocial skills (Shantiham)

A key factor that enabled capacity gains to be sustained was VSO volunteers' particular approach to capacity development. This enabled individuals' capacity gains to become *integrated* into their daily working routines, and organisation-wide capacity gains to become *formalised* into Partners process and systems. Other key factors were the Partners' leadership and qualities of staff; VSO's long term approach to capacity development; and on-going relationships with former VSO volunteers who provided technical and fund-raising support, and friendship.

The main factors that led to the decline in capacity gains were: insufficient professionally qualified staff to take on some activities carried out by VSO volunteers; time-pressures on Partners' senior management; and the change in donor funding climate. A key issue of sustainability was linked to the 'relative importance' of a particular element of capacity in relation to the 'reliance on VSO volunteers' to deliver these capacity elements (e.g. supervision of staff, and advanced training in Group Therapy).

Unique effectiveness of VSO's

Overall, VSO was ranked as 2nd or 3rd compared to other organisations supporting Partners' capacity development. The key features of VSO's approach that Partners valued and made VSO uniquely effective, included: VSO's ability to form good quality working relationships; providing long-term support; having volunteers embedded as team members; providing bespoke capacity development rooted in a deep understanding of Partners' context and reality; and the focus on Partners' sustainability for the organisation as well as service and project delivery. The reason why a few donor partners were ranked above VSO was because these partners provided good quality capacity developing support *and* funding.

VSO's M&E tools and Partners' perceptions

There was some congruence between Partners' definition of capacity and VSO's Partnership Monitoring and Learning Tool (PMLT), but also key differences. The aspects unique to Partners' definitions included Partners' income; ways of thinking, models and approaches; and internal and external links and relationships. These differences have implications for VSO's monitoring of change in Partners' capacity and assessing the outcomes and impact of VSO's work.

VSO's global Theory of Change

There was some congruence between aspects of VSO's global Theory of Change and Partners' experiences. One aspect was the assumption that VSO volunteers were catalysts for capacity development because of the dual insider-outsider position of volunteers. A second aspect was the assumption that being an integral member of a Partner-team was an essential factor that enabled volunteers to make effective contributions to capacity development.

However, there were assumptions in VSO's global Theory of Change that were incongruent with Partners' and VSO volunteers' reports on how change in capacity happens. First, change in Partner *capacity* and improved *outcomes in terms of services and projects delivered*, both emerged gradually at the same time, in a paradoxical dynamic, each causing and reinforcing the other. This was not a linear, step-wise process. Second, individual and organisation-wide changes in capacity also emerged at the same time in a paradoxical dynamic, rather than individual changes happening first and then being 'replicated upwards' to an organisation level.

These findings are particularly pertinent at this time. VSO is currently exploring changes in their global Theory of Change, where the global Theory of Change may become VSO's 'approach to development', and specific theories of change may then be developed at program and country levels. VSO's global Theory of Change is based on orthodox thinking rooted in resulted-based management and logic models. These are underpinned by assumptions of linear change processes, and a relatively high degree of prediction and control over achieving desired outcomes. The conceptual framework used in this post-closure evaluation is based on a fundamentally different explanation for how change in capacity to deliver services and projects arise. Here, change is a non-linear, paradoxical and emergent process that cannot be predicted or controlled by any individuals and groups to create desired outcomes.

RECOMMENDATIONS

The following recommendations for VSO are based on the findings of the post-closure evaluation in Sri Lanka.

Training for VSO volunteers

Given the central role of VSO volunteers' skills in building good quality relationships and how important this is to capacity development VSO might consider how this might be included in volunteers' pre-departure or in-country training (if it is not already being done). The training might also include examples/mini-case studies from the Sri Lanka experience, including how volunteers' capacity developing support may often be paradoxical; factors that support the initial success and subsequent sustainability of capacity developments.

Indicators of capacity development to deliver services and projects

VSO develop a methodology to identify and measure indicators of 'capacity to deliver services' based on Partners' definitions and perceptions of capacity.

VSO develop a methodology to explore the nature of interactions, emergent relationships and power negotiations, and how this affects capacity development. This might be done through in-depth and longitudinal case studies.

Establishing a baseline

VSO's monitoring system remains flexible and emergent, as new capacity elements and indicators come to light. This might enable a realistic Baseline #1 to be established.

VSO explore methods to investigate 'how the service or project was before it changed', once Partners perceive that a change in capacity to deliver services or projects has started to happen. This should be done systematically and with appropriate sampling. At this stage it is also likely that Partners can remember enough details to describe the situation before VSO support (Baseline #1), using new indicators, and compare this with the current situation.

M&E systems

Evaluations carried out at the closure of a VSO program could be based on Partners' perceptions of capacity, and not only with reference to the program logical framework, indicators and plans.

Investigate ways in which the VSO volunteers' final reports could be improved further to more clearly articulate the capacity of Partners at the end of a volunteer's placement. This would include more emphasis on describing change in Partner capacity. VSO consider drawing on volunteers' reports for VSO's organisation-wide and country-program monitoring.

Impact of VSO's work

VSO consider carrying out in depth case studies across a range of thematic areas and types of Partners to provide evidence of VSO's impact for ultimate beneficiaries.

Sustainability and programmatic focus

VSO explores a pro-active strategy that focusses on long-term 'capacity to develop capacity', where each VSO volunteer placement/cohort progressively moves towards this goal; for example, how a Partner could provide advanced training for staff.

VSO considers ways of supporting volunteers to return to Partners some years after the end of their placement, in order to further build Partners 'capacity to develop capacity'. This has already happened to some extent in certain situations in Sri Lanka. For example, a VSO volunteer worked with Shantham and the Jaffna Teaching Hospital to develop capacity in advanced CBT in 2004-2006. She returned to assess the two individuals trained in advanced CBT and found good level of competence. Perhaps these staff could have been trained to deliver advanced training, as they had now gained several years of experience. However, supporting volunteers to return to Partners might only be possible in cases where the VSO country office has not closed. Given the high demand from Partners for support in obtaining donor-funding, VSO considers expanding and deepening program work and placements that focus on developing Partners capacity in fund raising, financial sustainability, business development, and making certain units (e.g. training for external clients) financially viable.

VSO's global Theory of Change

VSO considers developing their 'thinking on how change happens' that *most supports* their approach to development, and helps them make sense of change in Partners capacity, how capacity gains are sustained, and how VSO's work impacts on the lives of ultimate beneficiaries. There are various options. One is involves remaining on the present course and further exploring the mainstream 'Theory of Change approach', where considerable literature, guidelines and expertise exists. The way of thinking about and explaining change also has critically important implications for VSO's program strategy and management processes, including planning and M&E.

1. INTRODUCTION

Part 1 presents the back ground of the VSO Sri Lanka program and an overview of the post-closure evaluation.

1.1 Overview

VSO had been working in Sri Lanka for over forty years in the areas of mental health, active citizenship and volunteerism, and supporting civil society to respond to the post-conflict conflict and reconciliation agenda. In March 2014 VSO closed its programme in Sri Lanka. This was a strategic decision based on Sri Lanka's middle income status, and the perception that VSO resources could be used more effectively elsewhere to alleviate poverty.

To support their learning from country programs, VSO commissioned an external post-closure evaluation the country program in Sri Lanka. This evaluation focussed on two of VSO's programme areas: mental health services and peace-developing. The terms of reference can be found in Annex 1. This report presents the findings of the post-closure evaluation.

The post-closure evaluation was carried out with four of VSO's Partner organisations during a 3-week field visit to Sri Lanka. In addition, other participants in the evaluation were former VSO volunteers, former VSO staff in Sri Lanka, regional and UK-based VSO staff, and a small number of ultimate beneficiaries (such as CBO leaders working with Partners, and client users of mental health services).

The detailed findings from the four Partners were written up as separate case studies and attached to this report as Annexes. The findings from the case studies and the other evaluation participants have been collated and synthesised into this report.

The evaluation findings will be used to (a) inform VSO's programming so that it is more effective and sustainable; (b) inform VSO's understanding and discussions around how they define and measure 'capacity' in their new programming frameworks; and (c) assist VSO to better understand and articulate the unique value of their volunteer-led approach to capacity development.

In addition to the post closure evaluation in Sri Lanka, VSO also commissioned a good practice review on post-closure evaluations in international development. Details of this are outlined in Annex 2. The findings of the good practice review will be presented in a separate report.

1.2 VSO program in Sri Lanka

1.2.1 Sri Lanka context

The scope and focus of VSO's country program was set within the evolving context of Sri Lanka in recent decades.

In 2013 Sri Lanka was rated as a low middle income country, and expected to achieve most of the Millennium Development Goals by 2015. Sri Lanka was ranked 97 out of 187 countries for Human Development Indices in 2011¹, with a Human Development Index (HDI) of 102². Despite these developments issues of poverty and social exclusion remained. A key contributing factor was the 30-year civil conflict in the East and the North of the country which ended in 2009. This resulted in the internal displacement of large parts of the population, and exacerbated issues of social exclusion, human rights, and access to services. This also contributed to significant mental health issues. The Asia Tsunami in 2004 further exacerbated the marginalisation and displacement of communities living in coastal areas.

The cessation of the civil conflict and the status of Sri Lanka as a middle income country also contributed to a change in the funding climate and the withdrawal of INGOs and donor agencies in recent years. At the same time, other contextual factors such as the national Mental Health Policy (2005-2015) and a much less

¹ Report on the evaluation of the VSO Sri Lanka mental health program (2013).

² Promotion and protection of human rights and democracy through a stronger Sri Lankan civil society. Project-end evaluation report (2014).

restricted political environment provided opportunities for the development of VSO's country program in Sri Lanka.

1.1.2 VSO country program

VSO first began working in Sri Lanka in 1968 and became fully operational in 1978. From 2008 to its closure in March 2014, VSO's work focussed on improving mental health services, active citizenship and volunteerism, and developing the capacity of civil society to respond to the post-conflict and reconciliation agenda.

The two program areas that were the focus of the post-closure evaluation were in 'mental health' and 'peace-developing' programs. These consisted of two projects (Figure 1):

- Mental health: 'Supporting & developing rights based mental health services in Sri Lanka' (April 2008 - March 2013),
- Peace-developing: 'Promotion and protection of human rights and democracy through a stronger Sri Lankan civil society' (June 2011 - November 2013).

These projects were funded by the EC through the 'European Instrument for Democracy and Human Rights' (EIDHR). VSO worked with 15 partners in these two program areas. A key point to note is that VSO had long standing relationships with many of the Partner organisations in these two program areas well before the EIDHR funded projects. VSO had been working in the area of mental health in Sri Lanka for over 10 years prior to the closure of the program in 2014, which included 65 VSO volunteer placements. Further details on the two projects are discussed below.

Supporting and developing rights based mental health services in Sri Lanka

It was estimated that a fifth of the people affected by the 2004 Tsunami would develop moderate mental health disorders, and a small number developed severe depression and post-traumatic stress disorder. The civil conflict also contributed to significant numbers of people suffering from trauma. A key issue was the relative lack of awareness and understanding of mental health issues and the subsequent social stigmatisation of individuals affected. The new mental health policy (2005-2015) provided for the rights of patients to care and treatment. This policy, along with the decentralisation of mental health services to community based services at district levels, provided an enabling framework to support VSO's work. Key challenges in implementing the policy included a shortage of rehabilitation facilities and trained mental health practitioners, and the lack of a multi-disciplinary, client centred and holistic approach to mental health services. The VSO mental health program sought to address some of these issues.

The overall goal of the VSO mental health program was: 'To ensure people with mental health problems in Sri Lanka are able to realise their right to access quality mental health services'. VSO worked with ten Partners at district and provisional levels that included NGOs, government mental health services, and the University of Kelaniya. VSO's principle approach was capacity developing support to these Partners provided by VSO volunteers. The target groups were staff of the Partners and users of the Partners mental health services.

Promotion and protection of human rights and democracy through a stronger Sri Lankan civil society

A Key issue that stemmed from the civil conflict and the internal displacement of communities was a lack of awareness of people of their rights and an inability to participate effectively in political processes. This especially affected socially marginalised groups such as women and children. Another issue was the restrictions on civil society organisations. This limited their ability to engage in addressing these rights issues and to contribute to the national reconciliation processes. The result was that many NGOs focused on the less restricted activities of providing humanitarian relief and services. Following the end of conflict VSO sought to support civil society to engage in improving civil and political rights and the reconciliation process.

The overall goal of the VSO project was: 'To empower and unite civil society in promoting human rights and democratic governance'. VSO's approach was to increase the organisational capacity of five Partners and associates, and up to 30 of their secondary level partner organisations; and to create a broad-based and island-wide coalition of organisations to work on national reconciliation issues.

VSO program restrictions

The civil conflict and the years following the cessation of conflict affected the timing and implementation of VSO's programs in terms of restrictions on volunteer placements and travel within the country. These restrictions meant that some volunteer placements were delayed. This also affected the work of VSO's Partners including NGOs and other civil society organisations.

Evaluations

The two projects were evaluated in 2013. Further details of the progress and achievements of the two projects can be found in the evaluation reports (see foot notes on page 10), and the end-of-project narrative reports³. A video produced by VSO in 2013 provides an informative overview of the mental health program⁴.

Figure 1: Summary of VSO's country program between 2008 and 2013

Programme:	Mental Health	Peace-developing
<i>Project:</i>	'Supporting & developing rights based mental health services in Sri Lanka'	'Promotion and protection of human rights and democracy through a stronger Sri Lankan civil society'
<i>Dates:</i>	April 2008 – March 2013	June 2011 – November 2013
<i>Specific objective:</i>	Community based, quality mental health services are available, accessible and inclusive in 7 provinces of Sri Lanka.	To build a strong, broad-based, and island-wide coalition of civil society organisations focused on securing the civil and political rights of the most disadvantaged groups in conflict affected communities
<i>Expected results:</i>	1. National Mental Health policy implemented in seven provinces, North, East, Western, North Western, Uva, Southern, Central	1. Increase the organisational capacity of 5 partners and associates, and up to 30 of their secondary level partner organisations, based on their individually identified organisational development needs.
	2. Mental health workers in the seven provinces use more client centred rehabilitation focused approaches	2. The creation of a broad-based and island-wide coalition of organisations that has identified and begun to work effectively on one or more priority national reconciliation issue(s).
	3. Newly trained mental health workers and non-mental health workers are trained using interactive and practical methodologies	
	4. Partners engaging in more community-based rehabilitation focused approaches, in particular ensuring the involvement of people with mental health problems and/or their families in these approaches	
<i>Planned beneficiaries:</i>	Intermediate beneficiaries: 1031 staff of partner organizations + 3541 service users and family members. Ultimate beneficiaries: 130,430 health workers, 850,390 service users and family members	Intermediate beneficiaries = 270 staff of partner organisations + 1,400 staff of other CSOs Ultimate beneficiaries = 90,000 individuals in conflict-affected communities
<i>Principal activities:</i>	Organisational capacity development; networking; formal training; awareness raising; project steering group; national conference.	Organisational capacity development; district engagement events; action research; learning workshops; learning tours; coalition developing; project working group; national conference.
<i>Partners:</i>	NGOs; civil society organizations; University of Kelaniya; government national and provisional hospitals, including teaching hospitals; state organizations.	NGOs and civil society organisations.
<i>Budget:</i>	983,710 Euros	249,846 Euros

³ Supporting and Developing Rights Based Mental Health Services in Sri Lanka. Final Narrative Report April 2008-March 2013.

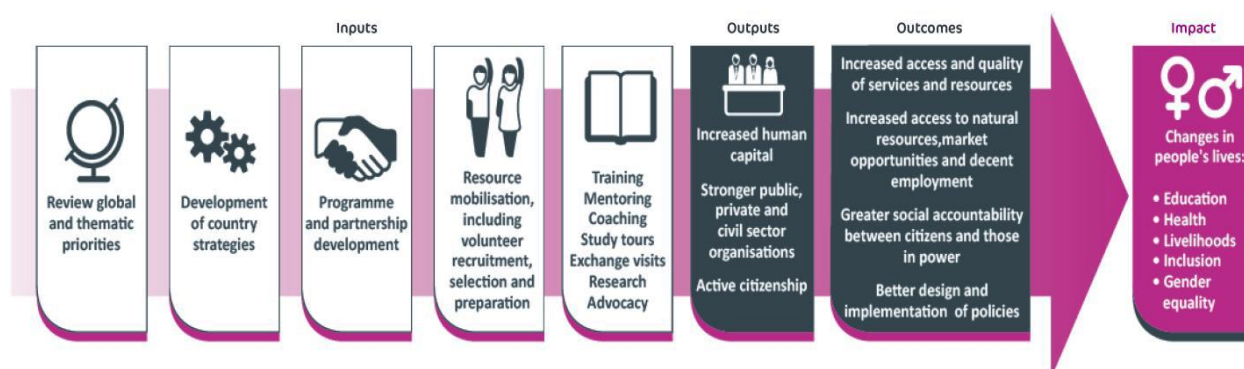
⁴ <https://www.youtube.com/watch?v=UZcQ9aObLmQ> (Sharing skills & good practice in mental health).

1.3 The post closure evaluation

1.3.1 Aim and key questions

VSO's thinking on their 'global Theory of Change' and how theories of change might be developed at different levels (such as for particular country programs) is currently evolving. The key purpose for commissioning the Sri Lanka post closure evaluation was to contribute to VSO's understanding of their global Theory of Change (summarised in Figure 2). "Specifically, it will help us examine and test assumptions around our approach to building capacity of local partner organisations. We want to do this with reference to programming that has already finished in order to consider dimensions of sustainability. An additional advantage of this approach is to give us much-needed experience of post-closure evaluations", (Terms of Reference, Annex 1).

Figure 2: Summary of VSO's Global Theory of Change



Aim

The aim of the post-closure evaluation was to investigate four assumptions VSO's global Theory of Change, highlighted in the Terms of Reference (Annex 1). These are: (1) the nature of 'capacity', (2) the sustainability of capacity improvements in Partner Organisations, (3) cause of change in Partner Organisation capacity and service delivery outcomes (value chain), and (4) the effectiveness of volunteers in building the capacity of Partner Organisations.

Key questions

VSO's key questions explored in the post-closure evaluation were: -

1. How have local partners in Sri Lanka defined 'capacity' (in the context of VSO's organisational capacity-development interventions)?
2. What contribution do partners think VSO made to developing capacity (as defined by the partners themselves)?
3. What alternative explanations are there for changes in organisational capacity of local partners?
4. To what extent have capacity development gains been sustained since VSO's departure?
5. What were unanticipated consequences of VSO's capacity development work?
6. What are the key factors in whether or not capacity development was initially successful and subsequently sustained (with reference, inter alia, to type of partner, length of partnership, number of international volunteer placements, skills/experience and attitudes of individual volunteers)?
7. What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?
8. How well do VSO's scalar tools for measuring organisational capacity and service delivery capacity (as they were used in Sri Lanka) align with partners' understandings of capacity and the extent of VSO's contribution to changes in capacity?

1.3.2 Focus and scope of the post-closure evaluation

In initial discussions with VSO the thematic scope of the evaluation was to be limited to the mental health and peace-developing programs, funded through the EIDHR projects between 2008 and 2013. Within this, the evaluation would be limited to the expected results areas of ‘client centred rehabilitation focused approaches’ and ‘community-based rehabilitation focused approaches’ in the mental health program; and ‘organisation capacity building’ in the peace-developing program (outlined in Figure 1). However, in order to answer VSO’s key questions the focus and scope of the post closure evaluation needed further refinement.

Support to Partners’ capacity development

The scope of this post closure evaluation was the *capacity development* of Partners. Specifically, this was the contributions and sustainability of VSO’s support to developing the capacity of Partners’ to deliver services (in mental health) or projects (in the peace-developing program). This evaluation did not include an assessment of the actual services or projects delivered, or an impact assessment on the lives of ultimate beneficiaries.

Partners’ perspectives

The specific focus of this post closure evaluation was the Partners’ *own understanding* of ‘capacity to deliver services and projects’; which was VSO’s particular interest. This was the starting point and basis for exploring VSO’s key questions, and the evaluation methodology and strategy that was used. As such, the evaluation was *not* centred on VSO’s EIDHR program plans and logical framework, assessing the extent to which intended results were achieved, or on using evaluation criteria such as efficiency, effectiveness, and relevance. Rather, the evaluation centred on VSO’s contributions to capacity development and the sustainability of these contributions as *defined by the Partners’ themselves*. Because of this, the emphasis of much of the findings presented in Part 3 of this report reflect the Partners’ views.

Previous end-of-project evaluations have been carried which specifically explore achievements in light of the project plans and logical framework, and it is not the intention of this post closure evaluation to repeat these.

Beyond the EIDHR projects

During the evaluation, Partners said that it did not make sense to explore the EIDHR project contributions in isolation because the contributions of previous VSO volunteers were also important to overall capacity development. This evaluation found that taking the Partners’ perspective inevitably meant that the explorations went beyond the EIDHR projects and further back in time. Explorations therefore included not only the contributions of VSO to Partners’ capacity development, but also contributions of other organisations, such as donor agencies working with the Partners. This was because contributions by VSO and other organisations were inextricably linked. The post-closure evaluation covered the period 2004 (before VSO’s support to the Partners who participated in the evaluation) through to March 2015 (time of this evaluation).

1.3.3 Participating Partners

The four VSO Partners in Sri Lanka who participated in the evaluation were two working in mental health services and two working in peace and development. Briefly, these were:

1. **National Institute of Mental Health (NIMH)**, a government organisation, delivering a range of mental health services, including occupational therapy (OT), and training for medical professionals. NIMH is also engaged in research, and advocacy;
2. **Shanthiham Association of Health and Counselling (Shanthiham)**, an NGO delivering community-based psychosocial services, and training for communities, services providers, NGOs and donor-agencies, and diploma courses;
3. **Peace and Community Action (PCA)**, an NGO working in Peace building and social change, based on conflict transformation and non-violent communication; and
4. **Jaffna Social Action Centre (JSAC)**, an NGO supporting community development, through projects to provide basics needs, sustainable livelihoods, sexual and gender based violence (SGBV) response and protection, child protection, youth development, governance, and conflict transformation.

These four Partners were selected to cover the broad scope of VSO's program areas and type of Partner. The reason for selecting four Partners was to enable an in-depth exploration of issues so as to gain meaningful insights, rather than a broader and more superficial perspective. This was necessary to meet the evaluation aim and answer VSO's key evaluation questions. The nature of exploring emergent outcomes and patterns of relationship (see Section 2.1 below) means using participative, interview-based tools, which takes time.

Programme area	Type of organisation	
	<i>Government hospital</i>	<i>NGO</i>
<i>Mental health</i>	NIMH	Shantiham
<i>Peace-developing</i>		PCA JSAC

Case studies

Details of these Partners and the findings from the evaluation have been written up as four case studies that can be found in Annexes 4 to 7. For NIMH, the case study for this evaluation was specifically the occupational therapy department (NIMH-OT). For Shantiham, an additional small case study was developed for the occupational therapy services at Tellipaili Hospital (Tellipaili-OT).

Capacity to deliver services and projects

The 'capacity to deliver services' refers to the NIMH occupational therapy services, Shantiham's psychosocial and training services, and occupational therapy services at Tellipaili Hospital.

The 'capacity to deliver projects' refers to PCA's and JSAC's capacity to achieve organisation goals and strategic objectives, and to deliver community-based projects for social change and development.

2. METHODOLOGY

Part 2 presents a summary of the methodology used in the VSO Sri Lanka post-closure evaluation. Further details can be found in Annex 2.

2.1 Evaluation strategy

2.1.1 Conceptual framework

The conceptual framework used in the VSO post closure evaluation is based the notion that an organisation's features, such as the '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 relationship between VSO volunteers and individuals in Partner organisations, and with other stakeholders and actors.

Patterns of interaction arise from three broad sets of features that include, *organisation-wide* (or department) features, features of *individuals*, and the *wider context* in which organisations work. These are illustrated in Figure 3. The type of patterns of interaction and outcomes that emerge depends for example, on how people speak to and relate to one another in their day-to-day work; who has control over resources and how these resources are used in interactions; how individuals use their skills, knowledge and experiences in their interactions; and how people take wider contextual factors into their interactions (such as policy, culture, or social norms).

An essential feature of patterns of interaction are power dynamics. Power is defined as the *relative* needs of individuals (if person A needs person B more than B needs A, then A has relatively less power). 'Needs' include intentions, desires, wants, or goals, that can be personal and professional. Examples of 'needs' are: funds or staff for project activities, a treatment and recovery process that bring about a sense of well-being (of a client), the cooperation of colleagues or other services providers, the permission of senior management to organise an event, the willingness of field staff to travel to distant areas, and the desire of individuals to be treated with respect and receive recognition. The ability of individuals to *negotiate* their needs, and to realise or achieve these needs determines the nature of power dynamics that emerge. This is also greatly affected by organisation-wide and broader contextual features. Power relations are tilted in favour of those individuals who are better able to negotiate and realise their needs.

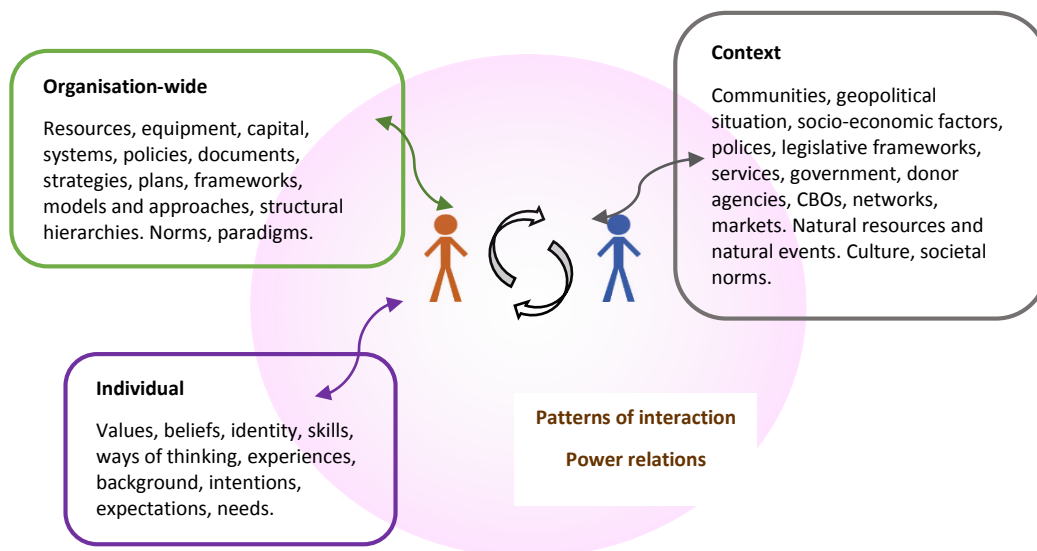
Patterns of interaction and outcomes are not static, but are perpetually emergent, fluid, and unpredictable. No one person or group can control what patterns of interaction or outcomes emerge. In a nutshell, the capacity to deliver service and projects changes when there is a change in patterns of interaction and power dynamics. This arises with changes in organisation (or department)-wide, individual, and /or contextual features.

This conceptual framework is based on insights and analogies drawn from the complexity sciences such as Complex Adaptive Systems theory (Iles, 2015)⁵.

⁵ Iles (2015). Making sense of change in NGOs from a complex responsive processes perspective. Doctoral thesis.

Figure 3: Conceptual framework used in the VSO post-closure evaluation:

Services, organisations, projects, and capacity developing process are patterns of interaction between people - and emergent outcomes. Three broad features: organisation-wide, individual, and wider context (examples are listed) are used/taken in by individuals as they interact, and these affect the patterns of interaction and power dynamics that emerge.



© Iles (2014; 2015).

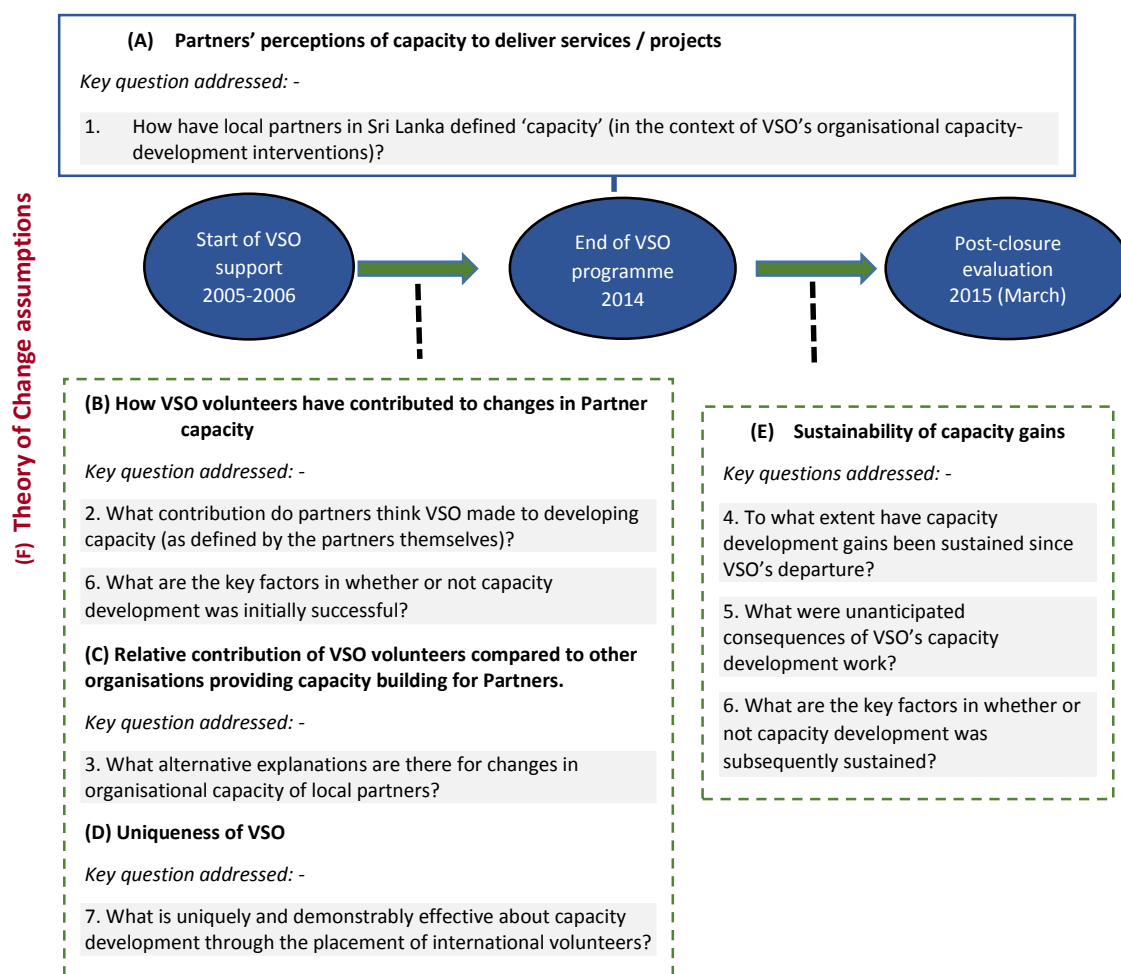
2.1.2 Approach

Addressing VSO's key questions

VSO's key questions (listed in 1.3 above) were explored using the strategy illustrated in Figure 4. This entailed exploring six focal areas. The explorations focussed specifically on changes in Partners' capacity to deliver services or projects, and the role of VSO in this. Further details on the approach can be found in Annex 2.

VSO's key question # 8 "How well do VSO's scalar tools for measuring organisational capacity and service delivery capacity align with partners' understandings of capacity and the extent of VSO's contribution to changes in capacity?" was answered by comparing the Partners' definition of capacity with those of VSO's PMLT (partnership monitoring and learning tool).

Figure 4: Focal areas of exploration to address VSO's key questions



Units of analysis

Two broad units of analysis were used in the post-closure evaluation. The first and primary unit of analysis was the Partners, and their capacity to deliver services and projects. This included their capacity for individuals (e.g. skills, attitudes, values) and across the organisation (or department, e.g. the occupational therapy department in NIMH).

The second unit of analysis was the individual VSO volunteers and their specific capacity developing activities. This was done for three reasons. These were to assess:

- a) The relative contribution of VSO to Partners overall capacity development;
- b) The extent to which the capacity developments (capacity gains) how been sustained following the closure of the VSO program in Sri Lanka (March 2014);
- c) How change in capacity happens.

Collaborative and participant-centred

The approach entailed facilitating a collaborative reflection and learning process, where understanding and insights were created together. The consultants did not pre-empt what the 'capacity to deliver services and projects' meant to Partners or other participants. Methods and tools were selected to support participants to

articulate *their own perceptions and understanding* of capacity. The indicators to assess Partner capacity were selected by the Partners themselves.

Iterative process

The evaluation was an iterative process, where each stage built on the next and moved in a progressive direction from understanding perceptions of capacity development through to analysing and interpreting data. The information was cross-checked to ensure a mutual understanding between the evaluation team and Partners as insights emerged.

Time frame and logistics

The post closure evaluation included a three-week field visit with the four Partners in March. Three days were spent with each Partner. Former VSO staff in Sri Lanka played a critical role in organising the field-work and links with Partners.

Two independent and professional translators were engaged as members of the evaluation team. They provided verbal translation of discussions, translation of questionnaires, as well as contributing their own insights and suggestions.

2.2 Data collection, analysis and interpretation

2.2.1 Participants and sampling

Five sets of participants were included in this evaluation: four Partner organisations, former VSO volunteers, former VSO staff in Sri Lanka, VSO regional and UK staff, and a small number of ultimate beneficiaries working with the Partners. Apart from two individuals, all the VSO volunteers who worked with the four Partners were interviewed. The Partners and participants were selected using purposive and convenience sampling. Further details of the sampling process are illustrated in Annex 2.

A total of 106 individuals took part in the post closure evaluation. These included 59 staff from the four Partners, 11 beneficiaries of Partners' work, 20 former VSO volunteers, 5 former VSO staff in Sri Lanka, 10 VSO regional and UK staff, and 1 person who had not worked with VSO but was working with a former volunteer in supporting a Partner (PCA). The VSO volunteers and VSO staff are listed in Annex 3. The Partner participants are listed in Annexes 4 to 7.

2.2.2 Assessing change - retrospective views and baselines

Much of the data gathered was retrospective, apart from the questions on sustainability. There was no baseline data on patterns of interaction and capacity to deliver services and projects as defined by the Partners, prior to support from VSO. This was addressed in several ways during the evaluation.

The first and a key strategy was to construct two baselines. Baseline #1 was the situation before VSO support to Partners. This was used to assess changes in Partner 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 in FGDs and SSIs by asking Partners to explain the situation before VSO's support, in terms of how the Partners had defined capacity to deliver services or projects.

Baseline #2 was the situation at the end of the VSO program in March 2014. This was used to assess the extent to which capacity developments made with VSO volunteers' support that were sustained to March 2015. Baseline #2 was the 'capacity development gains' left in place at the end of a VSO volunteers' placement (which spanned approximately 2006 to 2014 for all the Partners). Baseline #2 was set through FGDs and SSIs with Partners, with SSIs with VSO volunteers, and VSO volunteers' final reports. There was a very strong correlation between the Partners' and VSO volunteers' accounts (together with VSO volunteers' reports), suggesting some degree of relative robustness of Baselines #1 and #2.

The second strategy was to ask Partners to provide 'evidence' to support their assumptions about the capacity levels and changes they were describing. This was sought from two sources. The first was Partners' examples, stories and mini-case studies they provided during the interviews. The second was Partners' own records, documents and monitoring, where this was possible and the data existed.

The third strategy was to monitor how congruent the accounts given by different individuals and groups were, and to constantly cross-check the information and understanding as it emerged. The emerging themes and patterns were explored with different individuals and groups.

2.2.3 Methods of data collection

The methods used to explore the key questions included:

- Focus group discussions (FGD),
- FGD's used with other tools: Matrix scoring, Flow diagram, Venn diagram, Proportioning technique
- Semi-structured interviews with individuals (SSI),
- Self-assessment of skills development using a questionnaire (by Partner staff),
- Review of Partners' documents and systems,
- Partners reports, and monitoring information,
- VSO volunteers' reports,
- Observation of services, specifically the occupational therapy services,
- VSO documents (project documents, evaluations, research studies, Theory of Change).

The particular methods that were used to explore VSO's eight key questions are shown in Annex 2.

The methods and tools were tested and fine-tuned with Shantiham who provided valuable feedback and suggestions. Although most methods were used with all four Partners, there was a variation where tools were selected to suit the context of the Partner (see Annexes 4 to 7).

2.2.4 Analysis and interpretation of findings

Information was analysed and interpreted during the information gathering process, as well as afterwards. This enabled us to cross-check and verify information and insights as they emerged, ensuring the evaluation findings remained congruent with the reality and perspectives of the participants. This also allowed for relevant preliminary findings to be shared immediately with partner organisations, and so be of use to them.

Where appropriate, qualitative data was quantified, for example, the percentage of capacity developments supported by VSO volunteers that were sustained. The self-assessment skills questionnaires were analysed using simple metrics, such as averages. The SSIs and FGDs were analysed using narrative analysis. The case studies (Annexes 4 to 7) represent only the Partners' perspectives, and includes only the data gathered in Sri Lanka. The case studies were shared with the Partners for their verification, comments and suggestions.

The case studies were further synthesised to write the main report. The main report is based primarily on the Partners' perspectives. It also brings in the insights from VSO volunteers, and VSO staff.

The findings were interpreted using the conceptual framework in Figure 3 above. The findings of this report are written using the terms and expressions of the Partners' themselves.

2.2.5 Limitations of the methodology

Details of key challenges faced in the methodology during the visit to Sri Lanka, and how these were addressed, are outlined in the Interim Report to VSO. Below is a summary of the main challenges and limitations of the methodology overall. The extent to which changes in Partner capacity could be assessed was limited to what could reasonably be collected within the time frame of this evaluation.

Secondary data

The availability of secondary data, especially monitoring information, and progress reports and evaluation reports was extremely limited for most Partners, with the exception of JSAC. This was for a variety of reasons: monitoring data had not been collected on certain aspects (e.g. skills development of staff, e.g. outcomes of psychosocial services delivered); Partners were unwilling or unable to share certain information (e.g. funding and income); and raw data had not been analysed (e.g. evaluation forms from training sessions, e.g. assessment of clients' recovery plans). This made it difficult to triangulate and gather some supporting evidence, and to measure some capacity indicators, such as Partner income or quality of services delivered.

The second challenge with secondary data was that not all of the VSO volunteers' own reports were available, in particular their final reports. These provided invaluable information on capacity developing activities and processes, helped establish Baseline #2 (described above), and to triangulate information provided through recall by Partners and volunteers. Most reports that were available were provided by the volunteers themselves, and a few from VSO's archives.

Availability of participants

For most Partners there was a limited number of staff who knew VSO volunteers going back in time, due to staff turn-over, especially for PCA and JSAC. This was less problematic for NIMH and Shantiham.

A challenge for all concerned was the Partners' busy working schedules during the evaluation, and some last minute changes to plans. This was dealt with by adjusting the evaluation schedule to accommodate partners' work, while ensuring that all activities were carried out.

Two volunteers who played important roles in the capacity development of Shantiham and PCA were unable to participate in the evaluation. This slightly reduced the range of insights from VSO volunteers. However, some data was drawn from these volunteers' reports.

Recall

Because much of the evaluation was retrospective it relied the recall of participants. This applied to the establishment of baselines (as described in sub-section 2.2.2), exploring what changes in capacity had taken place, and how these changes had arisen. While there were some difficulties in recalling details of some events going back in time from 5 to 10 years ago, there was a close agreement between Partner staff and VSO volunteers about what the major changes were and how changes in Partner capacity happened.

Assessing sustainability for JSAC

A key challenge with JSAC was that the most recent VSO volunteer, who also supported the bulk of VSO's capacity developing work, was still working for JSAC at the time of the VSO post-closure evaluation. On the one hand, this had the advantage of providing very valuable insights into the capacity development processes of JSAC. The former-volunteer was very generous in this regard. However, the fact that the volunteer was a current JSAC staff member made it extremely problematic to assess the extent to which capacity developments supported by VSO had been sustained. As such, the question of sustainability could not be explored in the same way for JSAC as for the other three case-study Partners.

3. FINDINGS

Part 3 presents the findings of the VSO post-closure evaluation in Sri Lanka, based on the four case study Partners. This includes information gathered with the Partners, and interviews with VSO volunteers and VSO staff.

3.1 Meaning of 'Partner Capacity'

3.1.1 Focus of this section

The question explored in this section is:

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

3.1.2 Partners' perceptions of capacity

This sub-section presents a summary of the four case study Partners' perceptions of the capacity to deliver services and projects. This includes what 'organisation or department capacity' means to them and how they define this. Capacity consisted of various 'capacity elements'. These were developed into compound indicators, some of which were further divided in specific indicators, and used by the Partners to assess changes in capacity over time. Details of each Partners' capacity elements and specific indicators are described in Annexes 4 to 7.

Broad similarities and differences

Although they articulated capacity elements in slightly different ways, there were considerable similarities between how the four Partners defined 'capacity to deliver services or projects'. These are illustrated in Figure 5. The capacity elements were collated into three broad groups: Organisation-wide, individual, and the wider context. *Organisation-wide* (or department-wide) capacity elements included: systems, documents, procedures; financial resources; internal coordination, ways of thinking, model and approaches, sustainability, and quality. Capacity elements related to *individuals* were: skills of staff, attitudes and ways of thinking. The capacity elements related to the *wider context* were; links with external organisations, and coordination with external organisations.

Figure 5: Broad overview of the similar elements of the four Partners' definition of capacity to deliver services (NIMH-OT, Shantiham), and projects (JSAC, PCA).

(Source: Partner case studies Annexes 4 to 7)

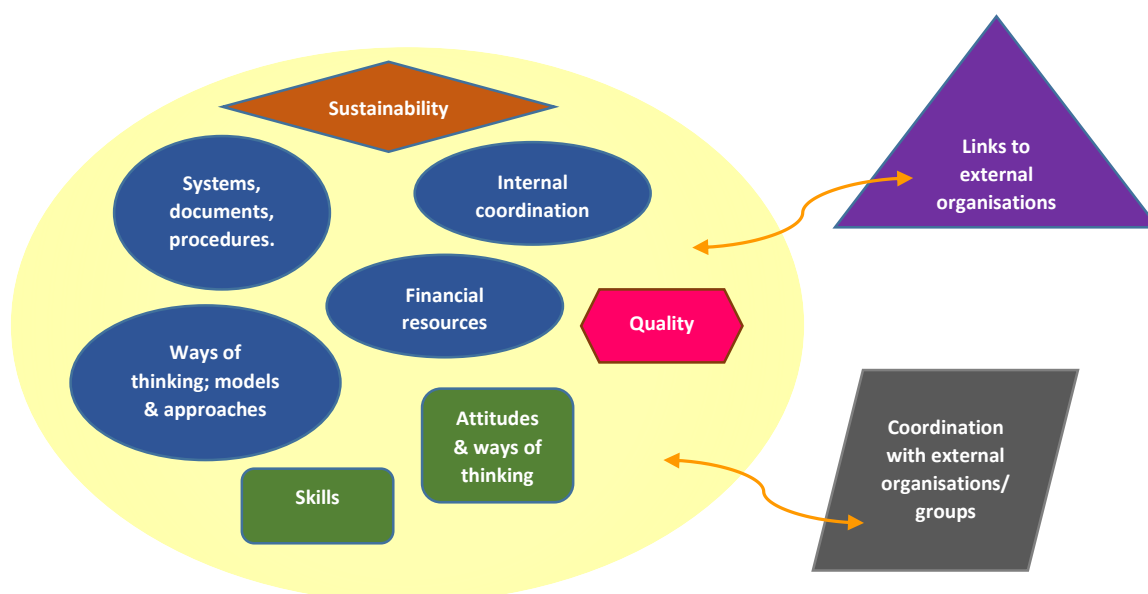


Figure 6 presents a summary of all the specific similarities and differences between Partners in their definitions of ‘capacity to deliver services and projects’.

Figure 6: Summary of Partners’ definitions of capacity, showing similarities and differences between Partners

(Source: Partner case studies in Annexes 4 to 7)

Key similarities		Key differences
Similar capacity elements for all four Partners	Similar capacity elements for three Partners	Capacity elements unique to specific Partners
Skills of staff Income / funding Documents, systems, procedures Links and relationships to external donors, networks, businesses	Ways of thinking, models & approaches, and attitudes (Shantiham, PCA, NIMH-OT, Tellipalai-OT) Sustainability of organisation (Shantiham, PCA, JSAC) Coordination and relationships with other service providers, community structures; and within the organisation between units or departments (Shantiham, PCA, NIMH-OT) Quality of services (NIMH-OT, Shantiham, Tellipalai OT); and Projects implemented successfully (JSAC)	Reputation of organisation (JSAC) Challenging INGOs (PCA) Hosting events – in learning, cultural exchange, reconciliation and peace building (PCA) Role expansion of occupational therapists – to include e.g. advocacy work, forming consumers association, reducing stigma (NIMH-OT) Organisation development (PCA) Multi-disciplinary team (MTD), (NIMH-OT)

3.1.3 Description of the main capacity elements

This sub-section presents a brief description of the main elements of capacity as defined by Partners.

Skills

For the Partners, ‘skills’ covered a wide range that may be grouped into ‘personal’, ‘interaction’ and ‘technical’ skills (Figure 7). All are important, interlinked and necessary for the effective delivery of services and projects.

Figure 7: Definition of ‘skills’ according to Partners’ perceptions, with key examples

(Source: Partner case studies in Annexes 4 to 7)

Personal	Interaction		Technical
Attitudes, values, beliefs	Negotiation	Decision-making	Professional: related to area of work; e.g. facilitation of conflict resolution, occupational therapy, working in MDT, finance, website development. Management: related to projects, services, and organisation; e.g. strategizing, planning, proposal writing, report writing, task management, computer literacy, how to use systems and documents, staff management.
Commitment	Communicating clearly	Encouraging others	
Assertiveness	Non-violent communication	Coordination	
Being a role model	Listening	Mutual respect	
		Team work	

Ways of thinking, models, attitudes

‘Ways of thinking’ refers to models, approaches and paradigms. Examples in mental health services include community-based psychosocial services (Shantiham), multi-disciplinary team (MTD) work between different

professionals delivering mental health services, and client-centred mental health services (NIMH-OT). Examples from JSAC and PCA include community-owned processes of social change, based on peace-building and reconciliation and non-violent communication. The 'ways of thinking' of individuals is closely related to generally accepted and organisation-wide ways of thinking.

Attitudes are closely linked to ways of thinking, such as having respect for clients as a central aspect of a client-focused mental health services. Attitudes includes values. Values are deeply held beliefs about oneself and others, and includes the 'morally right way' to interact with other people. An individual's attitudes are closely related to organisation-wide social and professional norms. The latter are the generally accepted ways of behaving and interacting for staff, whether this is with each other, with clients and beneficiaries, or any other stakeholders. An example is 'junior staff must show deference to senior staff'.

Quality

'Quality' refers to the quality of mental health services provided for clients (NIMH-OT, and Shantiham), and the success of projects implemented (JSAC and PCA). The former refers to the way services are delivered and how this improves the wellbeing of clients. The latter refers the achievement of project objectives and impact for beneficiaries and not simply whether or not project activities were carried out.

Links and relationships

'Links and relationships' refers to the links between Partners and external organisations, such as donors, networks, businesses, government staff and departments, and other stakeholders. For PCA this included 'friends and supporters' (in Sri Lanka and UK) who provided important financial and professional support.

For the Partners, it was not only that they had such links. The *quality* of these relationships was crucial. One of the most important features of the quality of relationships is the nature of power dynamics. 'Good quality' relationships are those with an 'equal power balance' between the parties, where neither party imposes their intentions or needs on the other. There is mutual respect and trust. A 'poor quality relationship' is one where power is tilted in favour of one party, where the latter imposes their intentions and needs at the expense of the other. There is mutual mistrust. Such interactions may result in frequent power struggles and tension. The meaning of 'quality of relationships' from Partners' perspectives is explored further in Section 3.7.

Coordination and relationships

The capacity element 'coordination and relationships' refers to the coordination of Partners' work with other service providers, such as hospitals, other government service providers, and community structures. For NIMH-OT, this also referred to the coordination between the various departments' and professional cadres necessary for a MDT and client-centred approach. Again, the *quality* of these relationships was very important to all four Partners.

Sustainability

Sustainability for Partners refers mainly to sustained sources of income and funding for core organisation operations and project activities. This particularly relevant for the three NGO Partners (Shantiham, JSAC and PCA).

Differences between Partners

The differences in definitions of capacity between Partners (Figure 6) was also related to the thematic area of the Partners' (mental health vs peace and development) and the nature of the Partners (NGO vs government).

'Quality of services' was unique to NIMH-OT, Tellipalai-OT, and Shantiham in the sense that this related specifically to the delivery of mental health services. Quality of services is also inextricably linked to many other capacity elements, such as ways of thinking and attitudes, skills, documents and systems, and coordination with other service providers. However, 'quality of services' (Shantiham, NIMH-OT) and 'projects implemented successfully' (JSAC) were similar in that both included the beneficial impact on the lives of ultimate beneficiaries. For example, for NIMH-OT, quality of services included the range of OT therapies available to meet clients' specific recovery needs. 'Sustainability of the organisation' was important for the NGO partners, whereas it was not raised by the one government Partner, NIMH.

Although only PCA explicitly mentioned organisation development (OD) as a capacity element, OD was an essential aspect of capacity development for JSAC and Shantiham. OD formed a major focus of some VSO volunteers' work with these Partners.

3.1.4 Most important capacity elements

The capacity elements are all inextricably linked, each affecting the other. All capacity elements were considered necessary to deliver services and projects, although for Partners overall the most important were:

- Ways of thinking, models, and attitudes,
- Sustainability and income/funding,
- Skills of staff,
- Quality of services or projects,
- Links and relationships to external organisations, e.g. donor agencies, networks,
- Coordination and relationships with other external service providers, and community structures, and
- Coordination between units/ departments *within* the Partner organisation.

For Partners, 'ways of thinking, models and attitudes' were extremely important because together these elements of capacity underpin the fundamental approach to service and project delivery; and the subsequent impact on the lives of ultimate beneficiaries. This is partly because 'ways of thinking and attitudes' profoundly influences *how* individuals interact and the power dynamics that arise between them. (Discussed further in sub-section 3.2.4 below).

The 'quality of services and projects successfully implemented/delivered' was important because quality directly affects the impact of Partners' work on the lives of ultimate beneficiaries. For example, Shantiham placed major emphasis on supervision of psychosocial workers, code of ethics, standards and protocols to ensure quality. For the NIMH-OT department, quality included the assessment process of clients, the range of occupational therapy (OT) activities available to clients, and how the OT activities were facilitated.

'Sustainability and income' was of vital importance because without it Partners cannot continue to operate to provide services and projects, and to grow and adapt to changing needs to their intended beneficiaries and a dynamic context. It was also one of the most challenging elements of capacity for Partners.

'Links and relationships' (external) were essential for obtaining donor-funding; networking enabled Partners to support and influence national level processes (e.g. peace and reconciliation); and links to businesses that support income generation (e.g. sale of occupational therapy products).

'Coordination and relationships' with other service providers, community structures, units/departments' are essential because Partners rely on working with other stakeholders to deliver services (Shantiham, NIMH-OT) and project delivery (PCA, JSAC). Partners stressed that they cannot work in isolation from other actors and stakeholders.



The JSAC team exploring the change in their capacity elements

3.2 VSO's contributions to Partners' capacity development

3.2.1 Focus of this section

The question explored in this Section is:

What contribution do partners think VSO made to developing capacity (as defined by Partners themselves)?

This section explores the specific contributions to Partners' capacity development made by the VSO volunteers and by the VSO country program. The section covers the period *before* VSO's support to Partners (2004/2005, depending on the Partner) to the period *during* VSO's support to Partners (from about 2005/2006 to 2014).

3.2.2 Specific contributions of VSO volunteers to capacity development

Details of the particular capacity developing activities carried out with VSO volunteers and Partners are illustrated in Annexes 4 to 7, and are directly linked to Partners' capacity elements and their particular situation and context.

In summary, the Partner capacity developments supported by VSO volunteers broadly included:

- New ways of thinking and attitudes;
- Skills development;
- Securing income and donor funding;
- Creating documents, systems, procedures with partners, in paper and electronic formats, guidelines, manuals, templates, forms – for all aspects of service delivery, project delivery, and organisation management, and included skills development in how to use these;
- Building links and relationships with external actors,
- Strengthening coordination within Partners between units/departments and difference cadres of staff; and with other service providers, government, and community structures,

The most significant capacity developments supported by VSO volunteers that were most valued by the Partners correlated strongly (unsurprisingly) with the most important capacity elements (listed above). These are discussed in more detail next.

New ways of thinking and attitudes

One of the most fundamental changes reported by Partners as a result of the capacity developing support of VSO volunteers was individuals' attitudes. These include their beliefs and deep personal values. Another was individuals' 'ways of thinking' about the core essence of their work, such as client-centred mental health, community-based psychosocial services, non-conflict communication and peace-building, and community-led and owned rehabilitation processes. These were based on new models, ideas and approaches introduced by VSO volunteers.

"We used to focus on quantity but now we focus more on quality ... the time given to the client and the facilities available to them. Attitudes that influence our service ... we focus on the person and not the illness, such as depression" (Occupational therapist, NIMH).

Partners explained that changes in 'ways of thinking' and 'attitudes' represents a change in how individuals fundamentally see the world, society and themselves. It represents a change in the very identity of individuals. Examples include, what it means to be: a 'good and decent person', a professional occupational therapist or psychosocial worker, a professional coach facilitating conflict resolution in communities, or an inclusive and inspiring organisation leader.

The 'way of thinking and attitudes' of Partner staff underpins how they interact with others (clients, community members, government staff, colleagues, donors) and so creates the patterns of interaction that are the very services and projects that Partners deliver. A change in an individual's 'way of thinking and attitudes' is therefore fundamental to changing the way services and projects are delivered (see example in sub-section 3.2.4 below). Partners explained that VSO volunteers' approach to capacity development was particularly effective in bringing about such change. This is explored further in Section 3.4.

‘New ways of thinking’ that were valued were new professional models and approaches that enabled a fundamental change in the way services and projects were delivered. The Shantiham team referred to this as ‘breakthrough concepts’. Examples include Group Therapy Approach and Cognitive Behavioural therapy, and professionalizing the role psychosocial workers (Shantiham); a multi-disciplinary, client-centred approach to mental health (NIMH-OT and Tellipaili Hospital-OT); a community-owned process of social change through conflict transformation and non-violent communication (PCA); and skills and organisation development that enabled JSAC to evolve from a ‘humanitarian relief’ approach to a ‘community development’ approach that focusses on helping rebuild communities following conflict.



A range of occupational therapy activities at NIMH

Funding and links with donors

Partners reported that one of the major contributions of VSO volunteers’ to Partners’ capacity was support in proposal preparation and securing donor-funding. This was of crucial importance for Shantiham, JSAC and PCA. The process included VSO volunteers playing a significant role in fostering links between the Partners and donors, especially for JSAC and Shantiham (explored in more detail in Section 3.3).

A particularly significant finding from the evaluation was that although for most VSO volunteers it was not part of their original remit, many became involved in securing donor funding for Partners (NGOs). Of the eleven VSO volunteers who worked with the NGO Partner, three-quarters were involved in proposal preparation and securing donor funding. VSO volunteers reported that they were often under pressure from the Partners to support them in funding-raising. This was due to major challenges sometimes faced by Partners in articulating their projects in ways that enabled their funding proposals to be successful. One challenge was ‘knowing the language of the donors’, as Partners’ put it. VSO volunteers supported Partners because they realised that without on-going funding the Partners work or even their very survival would be in jeopardy.

Capacity developing support in fund-raising was one of the unexpected (for volunteers at least) yet significant emergent outcomes of VSO’s work with Partners.

Building relationships (external and internal)

The support of VSO volunteers in building relationships between Partners and external actors and stakeholders was very important for Partners (for the reasons mentioned in sub-section 3.1.3 above).

VSO volunteers’ support in ‘building relationships’ *within* Partner organisations between different carders of staff and departments was also very important. For example, the NIMH-OT team referred to this as ‘building bridges’, where the VSO volunteers fostered working relationships between key members of the multi-disciplinary team (MDT) and senior administrators (occupational therapists, doctors, consultants, nurses, leadership of NIMH). These relationships were essential to the delivery of client-centred mental health services, including occupational therapy (OT). VSO volunteers were particularly able to negotiate with senior staff to address power differences. They did this by the way volunteers interacted with people (see sub-section 3.4.2), which Partners observed as respectful and assertive. The professional qualifications, experience and maturity of some volunteers also afforded them respect from Partner colleagues, who saw the volunteers as professional peers.

Documents, systems, processes and organisation development

Documents, systems, and procedures were important to Partners because these provided a formal structure that supported service and project delivery. Examples include: regular meetings of the MDT of NIMH to decide

the best care and recovery process for a patient; documents such as training manuals were essential for courses and workshops (JSAC, PCA, Shantiham); assessment forms enabled clients to be assessed and the appropriate occupational therapy selected (NIMH-OT and Tellipaili-OT); baseline and monitoring systems for data collection and analysis enabled PCA to demonstrate the impact of their work both for themselves and for donor-partners.

Systems, procedures and skills in project and organisation management, were particularly valued by PCA and JSAC. This enabled them to better design and manage projects to meet the needs of and have a greater impact on the lives of beneficiaries, as well as their work with other stakeholders and partners. PCA and JSAC also emphasised that improved and ‘more professional’ organisation and project management made them sought after partners for donors and INGOs. It also placed JSAC and PCA in a stronger position to negotiate with potential donor-partners for more ‘equal’ partnerships in terms of power relations. Both PCA and JSAC provided examples of where they had declined a partnerships when they felt the donor would impose their own agenda.

Skills developed

Partners greatly valued the improvements in all three aspects of skills (Figure 7, above). A self-assessment carried by a sample of staff in PCA, Shantiham and JSAC showed an estimated improvement in skills of between 25% and 60%, as a result of VSO volunteers’ capacity developing support.

“Many councillors have been here for 15 years and they were not councillors when they joined. They were picked for their motivation rather than their training. They learnt their professional qualities from VSO and others”

(Staff, Shantiham)

3.2.3 Specific contributions by the VSO country program

The VSO country program, working with VSO volunteers, also made important contributions to Partners’ capacity. One was in skills development through exchange visits with other organisations and learning events.

“We learnt a different way of how people think about community change”.

(PCA staff member)

Another contribution was the introduction of new ideas, models and approaches. An example reported by PCA was the visit to Ireland to learn about approaches to peace and reconciliation; which had a major influence on PCA’s strategy for working with communities, CBOs and government. Another example reported by Shantiham was a visit to India to learn about community-based psychosocial approaches to mental health.

A third example was support to Partners to form the National Network for Reconciliation, and a hand book on ‘coalition building’. The contributions of the VSO country program was also linked to VSO’s ‘programmatic approach,’ (explored in sub-section 3.4.4 below).

3.2.4 Change in capacity: patterns of interaction and emergent outcomes

This sub-section explores the aspects of Partners’ capacity to deliver services that changed as a result of support from VSO volunteers arose. This is illustrated using an example. The process was similar for the other Partners.

Example of NIMH-Occupational therapy services

The example is the occupational therapy department of NIMH, illustrated in Figure 8. The various features described as ‘organisation-wide’ and ‘individual’ are in fact the elements of ‘capacity to deliver mental health services’ (with a focus on occupational therapy) as described by the NIMH occupational therapy team (see Annex 5; and Figure 6 above). Figure 8 also shows two broad interactions taking place: that between staff in NIMH, in particular between occupational therapists and other professionals; and between NIMH staff and clients, as described by the NIMH-OT team.

What Figure 8 illustrates is not only what the capacity elements are (such as skills, ways of thinking and models, attitudes, systems and processes), but *how* these elements combine in the actual daily interactions between people that gives rise to the particular mental health service being provided for clients. This mental health service is the outcome that emerges as patterns of interaction and power dynamics.

Figure 8a and 8b shows the 'capacity to deliver services' and 'emergent mental health services' before and after support from VSO, respectively. The capacity to deliver services changes when there is a change in patterns of interaction and power dynamics, caused by a change in the way people interact. This is brought about by a change in 'organisation-wide' and 'individual' features.

"Now we all sit together with patients to break down barriers. If they are doing activities on the floor we sit with them on the floor. If they are sitting we sit rather than stand over them"

(Occupational Therapist).

Figure 8 is a simplification of quite complex interactions between multiple stakeholders and actors. In this example there were also other factors contributing to change. One was the creation of the Occupational Therapy degree course from which most of the current occupational therapists had graduated. Another, was the visionary leadership of NIMH, and contributions of senior consultants who had worked in other countries also using MDT approaches to mental. These and other factors are explored further in section 3.4 below.



Occupational therapists at NIMH creating Venn diagrams to explore how interactions and mental health services have changed over time

Figure 8a: Capacity of NIMH to deliver services: the situation before support by VSO.
Some elements of capacity (organisation-wide and individual) and patterns of interaction and power relations, that gave rise to the type of mental health services delivered.

(Source: synthesises from findings from NIMH, in Annex 5)

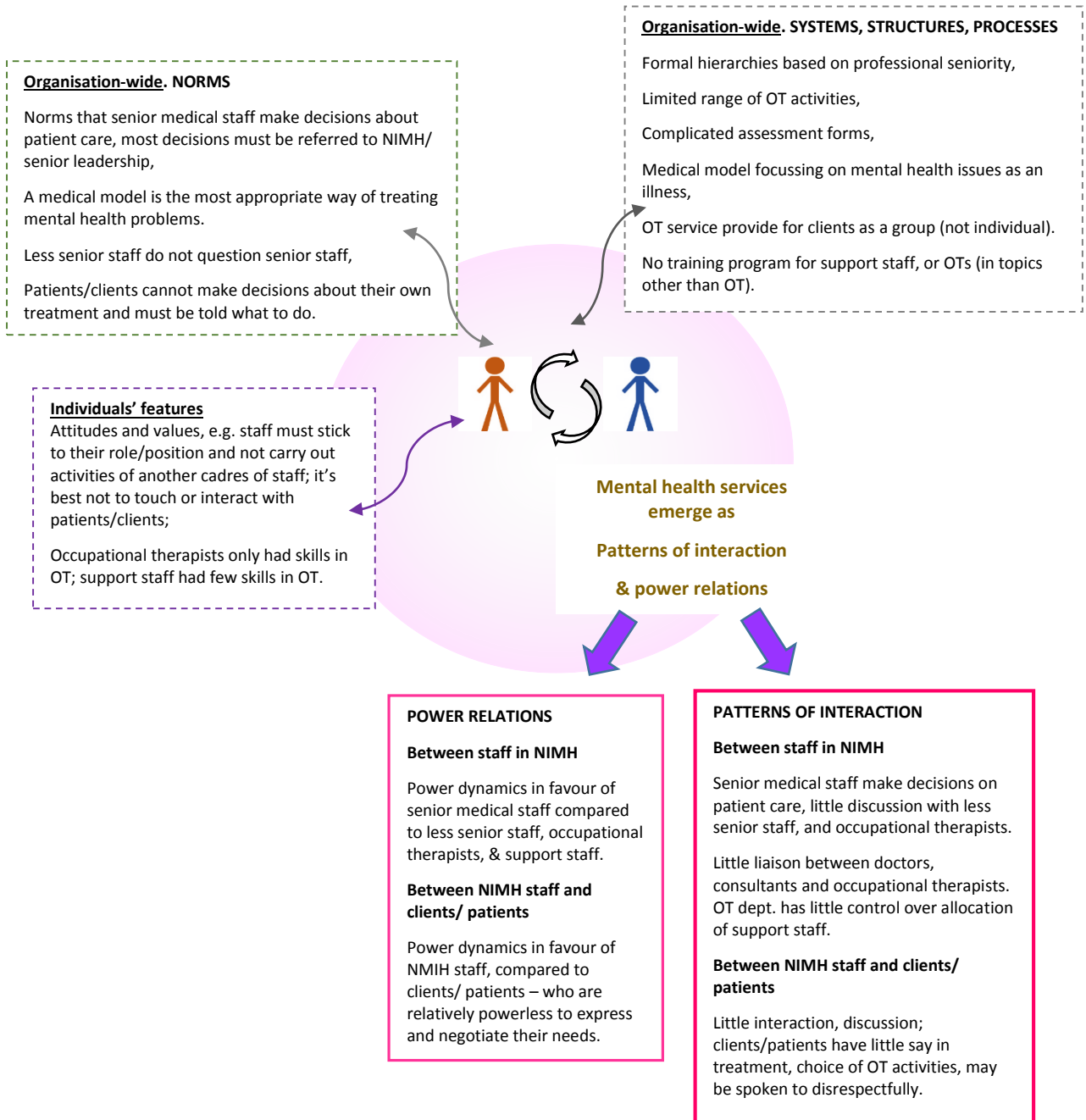
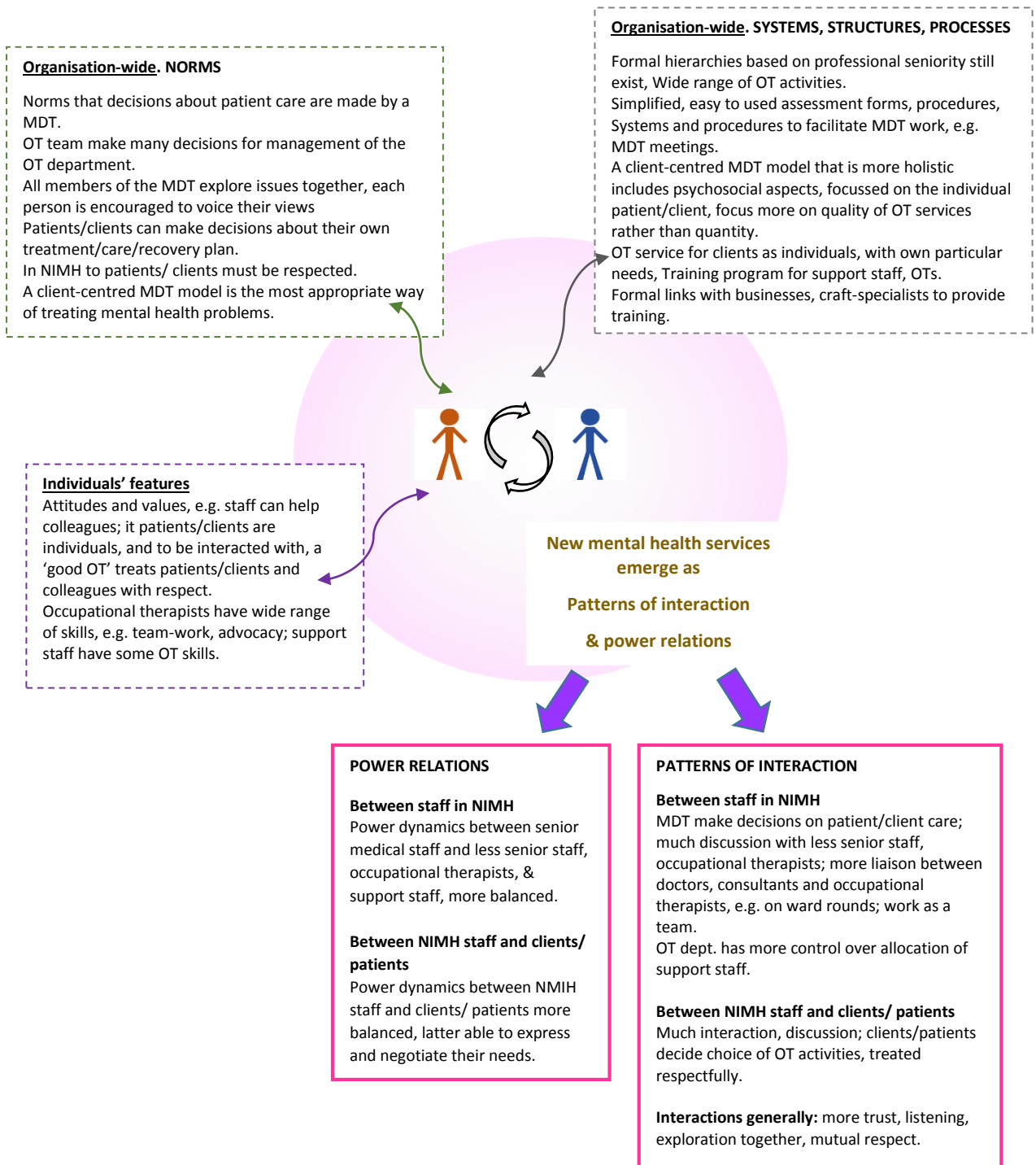


Figure 8b: Capacity of NIMH to deliver services: the situation with support by VSO.

Some elements of capacity (organisation-wide and individual) and patterns of interaction and power relations, that gave rise to the type of mental health services delivered.

(Source: synthesises from findings in Annex 5)



3.3 Relative contributions of VSO to Partners' capacity development

3.3.1 Focus of this section

The question explored in this sub-section is:

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

This question is explored by setting the capacity development contributions of VSO in the context of the overall capacity development of Partners (very broadly). This sub-section covers the period of VSO volunteers support to Partners from 2005 to 2014.

Contributions of VSO

The findings of the post-closure evaluation indicate that the VSO country program and VSO volunteers played a major role in the capacity developments for all four Partners. The overall capacity gains that could be attributed solely to the work of VSO volunteers could be identified to some degree (depending on the Partner). However, changes in Partner capacity arose from a complex interplay between the activities of VSO and the VSO volunteers, and other stakeholders. To understand VSO's contribution to Partners' capacity development it was necessary to understand the dynamics of this interplay.

First, the change in capacity was a joint and emergent process *between* VSO volunteers and the Partners. Various factors influenced this process including the particular approach of VSO volunteers to capacity development, qualities of VSO volunteers, internal Partner factors, and external contextual factors. These are explored further in Section 3.4 on 'how change happens'.

Second, other donor-partners working with Shantiham, PCA and JSAC also contributed to these organisations' capacity development. These points are explored below.



The JSAC team exploring the relative contributions of VSO to JSAC's capacity development.

3.3.2 Alternative explanations for the capacity developments of Partners

This sub-section explores the various explanations and sources of capacity development of the four Partners (NIMH, Shantiham, PCA, and JSAC), so as to assess the *relative* contribution of VSO volunteers' work compared to other organisations working with these Partners. The alternative explanations for the capacity developments of Partners encompass:

- VSO volunteers' contribution to overall Partner capacity *relative* to other donor-partners
- Role of VSO volunteers in forming links with donor-partners,
- Other donor-partners supporting Partner capacity development,
- Interplay of capacity developing support by VSO volunteers and other donor-partners,

These are discussed next.

VSO volunteers' contribution to overall Partner capacity relative to other donor-partners

Although VSO played a very significant role in the capacity development of Partners, other organisations have also supported Partners' development at the same time. The PCA and JSAC teams estimated that the proportion of VSO's contributions to their capacity development relative to other donor-partners. The results are shown in Figure 9. It is important to note that these percentages are qualitative estimations by the teams, and are not based on quantitative data and analysis.

Overall, PCA and JSAC estimated that VSO volunteers' *direct* contributions represented about **one-third (30%)** of all the capacity developments by all of PCA and JSAC's partners between 2005 and 2014. In the case of PCA, approximately a third of VSO support was in the form of grants to support PCA's capacity development.

However, Partners said that the *value* of VSO volunteers' contributions to PCA and JSAC was more than a third because of the interplay between the VSO volunteers' and other partner organisations' capacity developing work (discussed later in this section; and further in Section 3.7).

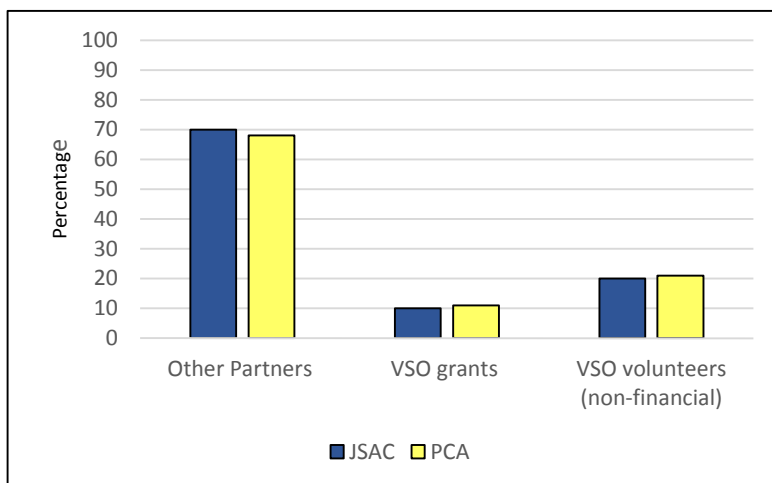
For the NIMH-OT team, the relative contributions of VSO volunteers was very high. The team attributed most of the capacity developments to the work of VSO volunteers, although internal factors and contextual factors also played an important part.

Figure 9:

Overall increase in PCA and JSAC's capacity between 2005 and 2014, and relative contribution of VSO:

Estimated percentage (vertical axis) of total capacity supported by VSO volunteers (non-financial), VSO grants, and all other PCA partners.

(Source: PCA and JSAC case studies, Annex 6 and 7)



Role of VSO volunteers in forming links with donor-partners

Data on Partner's annual income was limited, with most information available being provided by JSAC. The PCA and JSAC teams estimated that VSO's financial contribution to capacity was approximately a tenth of the all capacity contributions (funds, training, materials etc.) by all partners, between 2006 and 2014 (Figure 9 above). However, although VSO provided little funding per se, VSO volunteers played an instrumental role in supporting Partners to secure funding. A key way in which this was done was through forming links with new donor-partners.

The role that VSO volunteers played in forming links with donor partners varied between Partners. VSO volunteers played a relatively small role in forming links between PCA and donor-partners (Figure 10), where about 11% were created by VSO volunteers, and 63% of new links were created by PCA staff themselves.

In contrast, VSO volunteers working with JSAC played a very significant role in making such links. The JSAC team estimated that three-quarters of JSAC donor-partners were created by VSO volunteers (Figure 11).

Many of the links with donor partners made by VSO volunteers were through personal contacts of the volunteers.



The PCA team exploring links with their partners, including VSO and donors.

Figure 10:

Actors who made connections for PCA with donor-partners: connections to donor partners made by each actor-group, as a percentage of all connections made, (from approx. 2002 to 2014).

(n = 27 connections with PCA partners/ donor partners)

(Source: PCA case study, Annex 6).

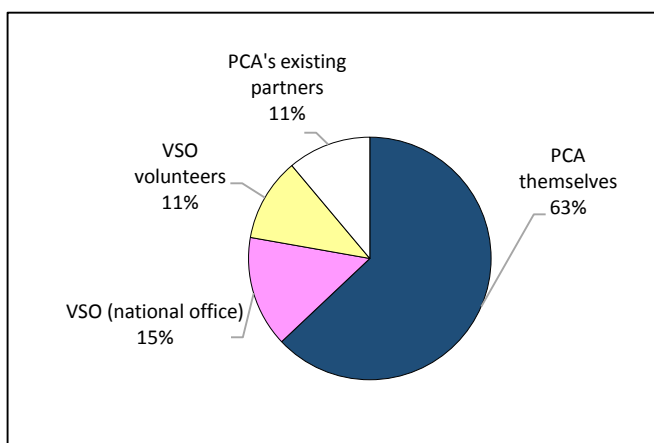
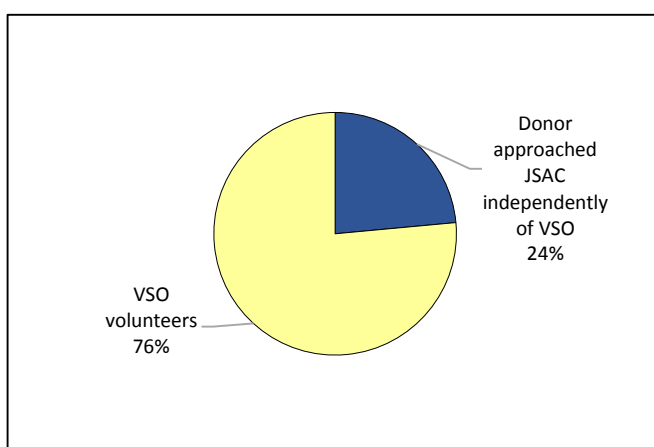


Figure 11:

Actors who made connections for JSAC with donor-partners: connections to donor partners made by each actor-group, as a percentage of all connections made, (from approx. 2001 to 2014).

(n = 17 connections with JSAC donor partners)

(Source: JSAC case study, Annex 7).



Interplay of capacity developing support by VSO volunteers and other donor-partners

A key finding from the post-closure evaluation was that the capacity developing support of VSO volunteers included not only what VSO volunteers did themselves with Partners directly, but the interplay between VSO volunteers' work and other donor-partners' capacity support. This interplay manifested in several ways.

VSO volunteers brought much 'added value' to the capacity support of Partner's other donor-funded projects/partners. This was through volunteers working with Partner staff on donor-funded projects. For PCA and Shantiham, VSO volunteers provided capacity developing support for over half of donor-funded projects. For JSAC, VSO volunteers provided developing support for about three-quarters of JSAC's donor funded projects. In addition, the 'technical, personal and interaction skills' learnt and documents and systems developed with VSO volunteers, were used by Partner in all of their projects, services and relationships with stakeholders.

Donor-partners and other actors providing support to develop Partner capacity

A key findings was that donors and other actors working with the Partners also provide capacity developing support. For PCA and Shantiham for example, these actors created guidelines, manuals and handbooks that these Partners drew on for training. In Shantiham, donor-partners also supported the development of systems, such as monitoring. In Shantiham, the long standing support of senior medical professionals based at Jaffna Teaching Hospital, provided regular supervision of psychosocial workers. The former have been greatly influential in developing Shantiham's approach to community-based psychosocial and mental health services. In NIMH, new ideas about MDT and client-centred approaches that medical consultants learnt from visiting other countries, also contributed to the changes in the way NIMH delivered their mental health services.

3.4 How change in Partners' capacity arises

3.4.1 Focus of this section

This section explores the question:

What are the key factors in whether or not capacity development was initially successful?

This section focusses in particular on how change in Partner capacity happened. The period explored was the capacity developing work of VSO from 2005 to 2014. This includes the specific work of VSO volunteers, and contributions of the VSO country program in Sri Lanka. Other factors are also explored that include factors that enabled and presented challenges. These are interlinked with VSO's approach to capacity development. For clarity these are separated out below.

This section also includes insights and perceptions of former VSO volunteers and VSO staff in Sri Lanka.

Factors influencing how changes in Partners' capacity happens

The Partners identified several factors that enabled the successful capacity developing work with VSO. These have been grouped into six areas, shown in the diagram (on the right). Each of these are explored in detail below.



3.4.2 VSO volunteers

Qualities of VSO volunteers

The qualities of the VSO volunteers that were valued by the Partners are illustrated in Figure 12.

All four categories of qualities are important, although the qualities most emphasised include: the professional qualifications and experience; maturity and many years of working experience, an openness and willingness to share professional skills and knowledge; not exercise power over others; able to challenge people in a non-threatening way and challenges attitudes. Partners valued VSO volunteers' professionalism and belief in the new approaches and ideas they introduced. The willingness of VSO volunteers to participate in social events, cultural sensitivity and make friends with colleagues, was also valued by Partners.

"The volunteer was a great human being, had a simple life style, adapted to the culture but did not try to change himself"

(PCA staff member)

"VSO volunteers are a part of us, of JSAC, they understand our operational context".

(JSAC staff member)

Figure 12: Qualities of VSO volunteers that enable capacity development

(Source: Partner case studies, Annexes 4 to 7)

<p>Personal</p> <p>Committed, dedicated, hard-working, dynamic.</p> <p>Open to new experiences and learning.</p> <p>Willing to listen, patient.</p> <p>Maturity and experience that come with age.</p> <p>Strong belief and holding on to this (e.g. non-violent communication).</p> <p>A lot of fun, good humour, easy going.</p> <p>A 'humanity' thinking, good human being</p> <p>A 'helping mind'.</p> <p>Willing to travel to communities.</p> <p>Respects other's ideas.</p> <p>Soft person.</p> <p>Independent, courageous.</p> <p>Tried to learn the language.</p> <p>Had personal power, authority.</p> <p>Resourceful</p>	<p>Professional</p> <p>Professionally qualified</p> <p>Way of thinking about peace building</p> <p>Philosophical, reflective, questioning</p> <p>Believed in approaches/new ideas they introduced</p> <p>Support individuals and groups</p> <p>Committed to supporting the organisation</p> <p>Ownership of capacity developing process</p> <p>Practical skills in project management, training</p> <p>Good writing skills</p> <p>A lot of experience that comes with maturity</p> <p>Did what they said they would do, did it on time</p> <p>Willing to do a range of roles</p> <p>Clear goals</p>
<p>Interacting</p> <p>Communicates, argues points professionally.</p> <p>Able to challenge other people and organisations in a non-threatening way.</p> <p>Draws on personal experience to build relationships.</p> <p>Willing to share skills and knowledge.</p> <p>Always willing to support others.</p> <p>Can go to volunteer any time for help (professional and personal)</p> <p>Encourages and engages in debate.</p> <p>Never used power over others, acts as an equal.</p> <p>Challenges attitudes.</p> <p>Find solutions together.</p>	<p>Social</p> <p>Participated in social events</p> <p>Develop friendships with colleagues</p> <p>Adapted to the culture</p> <p>Adapt to working in transcultural environment</p> <p>Wore Sri Lankan dress at social events</p>



Approaches of VSO volunteers to supporting Partner capacity developing

Figure 13 illustrates the broad approaches used by VSO volunteers to support Partners' capacity development (reported Partners and VSO volunteers). The 'approach' includes (a) *what* VSO volunteers do, which are the strategies they use; and (b) *how* they use all these strategies, which is the interactions between VSO volunteers, Partner staff and other stakeholders.

Specific capacity elements of Partners' mental health services or projects were developed through a wide range of VSO volunteer strategies. For example, improving the quality of services was through supervision, mentoring, modelling behaviour, creation of codes and protocols, and development of systems, documents and systems. Another example is strengthening the sustainability of a Partner through individual and organisation-wide development, and forming links with donors and other stakeholders. Building links and relationships with external actors was often through VSO volunteers and Partner colleagues attending meetings together.

Of crucial importance was the particular ways in which VSO volunteers interacted with other people, which included the qualities of VSO volunteers themselves. This is important because it enabled VSO volunteers to build good working relationships that underpin the capacity developing strategies they used. One of the most important and effective strategies for capacity development was mentoring on-the-job, and modelling of behaviours by VSO volunteers.

"The VSO volunteer talks deeply and exposes ideas freely".
(JSAC staff member)

Mentoring by VSO volunteers was effective because immediate feedback and support could be given to Partner colleagues, which could be 'applied' straight away as the colleague was working. Mentoring also ensured the skills developed were directly relevant to an individual's actual tasks and working reality. In this way mentoring not only made immediate learning more effective, but helped sustain new skills learnt (see Section 3.5). The on-going presence of VSO volunteers as team-members who can participate in mutual learning, was also particularly valued by Partners.

"The volunteer respects everyone, is calm and cool, never uses power, never said no, and always came back to me when I asked for help. Always assessed the situation before taking steps, such as talking to the community".
(PCA staff member)

Modelling of behaviour and interactions of VSO volunteers was one of the most important strategies that contributed to change in attitudes and values of Partner colleagues. However, the process was not one of individuals simply copying the volunteer's way of interacting with others. Indeed, initially volunteers' behaviour was sometime viewed as strange and suspect. Examples include sitting on the floor to speak with clients (NIMH); and asking questions, challenging ideas, and debating with leaders (for all Partners). Partners said that by experiencing and observing the way in which VSO volunteers interacted with them and others, and this started to challenge deeply held and unquestioned values. Some individuals said they felt ashamed of their own ways of interacting, attitudes and assumptions about other people such as patients and clients (NIMH). This prompted deep personal change for them.

However, effective capacity development also included VSO volunteers' own learning and how this influenced interactions between volunteers and Partner colleagues, (explored below in sub-section 3.4.6).

Figure 13: Approach used by VSO volunteers working with Partners that enabled successful capacity developments: strategies and interactions.

(Source: Partner case studies in Annexes 4 to 7, and interviews with VSO volunteers)

<p>Mentoring, modelling</p> <p>Training</p> <p>Practical training.</p> <p>On-the-job mentoring.</p> <p>Develop systems etc. <i>with</i> staff, e.g. preparing funding proposals, OD manual, training materials.</p> <p>Individualised mentoring.</p> <p>Shows/demonstrates new skills and behaviours, e.g. meetings with donor partners, professional communication, assertiveness.</p> <p>Group reflection.</p>	<p>Building relationships</p> <p>Share professional and personal experiences and knowledge to help build working relationships.</p> <p>Works with all levels of staff.</p> <p>Negotiated with leadership.</p>	<p>Team member and peers</p> <p>Works with staff as an active team member, engaging in many of the same activities with staff, communities, other stakeholders; e.g. training, building relationships, implementing project activities.</p>
<p>Support from other VSO volunteers</p> <p>Getting support from other VSO volunteers with different skills, e.g. how to carry out an organisation assessment</p>	<div style="background-color: #2c5e8c; color: white; padding: 10px; text-align: center;"> <p>Interactions between VSO volunteers and Partner (& other stakeholders)</p> <ul style="list-style-type: none"> ▪ Joint-reflection, exploration, debate, questioning and learning; ▪ challenging preconceived ways of thinking; ▪ challenging power relations and hierarchies in non-confrontational ways; ▪ open, friendly, soft , simple approach; ▪ encouraging others to speak and express themselves; ▪ fostering confidence and assertiveness; ▪ mutual respect of ideas and experience; ▪ worked with everyone in the same way; ▪ listening, empathy; ▪ enquiring, exploring </div>	<p>Reality</p> <p>Capacity development is based on VSO volunteer’s understanding of organisational reality and dynamics, and local and national context</p>
<p>Understanding contextual reality</p> <p>Capacity developing is rooted in an understanding of Partner’s context, communities, and staff.</p>		<p>New ways of thinking/models</p> <p>Introduce new ideas/models</p> <p>Encourages debate and exploration of ways of thinking</p>
<p>Different roles</p> <p>VSO volunteers take on wider responsibilities, e.g. proposal preparation and fund raising; writing, field-testing training manuals, typing up modification. This helps PCA staff focus on their work in different ways.</p>		<p>Documents and systems</p> <p>Write manuals, templates for on-going use, and easy to use and modify.</p> <p>Establish systems that are on-going.</p>
<p>Create external linkages</p> <p>Links with donors, businesses, networks, government, service providers, NGOs – often together <i>with</i> Partner staff.</p>		<p>Focus on specific staff</p> <p>Worked with specific staff to develop specialised capacity, e.g. senior leaders, women staff, finance officer, M&E officer.</p>
<p>Create external linkages</p> <p>Links with donors, businesses, networks, government, service providers, NGOs – often together <i>with</i> Partner staff.</p>	<p>Focus on specific staff</p> <p>Worked with specific staff to develop specialised capacity, e.g. senior leaders, women staff, finance officer, M&E officer.</p>	<p>Demonstrate benefits</p> <p>Show how capacity development will be of use/help beneficiaries</p>

Challenges faced by VSO volunteers

The Partners reported that there were some challenges of working with VSO volunteers, although these did not prevent volunteers from making valuable contributions to capacity development. Key challenges included:

- Language barriers, which hampered communication and development of mutual understanding of capacity developing needs and how to take these forward;
- Sometimes an individual volunteer with a boundary around themselves. This hindered the creation of good working relationships, which in turn limited the capacity developing work of the volunteer;
- The volunteer expecting ‘perfect professionalism’ that Partner staff could not meet. This led to frustration and tension by colleagues. The problem stemmed from an inadequate understanding by the volunteer of local context and reality of staff’s situation;
- Diverse approaches of different volunteers did on occasion lead to friction and confusion in the Partner organisation;
- Volunteers giving emotional support to staff sometimes led to dependency on the volunteer, and difficulties for management as well as volunteers,
- A volunteer being unable to settle in placement at first.

3.4.3 Partners’ internal factors

The internal factors and qualities of the Partners’ themselves also played a vital role in the process of capacity development. The factors that enabled capacity development, and presented challenges are listed in Figure 14. Partners and VSO volunteers also emphasised that the pro-active support of the leadership of Partner organisations, as well as the talent and great potential of individuals, were critical factors in supporting capacity development. Other important factors included internal coordination, and staff skills and commitment. For PCA, their own ability to form links and relationships with stakeholders (CBOs, government, networks) was an important contributing factor to their capacity development.

A key challenge was the difficulties in developing the skills of staff who were spread widely across different locations. Another was the conflict between leaderships and staff, which hindered the decision-making that was necessary for some capacity developing activities, for example staff training. The shortage of enough professionally qualified staff was particularly problematic for Shantiham, for example in providing supervision for psychosocial workers.

Figure 14: Partners’ features that enabled and presented challenges for capacity development

(Source: Partner case studies in Annexes 4 to 7)

Enabling	Challenges
<ul style="list-style-type: none"> ▪ Support of leadership and senior management to provide approval for the capacity development strategies ▪ Cooperation between staff ▪ Existing systems (training, reporting, meetings) ▪ Staff skills, knowledge, experience ▪ Staff confidence and commitment ▪ VSO volunteers paired up with a contact person (e.g. senior clinical professional) for professional support. 	<ul style="list-style-type: none"> ▪ Limited skills of some non-core staff, that VSO volunteers could not develop due to geographically dispersed offices ▪ Frustration (stemming from external restrictions) ▪ Conflict between staff and leadership ▪ Shortage of professionally qualified staff ▪ Leadership/management – pressures of other work limit time for strategic work, delayed decision-making.

3.4.4 VSO's programmatic approach

VSO's programmatic approach played an important role in supporting the capacity development of Partners. This is related to VSO's strategy of creating horizontal and vertical linkages as part of their partnership portfolio. Not all aspects of VSO's country program-level activities were mentioned by the four Partners in the evaluation. The following are the aspects Partners found particularly valuable.

A key aspect was VSO's approach of establishing long term relationships with Partners of 10 years or more. This enabled VSO and the Partner to develop a mutual understanding and agreement on the capacity developing strategies that VSO could support. The quality of the relationship with VSO was vitally important. Partners valued the 'genuine partnership approach' of VSO, which was one of mutual respect, trust, joint decision-making, and equal power dynamics.

"Working with VSO and volunteers was a great opportunity for us ... a sense of partnership. They never used power over us. When VSO wanted volunteers to do other work, they asked us first. VSO saw volunteers as belonging to PCA".

(PCA staff member)

A crucial feature was how VSO maintained contact with Partners' during periods of the civil conflict when it was not possible to place a VSO volunteer with the Partner. For example JSAC greatly valued the sustained relationship and how VSO staff assessed the feasibility of volunteer placements.

Another aspect was VSO's approach of having volunteer placements that focussed on different aspects and professional areas of capacity support of a Partner. For example, in Shantiham, this was organisation development, training unit development, and development of the psychosocial and mental health services.

Partners also reported that successive volunteer placements was important to bring about organisation-wide structural change that could be sustained over time. Such change could not be accomplished with a single volunteer placement, but took many years. An example is the change in capacity of NIMH to deliver mental health services, which included occupational therapy, based on a client-centred and multi-disciplinary model.

"The volunteers come together and work collaboratively. They are able to move our country's mental health services to a different level. For example with the Intermediate care unit they prepared guidelines, united people from all over Sri Lanka, did lots of consultation and produced national guidelines for intermediate care units"

(Jaffna Teaching Hospital staff member)

VSO's approach of facilitating links between Partners and VSO volunteers across Sri Lanka was valuable. This enabled Partners to draw on the skills of VSO volunteers in other placements, and the experiences of other Partners. One example is the support provided by volunteers from NIMH to the volunteer developing the occupational therapy unit at Tellipaili hospital (with Shantiham). Other examples of such collaboration include support in carrying out organisation assessments, and the joint writing the 'Coalition Building Handbook' based on the experiences from the National Network for Reconciliation (NNR) by VSO volunteers working with JSAC, PCA, and SEED⁶ (another VSO Partner).

Partners mentioned the role that VSO played in facilitating the formation of coalitions such as the NNR (a coalition of civil society organisations), and the formation of consumer associations (related to mental health services).

An example of a vertical linkage made by VSO was the support in creating the occupational therapy (OT) degree course at the University of Kelaniya (the first of its kind in Sri Lanka, and from which a substantial number of occupational therapists have graduated⁷). According to the VSO volunteer who supported this work, the active role of key senior staff in facilitating the process from *within* the University was a crucial factor in successfully establishing the degree course. Staff at NIMH reported that the skills and knowledge gained from this degree made an important contribution to the creation of the client-centred and multi-disciplinary approach now used at NIMH. The creation of the degree contributed to structural change not only within NIMH, but also to the education sector for mental health workers and occupational therapists in particular.

Further discussion on other factors related to VSO's programmatic approach such as the effect of the length of partnerships and volunteer placements, are discussed in Section 3.5.

⁶ Social, Economic and Environmental Development (SEED).

⁷ Report on the evaluation of the VSO Sri Lanka mental health program (2013).

3.4.5 Contextual factors and donor partners

The contextual factors that both enabled capacity development with Partners, and presented challenges are illustrated in Figure 15. An important contextual factor supporting capacity development in mental health services was the Mental Health policy (2005 - 2015). Although there were many challenges in implementing the policy it did provide legitimacy for Partners’ developing community-based and client-centred approaches, and VSO’s support of this. This also included publically raising and addressing issues such as stigmatisation through the media, and fostering the formation of consumer groups.

For all the Partners the restrictions on INGOs working in the country during the period of the civil conflict was a major challenge to capacity development. This impacted on volunteer placements, and some of the capacity developing activities, such as mentoring during field-visits. For the NGO Partners, the decline in the availability of donor funding (linked to the change in status of Sri Lanka to a middle income country, and cessation of the civil conflict), has presented a major challenge in securing enough funds and income.

The limited resources in the mental health sector has meant limited number of mental health professionals. An example is with Shantiham, where there was not enough sufficiently qualified professionals who could work alongside the VSO volunteers to supervise and develop the capacity of the psychosocial workers.

Another important factor supporting capacity development of Partner was the approach of some of their other partner organisations, especially donors. This is explored further in Section 3.7.

Figure 15: Contextual factors supporting and challenging capacity development of Partners

(Source: Partner case studies in Annexes 4 to 7)

Enabling	Challenges
<ul style="list-style-type: none"> ▪ More connections with INGOs and local networks developed through different partners, rather than VSO (PCA) ▪ Support of stakeholders (e.g. CBOs, government officers) ▪ Enabling mental health policy framework (Policy on mental health 2005-2015) 	<ul style="list-style-type: none"> ▪ Insufficient core funding due to donor funding policies (linked to change in Sri Lanka status to middle income country, and peace). ▪ Restrictions on INGOs working in Sri Lanka ▪ Restrictions on Partners work due to government regulations ▪ Cultural biases making community participation in projects difficult ▪ Few resources for Mental Health services in the health system overall ▪ Civil conflict (ended in 2009)

3.4.6 Capacity development as patterns of interaction and emergent outcomes

The factors that enabled and hindered capacity developments are not separate, but often interlinked in the interactions between people. This sub-section explains how capacity development is patterns of interaction (relationships) between Partners and VSO volunteer that emerge and change over time, as emergent outcomes.

An essential feature of ‘how’ VSO volunteers supported capacity development was their own learning. A change in ‘ways of thinking’ applied as much to the VSO volunteer as it did to their Partner-colleagues. Cultural sensitivity and understanding of organisation dynamics on the part of VSO volunteers is only one part of this. Contrary to what might be expected, VSO volunteers often had relatively less power to realise/achieve their intentions and desires to get on with capacity development activities. This was especially so in the early stages of their placement. Simply organising training events or systems development sessions was generally ineffective, and often Partner colleagues would not participate. This usually stemmed from a lack of mutual understanding and agreement on what the issues were, what has to change (in terms of capacity), and how this change might be brought about.

A key insight for VSO volunteers was that change could only happen once they found a way to interact with Partner-colleagues that opened up more meaningful discussions about the current situation. Examples include: organisation capacity of JSAC; how PCA is currently working with communities and government officers; and

how OT services are being delivered in NIMH. This too entailed some personal change for volunteers in their own attitudes and understanding of the situation, and acceptance of the reality and context of Partners' work (e.g. available resources, social norms for ways of working). VSO volunteers consistently reported that it was not until there was a fundamental change in their *own* way of thinking about what they could do and how, that they felt they could begin to make useful contributions to capacity development. Many volunteers did this through helping build relationships with colleagues using the ways of interacting listed in Figure 13. The process involved a change in power dynamics between VSO volunteers and Partner colleagues. Patterns of interaction and relationship gradually emerged with more equal power dynamics based on mutual trust and respect. It was only when this happened that volunteers and Partner colleagues could begin to openly explore and express their views in ways that were not threatening to each other. This was essential for gaining mutual understanding, and finding ways for how the expertise and experiences of the both volunteer and Partners could be drawn on. The change was gradual. VSO volunteers being in placements as team members was integral to the process.

Capacity development was an on-going emergent process as Partners and volunteers continued to explore, test ideas and approaches, and learn together. In this way, the 'change in capacity to deliver services' and the 'working relationships between volunteers and Partners' (the capacity developing process), were both emergent outcomes, arising at the same time and inextricably linked.

A key finding from the post-closure evaluation was that no matter what their professional background and experience was, or the length of the placement, the most 'successful' volunteers (in terms of supporting capacity development) were those who could help form creative, exploratory, and trusting relationships with colleagues. A few volunteers were reported by Partners to be less able to do this, and so were less effective. It is important to note that the Partner played as an important role in this as the volunteer.

Creative, exploratory, and trusting relationships were co-created between volunteers and Partners.

Examples were also cited by Partners and VSO volunteers of where it was not possible to form trusting relationships in placements where a Partner was particularly antagonistic to the VSO volunteer. However, this did not apply to the four case study Partners (NIMH, Shantiham, PCA, and JSAC) in this evaluation.



Occupational therapists discussing the approach of VSO volunteers to capacity development

3.4.7 Capacity developing activities that were less successful

As would be expected, there were some capacity developing activities that were less successful than others. The following are examples provided by the Partners and VSO volunteers.

One example was the attempts by Shantiham and volunteers to develop the training unit into financially self-sustaining unit. This was considered potentially viable because Shantiham was already an experienced respected training provider for a range of actors including community groups, NGOs and government bodies. The attempts were not successful for several reasons: insufficient staff in the training unit to manage the various elements of both running courses and marketing courses; insufficient leadership support because of work pressures on senior management; challenges in forming links and relationships with a wider range of organisations and how to market the training courses to them; and questions over the pricing of courses.

Another example was the attempt to develop a 'social work post graduate diploma', a joint effort between VSO and Shantiham, the University of Jayewardenepara, the Ministry of Health, and NIMH. This was not successful at the time partly because of insufficient staff at the university to take the process forward.

Another example across all four Partners included the efforts to develop leadership and coordination skills with some individuals managing units or departments. These efforts were sometimes not successful for various reasons. Some individuals did not have time to commit to developing new skills and/or take on new tasks and duties that this would entail, did not want to take on another style of working, or had other priorities in their work and personal lives. In some cases this limited the effectiveness of other capacity developments within that unit or department such as the ability of staff to put new skills into practice.

3.4.8 How change happens: congruence with VSO’s global Theory of Change

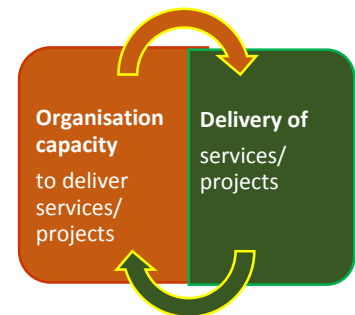
This sub-section explores the assumptions of what causes change in Partner’ capacity. The specific questions raised by VSO relate to the assumptions in the value chain as articulated in VSO’s global Theory of Change:

“First, we assume improved organisational capacity leads to improved outcomes such as improved access and quality of services. Second, we assume 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’)", (Terms of Reference, Annex 1).

Assumption 1: Organisational capacity leads to improved outcomes (services or projects delivered)

There is strong evidence that this is the case. However, it was not a linear, results chain process.

The capacity development of Partners and change in the nature of services and project delivered gradually emerge at the same time. This is because ‘effective’ capacity development, such as skills development or how to use systems and documents, often needs to be done *as services or projects are being delivered*, through for example, mentoring on-the-job. Change in capacity and the nature of services and project delivered reinforce and cause each other. Change is not a linear process whereby first a Partner develops capacity and then delivers effect services or projects.

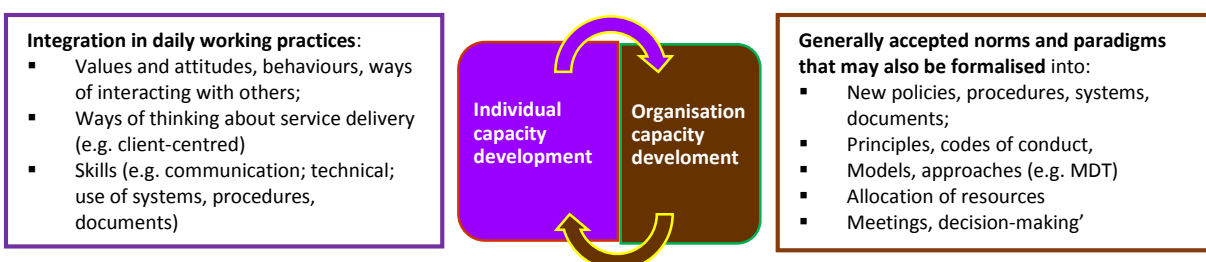


Assumption 2: Individual capacity is replicated upwards to organisation level

The findings from the post-closure evaluation indicate that change in capacity of individuals is closely linked to change in organisation and/or department-wide change in capacity. However, this did not happen in a purely ‘step-wise linear fashion’ where individuals first change and this change is then replicated to an organisation level. Rather, the capacity of individuals and an organisation (or department) develops and emerges *together* over time (Figure 16). This is because individual factors and organisation factors that cause capacity outcomes, by necessity need to change and develop *at the same time*. The reason is as follows.

Returning to the example from NIMH, as the values of more and more individuals change so too do the norms of the OT department and NIMH as whole. It became increasingly socially and professionally acceptable for different professional-groups to interact and discuss client-centred care and to interact with clients in a mutually respectful way. The new emerging professional and social norms in turn continued to reinforce individuals’ new emerging values and attitudes, and therefore new ways of interacting with each other and clients. Individuals were no longer restrained by the need to conform to old social norms or a medical-based model. The process was further supported when these professional and social norms of interaction were formalised into NIMH’s mission and procedures. This further strengthened individuals’ capacity to work in this new way. Likewise, as individuals’ ways of thinking and skills in client and individual-centred mental health services, and working as a multi-disciplinary team (MDT) changed, this became a more accepted approach across NIMH.

Figure 16: Emergence of individual and organisation capacity at the same time, each causing and reinforcing the other in a paradoxical dynamic



VSO volunteers' contribution to impact on lives of ultimate beneficiaries

Another question is the extent to which VSO volunteers' capacity developing work can be linked to change in the lives of ultimate beneficiaries (impact). There was some evidence that such links could be made, although this was not explored in depth in the post-closure evaluation. Partners provided the following examples.

One example from PCA illustrates how their capacity to carry out a baseline survey highlighted issues of power and an antagonistic relationship between a village leader and village members. This enabled PCA to identify what needed to be done in that situation. PCA arranged an awareness-raising event for the leader and community to build mutual understanding. The leader now listens to people and helps them to obtain important documents and services, such as birth certificates and pension money. The leader also helps families resolve problems and conflict. Another example shows how PCA's capacity to reflect on how and why activities were achieved or not, enabled PCA to fine tune their project plans and activities so that they focussed on the most important aspects of the lives of the ultimate beneficiaries. This also made project plans more realistic so that they could be implemented on time, and activities budgeted for correctly. Another example was a conflict resolution workshop facilitated by PCA, which directly affected the relationship between a community and leaders. This enabled families to obtain documents from local government.

JSAC provided several examples of where the VSO volunteers' support to organisation and project development, enabled JSAC to focus their strategic priorities on addressing the needs for community rehabilitation, rebuilding and development (following displacement). Examples include providing fishing equipment to support livelihoods; building village water & sanitation infrastructure; and a halfway home/shelter for women and children. JSAC also argued that their organisation development directly enabled them to obtain donor funding.

The NIMH-OT team and senior management stated that VSO volunteers played a pivotal role in the development of a client-centred multi-disciplinary approach that included development of the OT department, and the subsequent change in the quality of care and recovery of clients.

"When VSO volunteers came they changed the culture of work. Before only support staff would hand out food to patients, doctors would not do a nurse's job ... VSO volunteers changed this. Volunteers do all things ... no hierarchy or class. Volunteers sit on the floor with patients".

(NIMH staff members)

Another point, was that where VSO volunteers' capacity development work involved working with the Partner *as the Partner worked with ultimate beneficiaries*, then it was easier to show a link between volunteer's capacity development support and impact. This is particularly so for the mental health work. Examples include: the psychosocial work of Shantiham where VSO volunteers provided supervision and mentoring in field as the counsellors worked with clients and families; the mentoring of occupational therapists as they worked with clients (NIMH); and mentoring of field-staff as they facilitated conflict-resolution workshops with communities (PCA). Assessing the contribution to ultimate beneficiaries of capacity development in OD (organisation development) and project management is more problematic because the volunteer is a 'step removed' from direct interaction with ultimate beneficiaries (JSAC, Shantiham and PCA).

A key issue that limited the extent to which VSO volunteers' capacity developing contributions would be linked to impact on the lives of ultimate beneficiaries was the relative lack of monitoring data and evaluations that can assess the impact of Partners' work (aside from JSAC).

3.5 Sustainability of capacity gains

3.5.1 Focus of this section

The focus of this section is to explore the questions:

- **To what extent have capacity development gains been sustained since VSO's departure?**
- **What are the key factors in whether or not capacity development was subsequently sustained?**

'Capacity development gains' or 'capacity gains' refers the capacity developments supported by VSO volunteers to Partners between 2005 and 2014. The purpose of section 3.5 is to explore the extent to which these 'capacity gains' for Partners have been sustained between the closure of the VSO program in 2014 to March 2015 (time of the field-visit to Sri Lanka for the post-closure evaluation). Details of the sustainability of particular capacity gains for each Partner can be found in Annex 4 to 7.

The findings from the evaluation showed that the sustainability of capacity development gains was not simply an all or nothing situation, where a gain was sustained or not sustained. The nature of sustainability was more nuanced and complex. To reflect this, the 'degree of sustainability' was assessed using six categories: (1) sustained consistently; (2) sustained with a slight decline; (3) sustained with the support of former VSO volunteers [PCA only]; (4) very little sustained; (5) not sustained at all; and (6) unknown whether sustained or not.

It is important to note that this section is not an assessment of Partners' current capacity or organisational performance. The focus is on the *sustainability* of *VSO volunteers' contributions* to Partner capacity. This section also explores the various factors affecting the sustainability of VSO volunteers' contributions.

The information in this section draws on the case studies NIMH-OT department, Shantiham, Tellipalai-OT department (working with Shantiham) and PCA. As explained in section 2.2.5 above (Methodology) it was not possible to fully explore the sustainability of particular capacity gains with JSAC because the former VSO volunteer was still working with and providing capacity support to JSAC in March 2015.

3.5.2 Extent to which VSO volunteers' contributions to Partner's capacity development have been sustained from 2013/2014 to 2015.

This sub-section explores the extent to which the different capacity elements of Partners to deliver services or projects (specifically supported by VSO volunteers), were sustained to March 2015. Details for each Partner can be found in Annexes 4 to 6.

Overall sustainability of VSO volunteers contributions to Partner's capacity

Overall, of the capacity development gains for Partners achieved by the end of the VSO program in 2014, just under **three-quarters (71%) have been sustained to March 2015** (Figure 17), (for Shantiham, Tellipalai-OT, NIMH-OT, and PCA). About 17% of capacity gains overall were not sustained at all, or little was sustained. For PCA, approximately a tenth of capacity gains were sustained through the on-going support of former VSO volunteers, in particular for funding proposals (Figure 18).

There is a wide range in the 'degree of sustainability' of the different elements of capacity between Partners. However, there was a similarity between types of capacity gains that were sustained and not sustained. These are discussed next.

Figure 17:

Sustainability of all capacity gains supported by VSO for the NIMH-OT department, PCA, Shantiham, Tellipalai-OT Department (with Shantiham).

Degree to which the capacity gains for Partners supported by VSO have been sustained to 2015, as a percentage of all capacity development gains with by all VSO volunteers.

(n = 162 capacity gains, with 4 Partners).

(Source: collated from Partner case studies, Annexes 4 to 6).

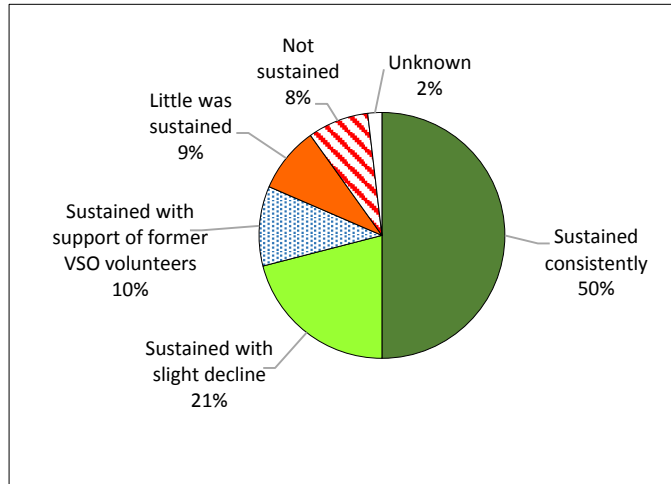
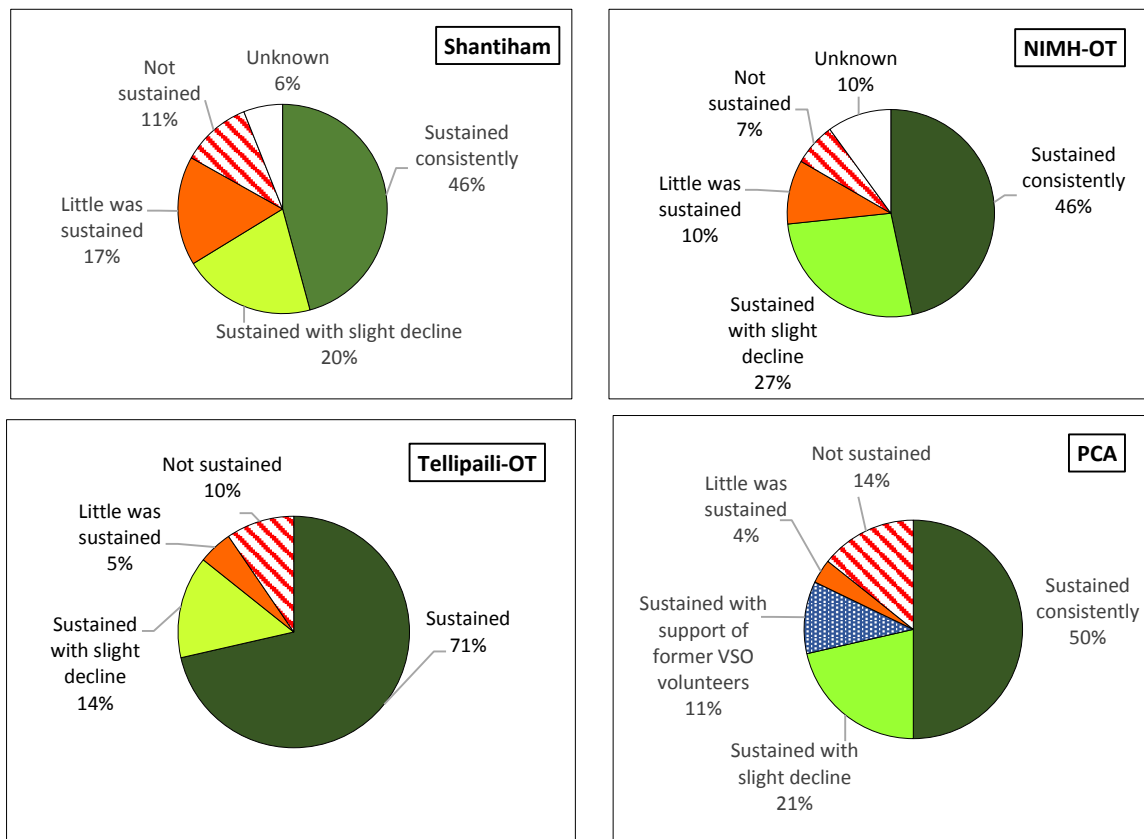


Figure 18: Sustainability of all capacity gains supported by VSO for three Partners: NIMH OT department, Shantiham, Tellipalai-OT Department (with Shantiham), and PCA.

Degree to which the capacity gains for Partners supported by VSO have been sustained to 2015, as a percentage of all capacity development gains with by all VSO volunteers. (n = 162 capacity gains, with 4 Partners).

(Source: collated from Partner case studies, Annexes 4 to 6).



Capacity gains (made with VSO support) that were sustained and not sustained

The gains in capacity (developed with VSO support) that were sustained and not sustained (for PCA, NIMH-OT department, Shantiham, and Tellipalai-OT department) are summarised below: -

Capacity gains sustained	Capacity gains not sustained
<ul style="list-style-type: none"> ▪ Attitudes ▪ Way of thinking ▪ Skills ▪ Systems, processes, documents ▪ Liaison and cooperation between staff/professional groups in multi-disciplinary teams (MDT), (NIMH-OT) ▪ Links and relationships with community structures, government (PCA) ▪ Hosting events, challenging INGOs, representing organisation (PCA) 	<ul style="list-style-type: none"> ▪ Funding proposal preparation skills (Shantiham, PCA, NIMH-OT) ▪ External relationships/ links - with donors (Shantiham, NIMH) ▪ Internal relationships /links - liaison between the OT department and leadership (NIMH) ▪ Supervision of some staff (psychosocial workers – Shantiham; OT staff – NIMH) ▪ Aspects of project management, e.g. M&E and data analysis (PCA, Shantiham) ▪ Advanced training in some psychosocial skills (Shantiham)

The capacity developments supported by VSO volunteers that were most sustained to March 2015 for all Partners were staff attitudes, way of thinking and skills; internal coordination between staff cadres, and organisation-wide (or department) systems, processes, documents. These played a key role in sustaining services and project delivery.

“The PCA Training Manual is still used and adapted ... it’s a living document, and is easy for new staff to use”.

(PCA staff member)

A key capacity gain that was least sustained was funding proposal preparation and securing funding. For some Partners, such as Shantiham, this was a major ‘gap’ (as Partners’ put it) left by the departure of VSO volunteers and the closure of the VSO country program. Other key capacity gains not sustained included the ability to provide supervision for staff delivering services, which was of importance for Shantiham and NIMH-OT department. There was also a decline in number and strength of some of the relationships and links both externally and internally for some Partners (Shantiham, NIMH-OT). The reasons for this are explored next.

In JSAC, VSO volunteers created three-quarters of links with new donors. The extent to which the *process* of forming and maintaining new links with donors is sustainable, could not be assessed at the time of the post-closure evaluation. However, the JSAC team reported that many current negotiations are carried by JSAC’s leadership.

3.5.3 Factors enabling and hindering the sustainability of capacity gains created with VSO’s support

The focus of this section is to explore the question:

What are the key factors in whether or not capacity development was subsequently sustained?

This section explores the factors that have enabled and hindered the sustainability of capacity gains of Partners that were supported by VSO. The period explored is from 2013/2014 (closure of the VSO program in Sri Lanka) to March 2015 (time of the post-closure evaluation).

Factors enabling capacity gains to be sustained

The factors that enabled capacity gains supported by VSO volunteers are illustrated in Figure 19. These factors are interlinked.

Figure 19: Factors supporting the sustainability of capacity gains created with VSO volunteers (2013/2014 – March 2015)

(Source: Partner case studies in Annexes 4 to 6)

<p>Integrated into regular work</p> <p>New ways of thinking, attitudes, and skills, documents (e.g. reporting formats, training manuals, baseline questionnaires) and systems (e.g. finance, monitoring) - were integrated into the daily routines of staff for organisation and project management.</p>	<p>Leadership</p> <p>Partners' leadership was actively involved in capacity development with VSO volunteers and Partner staff.</p>	<p>On-going relationships with VSO volunteers</p> <p>Partners remain in touch with former VSO volunteers who continue to provide professional and personal support.</p>
<p>VSO's approach to capacity development</p> <p>Capacity developments (e.g. skills, documents, systems) created through on-the-job mentoring, so that capacities were directly relevant to and integrated into work of staff as capacity was being explored and developed. VSO's programmatic approach, long term support</p>	<p>Formalised</p> <p>Capacity developments, such as ideology and approaches to peace building and social change, and interactive training – are formalised into organisation policies and processes, e.g. the OD manual; e.g. procedures to train new staff in interactive training methods.</p>	<p>Useful documents</p> <p>Templates, e.g. reports and monitoring data analysis; training manuals; OD manual, developed with VSO volunteers, are easy to use and can easily be modified.</p>
<p>Deep personal change</p> <p>Change in attitudes, values, ways of thinking of Partner staff</p>	<p>Demonstrating impact</p> <p>Monitoring to demonstrate the impact of their work has directly enabled Partners such as PCA and JSAC to obtain further donor support, and expand into new areas.</p>	<p>Professional support</p> <p>Some on-going supervision by clinical professionals (Shanthim) for psychosocial and mental health staff</p>
<p>Learning Organisation</p> <p>PCA have learnt how to constantly test and modify approaches and materials.</p>	<p>Working experience</p> <p>Skills are sustained through on-going use of the skills in work, and increasing experience.</p>	<p>Other partner organisations</p> <p>Other partners continue to provide capacity developing support.</p>

VSO's approach to capacity development. Many Partner staff members reported that the change in their 'way of thinking and attitudes', values and beliefs, was a lasting change in how they fundamentally see their work, society and themselves. They explained that even though other aspects of capacity to deliver services and projects may decline, their own 'ways of thinking and attitudes' are lasting. This is because the latter represents a change in the very identity of individuals (as explained in 3.2 above). This has important implications for the sustainability of capacity gains developed with VSO volunteers. The change in the identities of individuals is a fundamental factor that enables changes in the way mental health services and projects are delivered. This is because an individuals' 'way of thinking and attitudes' underpins how they interact with others (clients, community members, government staff, colleagues, donors) and so sustains the patterns of interaction (of the services, projects) in ways that are beneficial, especially for ultimate beneficiaries. The sustaining of 'way of thinking and attitudes' also helps sustain other elements of capacity.

"The volunteer spoke of 'humanity' rather than a program approach. This is great thinking ... has impacted on how staff approach the communities".
(PCA staff member)

VSO's programmatic approach was also an important factor in sustaining capacity gains. The on-going relationship with Partners supported a *series* of volunteer placements that provided enough time for fundamental and structural change in Partners' capacity.

Integration and formalisation. Partners explained that the approach to capacity development by VSO volunteers was a major factor in sustaining gains in capacity. One indicator that capacity gains have been sustained is the extent to which they have been integrated into daily work routines. VSO's approach enabled staff to integrate new capacities such as skills and new concepts into their every-day working practices. For example, the most significant factor sustaining new skills was on-going work experience. This indicates also indicates that the developments in skills supported by VSO volunteers were directly relevant and related to the actual work of staff.

“My skills have increased because I am getting experience from the field. I was supervising staff and observed, and increased capacity for dealing with difficult staff”

(Counsellor, Shantiham)



Kitchen for clients to cook their own meals is still being used (above), as is the occupational therapy activity book (left) – at Tellipaili hospital

Another indication that capacity gains have been sustained is when they are *formalised* (or embedded) into organisation policies, systems and processes, as well as mission statements and codes of ethics and conduct. This included new norms and values, for example how staff interact with clients in the case of NIMH, and the occupational therapy unit at Tellipaili hospital.

Leadership. The leadership and senior management of Partners was vital to the sustainability of capacity gains support by VSO and volunteers, for example in supporting the integration and formalisation of capacity gains as described above.

On-going relationships with former VSO volunteers. Over half of VSO volunteers reported that they are still in contact with Partners (PCA and NIMH) only. The on-going relationships varied from professional advice and support in fundraising to moral and emotional support and friendship.

The experiences of PCA present an interesting and complex perspective in terms of the ‘sustainability’ of certain capacity gains developed with VSO volunteers (see Annex 6). These professional and friendship-based relationships were reported to be very significant, and mutually beneficial. One key area of on-going support is in proposal preparation. PCA writes their own proposals and then calls on support for feedback and editing of the proposal. This includes support by a group established by VSO volunteers in UK, which involves visits to PCA offices in Sri Lanka. It could be argued that this on-going support is a form of ‘dependency’. However, PCA team did not view it this way. It could also be argued that sustaining these relationships is an effective strategy for PCA to sustain their organisation capacity, in the same that they seek to sustain other relationships and links. The on-going relationships were also reciprocal. Senior PCA staff continue to work with VSO volunteers overseas, for example a visit to Myanmar in 2015 to provide training in non-violent communication.

Factors linked to the decline in capacity gains developed with VSO volunteers’ support

Figure 20 illustrates the key challenges faced by Partners in sustaining capacity gains that were developed with the support of VSO volunteers. These challenges are interlinked.

A key challenge has been securing funding. An important factor here is the change in the funding context, and the decline in donors and INGOs financing development in Sri Lanka.

Another challenge was the limited capacity of some Partners to sustain and create new relationships and links with donors (especially Shantiham and NIMH-OT department). This was partly linked to the fact that many of these links were made through personal contacts of VSO volunteers that the Partners do not have (even

though Partner-colleagues often went with the VSO volunteer to meet donors or other actors). This calls into question the sustainability of this aspect (or strategy) of capacity development.

A further challenge was the limited capacity of some Partners to provide sufficient supervision for the delivery of some aspects of services. For Shantiham this was in the supervision of field-based psychosocial workers. For NIMH-OT it was in the coordination and supervision of the OT team, and sustaining on-going liaison with senior management. The reasons are linked to the *reliance* on VSO volunteers, discussed next.

Figure 20: Factors contributing to the decline in capacity gains developed with VSO volunteers (2013/2014 – 2015) (Source: Annexes 4 to 6)

<p>Supervision of service delivery</p> <p>Insufficient professional staff to provide supervision especially field-based supervision, which was previously carried out by VSO volunteers (Shantiham).</p> <p>OT leadership less able to supervise and coordinate OT department in the same way as the VSO volunteers. Staff also face high work load, and insufficient time (NIMH).</p>	<p>Capacity for advance staff development</p> <p>No capacity for <i>advanced</i> training in aspects of psychosocial and mental health, e.g. advanced group therapy and CBT, previously carried out by VSO volunteers (Shantiham).</p>	<p>Pressures on leadership</p> <p>Challenges faced by leadership of Shantiham in having enough time for organisation development. Pressures on leadership to be involved in day-to-day decision making, thereby detracting them from strategic activities (NIMH, Shantiham).</p>
<p>Securing donor funding</p> <p>Insufficient skills to prepare funding proposals that meet donor requirements, previously with considerable support of VSO volunteers (PCA, Shantiham, NIMH-OT). Challenges in forming links with new potential donor-partners.</p>	<p>Contextual factors</p> <p>Securing funding is increasing challenging with change in donor priorities linked to the status of Sri Lanka as a middle income country and political stability.</p> <p>Insufficient professional staff for supervision also linked to insufficient resources and clinical staff in the mental health sector (NIMH).</p>	
<p>Liaising and negotiating with senior management/administration</p> <p>OT staff are less able to negotiate with administration for resources, support staff, and so on; compared to VSO volunteers, OT staff have 'less power' and negotiation skills (NIMH-OT)</p>	<p>Links with external organisations</p> <p>These were made by VSO volunteers through personal contact which staff do not have. Staff less able to form new links and maintain existing ones (Shantiham, NIMH-OT).</p>	

Reliance on VSO volunteers and importance of capacity elements

A key issue identified in the post-closure evaluation, was the *reliance* on VSO volunteers for the direct delivery of some areas Partners' services or projects. For example, Shantiham was reliant on VSO volunteers to carry out field-based supervision for psychosocial and mental health staff, securing donor funding, and provided advanced training in psychosocial and mental health (e.g. Group Therapy and Cognitive Behavioural Therapy). For the NIMH-OT team, the decline in capacity was partly due to the reliance on VSO volunteers for liaison and coordination between the OT-department and NIMH administration. For example, the VSO volunteers were able to negotiate and deal with power dynamics inherent in the professional hierarchies in NIMH, in ways that the OT team and the leader found much more challenging. The OT department was also reliant on VSO volunteers to form new business links for the sale of items such as handicrafts produced by clients.

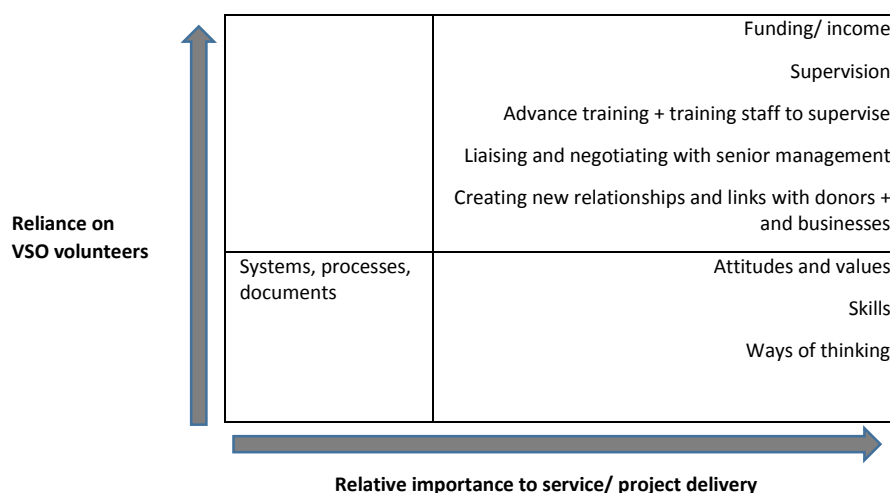
"As 'outsiders' VSO volunteers were better able to negotiate with the NIMH leadership on behalf of the OT department".
(NIMH staff member).

"We have no capacity to train OTs. We did put on a one month training with the last volunteer but now there is nobody to deliver this"
(Shantiham staff member).

When the VSO program closed, a considerable 'gap' was left in the capacity of Partners to deliver certain aspects of services or projects. The significance of this relates the *importance* of these aspects (elements) of capacity (Figure 21).

Figure 21: Relative importance of certain capacity elements and degree of reliance on VSO volunteers to deliver these elements of capacity

(Source: Partner case studies in Annexes 4 to 7)



(Note that systems, processes and documents are important, but relatively less so than the other elements listed, according to Partners).

However, the scenario is also closely linked to a paradox inherent in VSO’s approach to capacity development that makes their approach particularly effective. This is explored next.

Paradox of participating in service delivery for capacity development and sustainability

When supporting capacity development, VSO volunteers were faced with a paradox. This paradox is the need to sometimes actively participate in service or project delivery in order to facilitate change in Partner capacity to deliver these services or projects. For some aspects of capacity development, such as new ways of interacting and behaving, or communication and negotiation skills, individuals cannot ‘first learn these skills then afterwards apply them to real-life situations’. This is because individuals can only learn the new approach or skills *while actually delivering* the service or project. The VSO volunteer supports this learning through mentoring on-the-job, and modelling interactions and behaviour. However, this potentially creates dependency if the volunteer cannot then remove him/herself from direct service or project delivery at some stage, without key aspects of the service or project collapsing.

“We learnt how to use new skills in practice, as we worked with clients”
 “The VSO volunteer asked how and why we were doing things, raised our awareness of the effects of what we were doing”
 (Occupational therapist, Tellipaili Hospital)

Many VSO volunteers and Partners understood this paradox. They found ways to hold this paradox in a creative tension, and develop capacity to both deliver services and sustain these capacity gains. The problem arose when the Partner remained reliant on the VSO volunteer to deliver important aspects of services or projects (Figure 21), as mentioned above.

However, the situation was not straightforward. Partners’ explained that, for example in Shantiham’s case, the *reliance* on VSO volunteers for field-based supervision, securing donor funding, and advanced training does not necessarily imply a failure of VSO’s approach. Providing field-based supervision and advanced training were essential to developing Partner’s capacity (staff abilities, new concepts and approaches). Assisting Partners to secure donor funding was also essential to continued operation of the organisation. An interplay of contextual factors meant that there may have been little option to do otherwise (at the time).

Capacity to Develop Capacity

‘Capacity to develop capacity’ refers to the ability of a Partner to grow, innovate, and adapt to changing needs of beneficiaries and the wider context. This was raised as concern by Shantiham and partners at Jaffna Hospital, for long-term sustainability. For example, for field-level supervision there were no persons who of sufficient professional qualifications and experience to take over this role of the VSO volunteers. No-one had been coached by the VSO volunteers to carry out field-level (in part related to the lack of professionals). For

the advanced CBT and Group Therapy, no-one had been trained to deliver these courses. Again, at the time, those who received advanced training were not experienced enough to train others.

However, there were also cases where the Partner did have the ‘capacity to develop capacity’ created through the support of VSO volunteers. For example, NIMH was able to open a new occupational therapy day care centre in 2015. Much of this was possible due to the capacity developing support of VSO over 10 years.



“We could open the new day rehabilitation centre at NIMH because of the strengths and skills we learnt from the volunteer, even though it was difficult. Opening the centre was a dream of Anne”

(Occupational therapist, NIMH)



The new day care centre opened by NIMH in 2015

3.5.5 Type of Partner, length of partnership, number of international volunteer placements

This sub-section explores the following question that is related to an assumption in VSO’s global Theory of Change:

To what extent were initial capacity developments and subsequent sustainability were affected by the type of partner, length of partnership, number of international volunteer placements, skills/experience and attitudes of individual volunteers? (Terms of Reference, Annex 1).

Type of Partner

The ‘type of partner’ was defined in terms of thematic areas of mental health services (Shantiham, NIMH-OT) and peace and community development (JSAC, PCA); and government institution (NIMH) compared to NGOs (Shantiham, JSAC, PCA).

Overall, there was little evidence from the post-closure evaluation of a difference between the ‘type of partner’ and the effectiveness of initial capacity development and sustainability, per se. The only substantial difference was the strong hierarchical structure of NIMH as a government institution, underpinned by social, professional and organisational norms; which greatly influenced power dynamics between senior and less senior staff. As a government institute NIMH was also bound by regulations in the mental health sector governing activities such as the formal designation of staff duties and responsibilities. The latter, for example, made expanding staff roles, such as for occupational therapists and support staff (needed to create a client-centred service), a key challenge for NIMH.

Length of volunteer placements

The length of volunteer placements were described as short term (less than 6 months), medium term (approximately 7 to 15 months), and long term (two to three years). There was little evidence that the length of a VSO volunteer placement per se, significantly affected capacity development. This was based on the perceptions of Partners, and supported by an in depth analysis of the sustainability of individual VSO volunteers’ capacity developing activities with Shantiham. Other factors played an important role.

The Partners explained that VSO’s approach of placing a volunteer as a team member in the organisation is a major supporting factor in capacity development. Both long and short term placements are valuable for

capacity development. What is crucial for both is to carry out a good capacity assessment with the Partner so that the role of the volunteer and what he/she is expected to contribute is clear. Without a good Partner assessment, a volunteer's capacity developing support can be seriously hindered.

All four case study Partners have worked with VSO volunteers with short and medium term placements and found their support extremely valuable because their roles and specific skills needed were very clearly defined (e.g. financial systems, M&E systems, website building and public relations, governance).

Partners also argued that a placement should be at least one year because effective capacity development needs mentoring, which takes time. However, long-term placements are most preferred by Partners in cases where volunteers bring new ideas and ways of thinking. These must be demonstrated, explored, tested, modified and developed, where the volunteer and Partner learn together, which takes time. Enough time is also needed to build good working relationships that are essential for mutual learning and close mentoring.

Length of partnership and number of volunteer placements

A sustained relationship over the long term, say 8 to 10 years, leads to a deeper mutual understanding between VSO and Partners. Partners were able to build on the capacity developing work of *successive* VSO volunteers, including taking on new concepts and approaches and organisation management. A series of placements also enabled the Partner to better understand VSO's approach, what to expect from volunteers and to develop effective ways of working with volunteers.

Skills, experience and attitudes of individual volunteers

The skills, experiences and attitudes of VSO volunteers had a major influence on capacity developments and capacity developing process (see Section 3.3). The professional qualifications, maturity (linked to age), and the ways in which volunteers interacted with colleagues, beneficiaries and other stakeholder was important. Partners also highlighted the ability of the most successful volunteers to negotiate and challenge preconceived ways of thinking, power dynamics and organisation hierarchies in non-threatening yet assertive ways.

3.6 Unanticipated consequences of VSO's capacity development work

3.6.1 Focus of this section

The focus of this section is to explore the question:

- **What were unanticipated consequences of VSO's capacity development work?**

For both Partners and VSO volunteers there were several unanticipated consequences of VSO's capacity developing work.

3.6.2 The unexpected

Lasting relationships

One unanticipated consequence was the on-going and lasting relationships between VSO volunteers and Partners that extended beyond the time of the placement. Over half of VSO volunteers reported still being in contact with Partners. The on-going relationships were particularly strong with PCA and NIMH, but notably absent for Shantiham.

These relationships are both personal and professional, and play an important part in the lives of individuals as well as continued capacity support for Partners. They vary in how often contact is made. The personal relationships extend to friendship and providing emotional and moral support to Partner staff, through email and social media, and visits of former-volunteers to Sri Lanka from time to time. The professional support varied from Partner staff asking for advice, support, and feedback on technical questions about their work, reports, information, and funding proposals. For PCA, the on-going relations with former-volunteers plays a crucial role in fund-raising, and board-level management. As mentioned above the relationship for PCA was also reciprocal.

Deep personal change

Another unanticipated consequence of VSO’s capacity developing work was the *extent* of the deep personal change brought about for many Partner staff as well as VSO volunteers. This was a change in values, attitude and beliefs, and in their way of thinking about the core essence of their work. Many Partner staff reported that this was a lasting change in how they fundamentally think about the world, society and themselves.

Added value and synergy

A third consequence was the extent to which VSO volunteers’ work added value to Partners overall capacity development because volunteers supported the inputs of other donor-partners. This created an important synergy between VSO’s capacity developing support and that of donors, which further strengthened Partners’ capacity to deliver services and projects. This was especially so for the NGO Partners (Section 3.7 below).

3.7 Unique effectiveness of VSO’s approach

3.7.1 Focus of this section

The focus of this section is to explore the question:

What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?

3.7.2 VSO’s approach compared to other organisations

To explore the uniqueness and effectiveness of VSO’s approach to capacity development, a FGD using matrix scoring was facilitated with the Partner teams. Each team first drew up a list of criteria that they would use to compare the various capacity developing approaches of organisations supporting the Partners, including VSO. These criteria are interlinked. Each organisation was then scored based on the criteria. A summary from JSAC, PCA and Shantiham is illustrated in Figure 22.



Shantiham team members comparing the capacity developing approaches of their different partners

Figure 22: Criteria used to compare all organisations’ approaches to capacity development, and ranking of VSO.

(Source: case studies with Shantiham, JSAC, PCA - Annexes 4, 6, 7).

Criteria use by Partners to compare the approaches organisations to capacity development	Ranking of VSO
<ul style="list-style-type: none"> ▪ Skills in forming relationships ▪ Donor/VSO working together with Partner or not ▪ Methodology of capacity development (e.g. degree of physical presence, how skills are developed) ▪ Contribution to lives of ultimate beneficiaries ▪ Transfer of knowledge into documents that can be used practically ▪ Introduction of new ideas, concepts, models ▪ Contribution to quality of services / projects ▪ Contribution to professional positioning of Partner ▪ Funding, resources, building assets 	<div style="border: 2px solid green; border-radius: 50%; padding: 20px; text-align: center;"> <p>VSO ranked 2nd or 3rd compared to other organisations working with Partners, in terms of effectiveness of capacity development approach.</p> </div>

Overall, VSO was ranked as 2nd (PCA, Shantiham) or 3rd (JSAC) out of other organisations supporting Partners. A few of the major donor-partners were ranked above VSO. The reasons for this are discussed below. However, there were key features of VSO’s approach that Partners valued and said made VSO unique and more effective compared to other organisations.

“The volunteer’s approach is a continuous while other organisations it is once in a while, so I can’t get clarity. With VSO I get further explanation and follow up”.

(JSAC staff member)

Uniqueness of VSO

The specific features that makes VSO uniquely effective and distinct from other organisations (according to Partners) include: -

- Skill and focus on building good quality working **relationships**;
- Providing **long-term** capacity development support, and on-going mentoring, rather than short courses;
- Volunteers are **integral members** of the team; physical presence means they can give immediate support, feedback, mentoring;
- **Working together** - VSO volunteer and Partner explore issues, challenges and capacity development together, through a mutual learning process, over time.
- Enables capacity development at **different levels**, from individuals to organisation-wide. This is achieved through the integration of new concepts, skills and key documents into the daily routines and practices of staff; and formalising capacity gains into organisation systems and processes;
- Supports **bespoke** capacity development based on the unique circumstances and reality of the Partner;
- Considers the **sustainability** of capacity developments, through training of trainers;
- Is **not donor driven**, but focus on the development of the Partner;
- Provide **personal and emotional** support.

“Rather than a short training ... need to be with people all the time to build relationships that are essential to learning and capacity building”.

(PCA staff member)

In terms of the VSO program in Sri Lanka, Shantiham staff felt that VSO selects ‘the right kind of people’ to be effective volunteers; and VSO provides a long-term commitment to Partners.

Partners emphasised that VSO volunteers’ are unique in the way they work because they put considerable effort in building good quality relationships. The difference between good and poor quality relationships are illustrated in Figure 23 below, and emphasises differences in power dynamics, which was of importance to Partners.

“The main difference with VSO is that they work with you on the ground, and you can see how they are working,”

“All NGOs talk about capacity building but nobody shows locals how to do it – this is a huge difference with VSO. A couple of course will not achieve the same thing. With VSO the person is there with you and they have chosen to come”.

“VSO volunteers do not bring pre-packaged courses. They assess the needs of staff in discussion with them ... then design a special training program to suit the needs of people”.

(Shantiham staff members)

Figure 23: Qualities of good, medium, and poor working relationships between Partners and their partner- organisations (for PCA and JSAC)

(Source: Partner case studies in Annexes 6 and 7)

Type of relationship (good, medium, poor) and features of each type of relationship		
Good	Medium	Poor
<ul style="list-style-type: none"> ▪ Equal power balance ▪ Mutual respect of expertise ▪ Trust ▪ Mutual understanding of what Partner is trying to achieve, ▪ Belief in people development to change attitudes and behaviour ▪ Partner accepts what is needed on the ground by communities, ▪ Long term funding ▪ Flexible budget 	<ul style="list-style-type: none"> ▪ Some power imbalance, e.g. partner attempts to put their own ideas into Partners' programs, used Partners' own staff, ▪ Power imbalance damages relationship between Partner and donor. 	<ul style="list-style-type: none"> ▪ Donor partner attempts to move power balance in their favour ▪ Says that there is an equal partnership but this is not what happens in practice ▪ Dictates what to do in projects, give orders ▪ Do not listen ▪ Does not believe in peace-building, people approaches ▪ Results in a power struggle, which is unproductive. In cases some Partners end the relationship.

Approaches of the donor partners ranked above VSO

The Partners ranked a small number of their donor partners (for example Asia Foundation and USAID) above VSO in terms of effectiveness of approaches in supporting Partners' capacity development. These donor partners had some similarities with VSO that were particularly valued by Partners. A key similarity was the good quality of working relationships. For example, the PCA team explained the approach of one of their key donor-partners,

“... they give us enough room to develop capacity and flexibility with the budget. They help us to focus more on our own thinking about community needs and practical organisation values ... The partner is an important support for capacity development of 'working relationships', because this is the main work of PCA”.

The approach to capacity development of these donor-partners was very practical. They also made frequent visits to Partners and spent time on developing capacity elements such as skills and systems, and provided mentoring support both in situ and through on-going contact through email and Skype conversations. However, the disadvantage of the latter was that donor-staff were not always available for mentoring support as and when it was needed as issues arose, and often could not accompany staff on visits to communities and other stakeholders (for mentoring). This was a very important difference and advantage of VSO's approach, as well as the other factors listed above that make VSO unique.

A feature of a good quality relationship - “The donor *enables* us. For example, if we put in a proposal they don't say this is wrong or bad, but they give good feedback”.

(JSAC staff member)

The main reason that some donor-partners were ranked above VSO was that the former provided funding and other resources (e.g. vehicles, office equipment), that VSO did not. Partners' argued that if the provision of funds and resources were taken out of the equation, VSO would be ranked first in most cases.

3.7.3 Approach to capacity development: congruence with VSO's theory of change

This sub-section explores VSO's assumptions about their approach to capacity development (compared to other approaches) that were summarised as:

- (1) VSO volunteers are effective catalysts for capacity development due to how volunteers work with organisations and communities, individual attributes of the volunteers, and direct immersion – enables them to build equal and trusting relationships with colleagues and communities; and

- (2) VSO Volunteers dual role as 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', (Terms of Reference, Annex 1).

The findings from the post-closure evaluation affirms these two assumptions. It is indeed those VSO volunteers that are able to 'build equal and trusting relationships' are those who can contribute most effectively to capacity development. How this happens is explained in Section 3.3 and the case studies in Annexes 4 to 7. Other factors related to the Partners are also extremely important. Capacity development emerges through a myriad of daily interactions between VSO volunteers and Partners (and other actors and stakeholders).

"The VSO volunteer is external but also within JSAC and internal".
(JSAC staff member)

The dual role of volunteers as 'insider and outsider' does enable them to facilitate collective action and form important links with service providers (e.g. Shantiham), and with government and national coalitions (see PCA case study). Volunteers also played a crucial role in forming links with donor-partners to secure funding. While this has greatly supported Partners' financial capacity, there was evidence to suggest that this was not sustainable for some Partners (e.g. Shantiham, NIMH-OT).

The Partners' perspectives illustrated in sub-section 3.7.2 above suggest that these two assumptions do indeed make VSO's approach unique compared to other approaches. However, the findings also show that other crucial features make VSO's approach unique, including: the particular approach used by volunteers and wide array of strategies (mentoring, modelling, and more, shown in Figure 13); long-term commitment of VSO providing successive volunteers over time; bespoke capacity development based on a deep understanding of the Partner, working realities and context; and that VSO is not donor-driven when it comes to supporting Partner capacity development.

"Volunteers know the community, context and staff ... there is no gap between them".
(PCA staff member)

3.8 Assessing change in capacity: VSO's M&E tools and Partner perceptions

3.8.1 Focus of this section

This section explores the question:

How well do VSO's scalar tools for measuring organisational capacity and service delivery capacity (as they were used in Sri Lanka) align with partners' understandings of capacity and the extent of VSO's contribution to changes in capacity?

VSO also raised the following points about their Theory of Change and M&E systems: -

"VSO in its M&E systems ... 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 ... motivational capacity, authority, resource capacity, communication capacity, and decision-making capacity. Yet our Theory of Change states clearly that we want to move beyond 'the traditional approach of development cooperation, which focuses on technical inputs and financing, to one that considers the processes and human relationships through which change - and power - is negotiated", (Terms of Reference, post-closure evaluation).

For VSO, this includes and exploration of "what capacity is ... motivational capacity, authority, resource capacity, communication capacity, and decision-making capacity is ..." (Terms of Reference, Annex 1).

Section 3.8 explores these points and the extent to which Partner' perceptions of capacity align with and differ from VSO's global theory of Change assumptions and M&E scalar tools. The latter refers specifically to VSO's 'partners monitoring and learning tool' (PMLT).

3.8.2 Partners’ perceptions of capacity: congruence with VSO’s scalar tools and global Theory of Change

VSO’s PMLT and Partners’ perceptions

There is some overlap between VSO’s PMLT and Partners’ perceptions and definitions of capacity to deliver services and projects (Figure 24). These include aspects of capacity that are very important to Partners: skills and knowledge, attitudes, quality of services, and ultimate beneficiaries. The open questions in the PMLT related to ‘outcomes at organisation level’ does provide space for volunteers and Partners to record their results as they see them, such as implications of developments in capacity e.g. for service delivery.

A key difference is that Partners place much emphasis on relationships (internal and external) and the quality of these relationships, coordination with external actors, funding, and ways of thinking.

Figure 24: Similarities and differences between Partners’ perceptions of capacity (capacity elements and compound indicators) compared to VSO’s ‘partnership monitoring and learning tool’ (PMLT)

(Source: Partner case studies in Annexes 4 to 7; VSO’s ‘Partnership Monitoring and Learning Tool)

Unique to Partners	Partners + VSO PMLT	Unique to VSO PMLT
Income / funding Relationships / links with donors, networks, businesses Ways of thinking, models and approaches Sustainability of organisation Coordination with service providers, community structures Internal coordination between units/departments and staff and leaders Reputation of organisation Challenging INGOs Hosting events Role of occupational therapists	Skills & knowledge Attitudes Quality of services Ultimate beneficiaries Number of staff trained and types of training/knowledge learnt Documents, systems, procedures Organisation capacity/ implications of changes for organisation capacity Inclusion disability (and other) Integrating gender equality into organisation programming	Volunteer inputs: type & number of volunteer days International & in-country knowledge sharing days Areas (e.g. health, livelihoods) partnership has focussed on Holding government to account/ influencing policy Advocacy success scale
	Some overlap between Partners + VSO PMLT Technical competence, service management, community engagement in the delivery of services Explanation of VSO contributions to change in capacity	

Congruence with VSO’s global Theory of Change

The findings from the post-closure evaluation highlight several other important points. VSO seeks to “move beyond the traditional approach of development cooperation, which focuses on technical inputs and financing”. However, for the Partners, technical inputs (if defined as the technical/professional expertise of VSO volunteers), were a crucial and invaluable contribution of volunteers. It was one of the attributes of volunteers most valued by Partners. Second, VSO volunteers played a crucial role in helping Partners secure funds, and so ‘financing’ remains an important and necessary ‘element of capacity’ for Partners. It maybe that VSO’s approach continues to not focus on direct financing, but VSO may want to consider how their M&E systems might better assess volunteers’ contributions to improving Partner’s overall funding and income.

The findings also show that Partners can clearly articulate how human relationships and power negotiations affect and are central to capacity development. Indeed, most people readily speak in these terms.

4. CONCLUSIONS, LEARNING, IMPLICATIONS, RECOMMENDATIONS

Part 4 presents the conclusions, learning, and implications of the findings of the post-closure evaluation in Sri Lanka, and makes recommendations for VSO based on these.

4.1 Perceptions of capacity and VSO's contributions

4.1.1 Partners' perceptions of capacity to deliver services and projects

There was considerable similarity between Partners in how they defined the 'capacity to deliver services and projects'. Partners' definitions of capacity were grouped into three broad areas: organisation-wide, individual, and the wider context. *Organisation-wide* (or department-wide) capacity elements included: systems, documents, procedures; financial resources; internal coordination, ways of thinking, model and approaches, sustainability, and quality. Capacity elements related to *individuals* were: skills of staff, attitudes and ways of thinking. The capacity elements related to the *wider context* were; links with external organisations (e.g. donors), and coordination with external organisations (e.g. service providers).

Partners' perceptions of capacity have important implications for VSO's monitoring and evaluation processes, program strategy, and global Theory of Change. This is explored further in the sections below.

4.1.2 VSO's contributions to Partners' capacity development

A key finding was that VSO made significant contributions to the capacity development of the four Partners who took part in the post-closure evaluation. The most significant changes were the attitudes, ways of thinking and skills of Partner staff. On an organisation-wide basis, the most significant changes were in approaches and models to service and project delivery, systems and processes development, and securing donor-funding. The latter was one of the most unexpected emergent outcomes for VSO volunteers. For many volunteers fund-raising was not part of their original remit.

The findings highlighted the particular factors that made much of VSO's support to Partners successful. A key factor was the capacity developing strategies used by VSO volunteers. Particularly effective strategies were mentoring, modelling of behaviour, and training; creation of workable systems, documents and processes; and fostering links with external agencies such as donors, civil society and government. Crucial to the whole process was the way in which VSO volunteers interacted with others to help co-create exploratory and creative working relationships based on mutual respect, trust and balanced power dynamics. The ability of many VSO volunteers' to challenge unequal power dynamics and unquestioned ways of thinking, in constructive non-threatening ways, was critical. However, factors internal to Partners were also extremely important, especially leadership, the commitment and talent of individuals, and coordination between staff cadres and departments. VSO's programmatic approach based on forming long term relationships with Partners, and the creation of vertical and horizontal linkages, was also significant.

The evaluation identified what was uniquely effective about VSO's approach compared to other organisations providing capacity support to the Partners. VSO was ranked as 2nd or 3rd compared to other organisations in terms of 'capacity developing effectiveness', according to the Partners' perspectives. The unique features of VSO's approach included the ability to build good quality working relationships, on-going mentoring and training on-the-job, volunteers being integral members of the Partner-teams, and long-term capacity development support of VSO's programmatic approach of providing successive volunteer placements.

An important learning was that VSO's contributions to Partner capacity went beyond VSO's specific capacity developing activities (such as mentoring for skills development, creating systems, or inter-organisation networking). For the Partners, VSO brought much additional value to their overall capacity development. An example was that as a result of volunteers' improving Partner's capacity to deliver projects, the effectiveness of *other organisations'* contributions, such as donors, to the Partner's capacity was greatly improved. This also has important implications for how VSO monitors and evaluates the outcomes and impact of their work (discussed further in 4.1.3).

Recommendation. Given the central role of VSO volunteers' skills in building good quality relationships and how important this was to capacity development, VSO considers how such skills

might be included in volunteers' pre-departure or in-country training (if it is not already being done). The training might also include examples/mini-case studies from the Sri Lanka experience, including how volunteers' capacity developing support was often paradoxical; and factors that support the initial success and subsequent sustainability of capacity developments (see also 4.2 below).

4.1.3 Indicators, baselines, monitoring and evaluation

Indicators of capacity development to deliver services and projects

The findings of the post-closure evaluation showed that there was some congruence between VSO's scalar monitoring tool (PMLT) and Partners' definition of capacity (4.1.1 above). However, there were many aspects of capacity as defined by Partners that were not included in the PLMT. This has several important implications for VSO.

The first implication is that VSO's understanding, learning and creation of ways to improve their approach (together with Partners) may be partially limited if they are not monitoring and gathering lessons on certain aspects of capacity. The second implication is that by not assessing important aspects of capacity, VSO may be less able to demonstrate to themselves and stakeholders, such as Partners and donor-partners, the outcomes (Partner capacity to deliver services and projects) and impact (for ultimate beneficiaries) of VSO's work. The third implications relates to VSO securing continued donor support through being able to demonstrate the effectiveness of their approach, as well as the outcomes and impact of their work. Finally, there are also implications for VSO's wider role in influencing global development approaches, especially those based on volunteering.

VSO is currently revising their monitoring procedures. The findings from the post closure evaluation can inform this process.

Recommendation: VSO develop a methodology to create and measure indicators of 'capacity to deliver services' based on Partners' definitions and perceptions of capacity.

Recommendation: VSO develop a methodology to explore the nature of interactions, emergent relationships and power negotiations, and how this affects capacity development. This might be done through in-depth and longitudinal case studies.

Establishing a baseline and M&E systems

The methodology used in this post-closure evaluation in essence established two baselines. Baseline #1 was the situation before VSO support to Partners. This was used to assess changes in Partner capacity to deliver services and projects as a result of VSO volunteers' work (and relative to other organisations). Baseline #2 was the situation at the end of the VSO program in 2014. This was used to assess the extent to which capacity developments supported by VSO volunteers were sustained to March 2015.

However, establishing Baseline #1 at the start of VSO's engagement with a Partner would be problematic if M&E is to be based on Partners' understanding of capacity. This is because capacity development is an emergent process, where some elements of capacity cannot be predicted beforehand. Certain capacity elements may only come to light once a change in services and projects (as new patterns of interaction) have begun to emerge. This may take some time. A key example is the change in attitudes and values of individuals and social norms. Many individuals remarked that they did not realise they had certain attitudes and ways of thinking, and the importance of this to their capacity to deliver services. The implication is that not all the indicators needed to measure change can be identified at the *start* of a new partnership with VSO. New indicators will inevitably arise as Partners' approaches to service delivery changes, for example, a change from a 'medical-model' to a 'client-centred MDT model' of mental health service (in the case of NIMH).

Recommendation: VSO's monitoring system remains flexible and emergent, as new capacity elements and indicators come to light. This might enable a realistic Baseline #1 to be established.

Recommendation: VSO explore methods to investigate 'how the service or project was before it changed', once Partners perceive that a change in capacity to deliver services or projects has started to happen. This should be done systematically and with appropriate sampling. At this stage it is also

likely that Partners can remember enough details to describe the situation before VSO support (Baseline #1), using new indicators, and compare this with the current situation.

It would be relevant and possible to assess some aspects of capacity at the beginning of a relationship with a new Partner, such as systems and documents, and sources of income and income levels. However, as already indicated above, this alone may not be sufficient to truly assess the outcomes and impact of VSO's work.

Baseline #2 was established for the post-closure evaluation based in the recall of the Partners and VSO volunteers' accounts and final reports. There was a very close correlation between both sources of information. This would be useful for VSO's monitoring processes. Establishing a Baseline #2 also has important implications for how VSO carries out end of program evaluations.

Recommendation: Evaluations carried out at the closure of a VSO program should be based on Partners' perceptions of capacity, and not only with reference to the program logical framework indicators, plans, and intended results.

Recommendation: Investigate ways in which the VSO volunteers' final reports could be improved further to more clearly articulate the capacity of Partners at the end of a volunteer's placement. This would include more emphasis on describing change in Partner capacity. VSO consider drawing on volunteers' reports for VSO's organisation-wide and country-program monitoring.

Assessing impact

The findings from the post-closure evaluation suggested there was evidence for links between the capacity developing work of VSO volunteers and impact on the lives of ultimate beneficiaries; and that it would be possible to gather data on this.

Recommendation: VSO consider carrying out in depth case studies across a range of thematic areas and types of Partners to provide evidence of VSO's impact for ultimate beneficiaries.

4.2 Sustainability of VSO's contributions

4.2.1 Sustainability of VSO's contributions to Partners' capacity development

Between **two-thirds** and **three-quarters** (depending on the Partner) of specific capacity developments supported by VSO volunteers have been sustained since the closure of the VSO program in Sri Lanka.

An important learning for VSO was that many of the factors that made much of their capacity developing support successful *initially*, also contributed to the sustainability of these capacity gains. These included the attributes of VSO volunteers and the strategies they used, the way in which volunteers interacted with others to co-create creative working relationships; factors internal to Partners; and VSO's programmatic approach based on forming long term relationships, and supporting the formation of vertical and horizontal linkages (listed in 4.1.2 above).

These factors all contributed to sustained change for individuals and across the organisation or department. Individual changes in skills, attitudes and values became *integrated* and part of their daily working routines and interactions with others. Organisation-wide changes were sustained partly because they became *formalised* into systems, procedures, mission statements, principles of operation and codes of conduct and ethics. Critical external contextual factors affecting sustainability included the donor-funding climate, the political situation in Sri Lanka, and policy frameworks.

4.2.2 Sustainability and VSO's program approach

The findings highlighted important questions and learning about the sustainability of some of the capacity developing work of VSO. The departure of VSO left a considerable 'gap' in some aspects of capacity that Partners have struggled to address. In particular these were: obtaining donor-funding; sustaining and creating new relationships and links with external actors (e.g. donors, businesses); coordination between staff and leadership/senior management; supervision of staff; and advanced training in certain skill areas. VSO volunteers and Partners did attempt to develop capacity in most of these areas but this was of limited success. As a result, Partners remained dependent on VSO volunteers to deliver these elements of capacity. However, despite these 'gaps', the overall capacity of Partners to deliver services and projects had not reverted to the situation before the support of VSO. Indeed much had been sustained. A key lesson was that although these capacity developing activities were not sustained this did not necessarily mean that VSO should not have engaged in these activities. At the time, these activities were essential to developing Partner capacity. This does have implications for the focus of VSO's program approach, and the following recommendations are made.

Recommendation: VSO explores a pro-active strategy that focusses on long-term 'capacity to develop capacity', where each VSO volunteer placement/cohort progressively moves towards this goal; for example, how a Partner could provide advanced training for staff.

Recommendation: VSO considers ways of supporting volunteers to return to Partners some years after the end of their placement, in order to further build Partners 'capacity to develop capacity'. This has already happened to some extent in certain situations in Sri Lanka. For example, a VSO volunteer worked with Shantiham and the Jaffna Teaching Hospital to develop capacity in advanced CBT in 2004-2006. She returned to assess the two individuals trained in advanced CBT and found good level of competence. Perhaps these staff could have been trained to deliver advanced training, as they had now gained several years of experience. However, supporting volunteers to return to Partners might only be possible in cases where the VSO country office has not closed.

Recommendation: Given the high demand from Partners for support in obtaining donor-funding, VSO considers expanding and deepening program work and volunteer placements that focus on developing Partners capacity in fund raising, financial sustainability, business development, and making certain units (such as Shantiham's training unit) financially viable.

4.3 VSO's global Theory of Change

4.3.1 Congruence with VSO's global Theory of Change

A key finding was that there was some congruence between aspects of VSO's global Theory of Change and Partners' experiences. One aspect was the assumption that VSO volunteers were catalysts for capacity development because of the dual insider-outsider position of volunteers. A second was the assumption that being an integral member of a Partner-team was an essential factor that enabled volunteers' to make effective contributions to capacity development.

However, there were assumptions in VSO's global Theory of Change that were incongruent with Partners' and VSO volunteers' experiences of how change in capacity happens. The first was that change in Partner capacity *and* improved outcomes in terms of services and projects delivered, both emerged gradually at the same time in a paradoxical dynamic, each causing and reinforcing the other. This was not a linear process. Second, individual and organisation-wide changes in capacity also emerged at the same time in a paradoxical dynamic, rather than individual changes being 'replicated upwards' to the organisation level.

These findings are particularly pertinent at this time. VSO is currently exploring changes in their global Theory of Change, where the global Theory of Change may become VSO's 'approach to development', and specific theories of change may then be developed at program and country levels.

VSO's global Theory of Change is based on orthodox thinking rooted in resulted-based management and logic models. These are underpinned by broad assumptions of linear change processes, and a relatively high degree of prediction and control over achieving desired outcomes. The conceptual framework used in this post-

closure evaluation is based on a fundamentally different explanation for how change in capacity to deliver services and projects arise. Here, change is a non-linear, paradoxical and emergent process that cannot be predicted or controlled by any individuals and groups to create desired outcomes.

Recommendation: VSO considers developing their 'thinking on how change happens' that *most supports* their approach to development, and helps them make sense of change in Partners capacity, how capacity gains are sustained, and how VSO's work impacts on the lives of ultimate beneficiaries. There are various options, one of which involves remaining on the present course and further exploring the mainstream 'Theory of Change approach', where considerable literature, guidelines and expertise exists. The way of thinking about and explaining change also has critically important implications for VSO's program strategy and management processes, including planning and M&E.

Annexes

Annex 1: Terms of Reference

Annex 2: Notes on evaluation methodology

Annex 3: Participants: VSO staff Sri Lanka, VSO volunteers, VSO staff UK and Regional.

Annex 4: Shantiham case study

Annex 5: NIMH case study

Annex 6: PCA case study

Annex 7: JSAC case study

Annex 1 Terms of Reference

Sri Lanka post-closure evaluation: terms of reference

1. Background to the evaluation

VSO is the world's leading independent international development organisation that works through volunteers to fight poverty in developing countries. VSO's high impact approach involves bringing people together to share skills, build capabilities, promote international understanding and action, and change lives to make the world a fairer place.

This evaluation is being commissioned principally to contribute to our understanding of our global Theory of Change. Specifically, it will help us examine and test assumptions around our approach to building capacity of local partner organisations. We want to do this with reference to programming that has already finished in order to consider dimensions of sustainability. An additional advantage of this approach is to give us much-needed experience of post-closure evaluations. Thus, the aims of the evaluation are:

- to interrogate some key assumptions in our global Theory of Change and provide evidence to support or refute them;
- to provide evidence for and articulate the uniqueness and value of international volunteers in capacity development;
- to give us experience in post-closure evaluations, and assessing the sustainability of our work.

After working in Sri Lanka for more than forty years, in March 2014 VSO closed its programme. This was a strategic decision recognising Sri Lanka's middle income status, and reflecting a perception VSO resources could be deployed more effectively elsewhere in combating poverty. The last few years focused on improving mental health services island-wide, developing active citizenship and volunteerism, and developing civil society capacity to respond to the post-fighting context and the reconciliation agenda.

A global independent progress review of VSO in 2012 made the point we have never undertaken a post-closure evaluation exercise. A change project focused on evaluation strategy and sitting within a broader change Impact & Effectiveness Programme has subsequently identified it wishes to carry out one or more post-closure evaluations.

Sri Lanka is well placed to be the subject of this evaluation because (i) we have ongoing contact with national staff members that have been with VSO for a considerable length of time, and who in turn have ongoing relationships with partner organisations (ii) we have a wealth of project and learning documentation to which we can refer (iii) we have a fertile context in which to explore a topic of key interest to VSO and its theory of change – i.e. the effectiveness and sustainability of its volunteer-led capacity development work over time. As mentioned above, the latter of these is the priority for this piece of work.

2. Description of the work for evaluation

This evaluation spans partners involved in two programme areas – mental health and peace-developing. These were areas of VSO's work for more than a decade, and both concluded with multi-year EC funded projects. These are summarised in the table below.

(NB Each of these projects has been externally evaluated, and the intent of the presently planned evaluation is not to duplicate this work. It is principally concerned to work at the partner level across

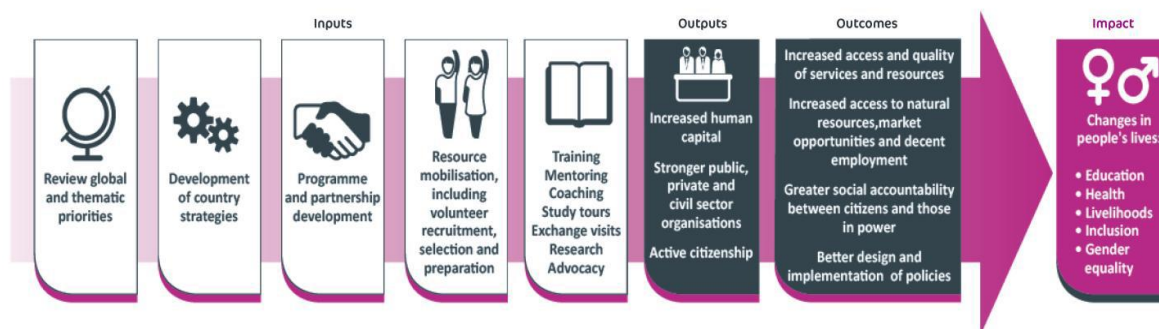
both programmes/projects and answer 'how' questions with relevance for our Theory of Change. We are also interested, however, in looking at the sustainability of interventions that will have finished approximately a year to 18 months before this evaluation, together with unanticipated outcomes of our interventions. This is explained in more detail in subsequent sections of this terms of reference.)

Programme:	Mental Health	Peace-developing
Project:	'Supporting & developing rights based mental health services in Sri Lanka'	'Promotion and protection of human rights and democracy through a stronger Sri Lankan civil society'
Dates:	April 2008 – March 2013	June 2011 – November 2013
Budget:	983,710 Euros	249,846 Euros
Specific objective:	Community based, quality mental health services are available, accessible and inclusive in 7 provinces of Sri Lanka.	To build a strong, broad-based, and island-wide coalition of civil society organisations focused on securing the civil and political rights of the most disadvantaged groups in conflict affected communities
Expected results:	<p>1. National Mental Health policy implemented in seven provinces, North, East, Western, North Western, Uva, Southern, Central</p> <p>2. Mental health workers in the seven provinces use more client centred rehabilitation focused approaches</p> <p>3. Newly trained mental health workers and non-mental health workers are trained using interactive and practical methodologies</p> <p>4. Partners engaging in more community-based rehabilitation focused approaches, in particular ensuring the involvement of people with mental health problems and/or their families in these approaches</p>	<p>1. Increase the organisational capacity of 5 partners and associates, and up to 30 of their secondary level partner organisations, based on their individually identified organisational development needs.</p> <p>2. The creation of a broad-based and island-wide coalition of organisations that has identified and begun to work effectively on one or more priority national reconciliation issue(s)</p>
Planned beneficiaries:	<p>Intermediate beneficiaries = 1,031 staff of partner organizations + 3,541 service users and family members</p> <p>Ultimate beneficiaries = 980,820 health workers, service users and family members</p>	<p>Intermediate beneficiaries = 270 staff of partner organisations + 1,400 staff of other CSOs</p> <p>Ultimate beneficiaries = 90,000 individuals in conflict-affected communities</p>
Principal activities:	Organisational capacity development; networking; formal training; awareness raising; project steering group; national conference	Organisational capacity development; district engagement events; action research; learning workshops; learning tours; coalition developing; project working group; national conference
Partners:	Shanthiham; NSK; BNSL; LAF; University of Kelaniya – civil society organizations. Batticaloa Teaching Hospital (BTH); NIMH; Provincial Departments of Health Services of North Western and Uva provinces; RDHS in Hambantota District – state organizations	PCA; SEED; JSAC; SAPSRI; NPC – civil society organisations
Associated volunteer months:	704	104

3. Background to and rationale for the evaluation

The latest iteration of VSO's global Theory of Change describes a value chain (see below) where several key inputs—i.e. coaching, training, mentoring—are typically delivered by international volunteers placed with local partner organisations. One of the expected outputs is 'stronger public,

private, and civil sector organisations’. In turn it is theorised the outputs lead to outcomes in four areas, including ‘increased access and quality of services’.



VSO’s principal unit of analysis for this value chain is local partners. In the last three years VSO has introduced standardised scales to measure organisational capacity, and scales to measure service delivery and the progress of advocacy work. They are accompanied by detailed protocols to introduce consistency in measurement. The scales are applied to our global partner portfolio annually through a standardised data collection and analysis process. Note, however, these global-level changes to our ways of monitoring organisational change do not perfectly align with the timings of our projects in Sri Lanka. The evaluation will have to consider how tools available at the time of the projects in Sri Lanka capture organisational change.

The tools mentioned above increasingly allow VSO to aggregate data, quantitative and qualitative, around our capacity development interventions and make statements about whether or not partners in our portfolio are improving their organisational capacity and the services they deliver.

Crucially, however, the Theory of Change and the associated ways we monitor our work include a number of unstated assumptions we are keen to interrogate and understand better. These include:

Assumptions around causality in the value chain

A couple of causality assumptions are worth highlighting. First, we assume improved organisational capacity leads to improved outcomes such as improved access and quality of services.

Second, we assume 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’).

And there is a further assumption, albeit not clearly articulated in the Theory of Change, 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 catalysts for capacity development

In our Theory of Change we say ‘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 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 additionality 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, the fact we have never undertaken a post-closure evaluation means we have no 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 (to take a rights-based understanding of capacity,) motivational capacity, authority, resource capacity, communication capacity, and decision-making capacity. Yet our Theory of Change states clearly that we want to move beyond ‘the traditional approach of development cooperation, which focuses on technical inputs and financing, to one that considers the processes and human relationships through which change – and power – is negotiated.’

The purpose of this evaluation is 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. Choosing Sri Lanka as the context for this evaluation also allows us to examine issues around sustainability, since it is a closed programme. This is an area where we have a gap in our evaluative coverage, as identified by an independent progress review in 2012.

The main audiences for this evaluation are internal stakeholders in programmes, impact and accountability, and programme innovation and development – i.e. those with a vested interest in continuing to deepen understanding and application of our Theory of Change.

The evaluation findings will be used (i) to inform programming so it is more effective and sustainable (ii) to inform discussions around how we define and measure ‘capacity’ in our new programming frameworks, and (iii) to help us to understand and articulate better the unique value of our volunteer-led approach to capacity development.

4. Evaluation aims

The specific aims of this Evaluation are:

- to interrogate some key assumptions in our global Theory of Change and provide evidence to support or refute them;
- to provide evidence for and articulate the uniqueness and value of international volunteers in capacity development;
- to give us experience in post-closure evaluations, and assessing the sustainability of our work.

5. Key evaluation questions

Assessing capacity changes and sustainability

9. How have local partners in Sri Lanka defined 'capacity' (in the context of VSO's organisational capacity-development interventions)?
10. What contribution do partners think VSO made to developing capacity (as defined by the partners themselves)?
11. What alternative explanations are there for changes in organisational capacity of local partners?
12. To what extent have capacity development gains been sustained since VSO's departure?
13. What were unanticipated consequences of VSO's capacity development work?

How change happens

14. What are the key factors in whether or not capacity development was initially successful and subsequently sustained (with reference, inter alia, to type of partner, length of partnership, number of international volunteer placements, skills/experience and attitudes of individual volunteers)?
15. What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?
16. How well do VSO's scalar tools for measuring organisational capacity and service delivery capacity (as they were used in Sri Lanka) align with partners' understandings of capacity and the extent of VSO's contribution to changes in capacity?

6. Evaluation methodology

Since a key dimension of this evaluation is to interrogate VSO's belief that bringing people together through volunteerism can lead to positive change, we are particularly interested in evaluative approaches that focus on complex emergent outcomes and how these can be analysed by looking at patterns of interaction. This approach would be applied retrospectively to past interactions between a sample of former partner organisations and their associated international volunteers.

Within this broad approach we anticipate a range of more conventional methodological tools will be appropriate, such as desk research, semi-structured interviews, focus group discussions, questionnaires, etc.

Bidders are invited to propose the approach and methods they anticipate will best meet the requirements outlined in this document.

7. Evaluability assessment

Project design & partnership objectives

Partnerships covered by this evaluation are related to two, principally-EC funded projects. Each of these projects has a moderately clear programme design and results framework. The same cannot be said, however, at the partnership level for every partner. Partnership and/or placement documentation does not provide clear and SMART capacity development objectives in many instances.

Availability of information

Several years worth of project and programme reports are available, albeit incomplete, and the same is true for annual partnership review information. Monitoring information, however, has not been always systematically collected (i.e. the model VSO is currently using was not employed at the time in Sri Lanka) and no baselines were initially established for either project. Locally commissioned end-of-project evaluations are available for both projects.

Conducive environment

VSO no longer has a presence in Sri Lanka. We have ongoing contact with former employees who are willing to assist with this evaluation. We also have confidence the partners likely to be included in this evaluation are willing to participate fully. Many former volunteers—some now in placements in other countries—are likely to be contactable for telephonic interviews or surveys. VSO will facilitate contacts and make initial introductions for the contractor.

Implications

(1) The lack of baselines and consistently good partner-level monitoring information on capacity development, combined with (2) the intent of this evaluation to determine a partner-led definition of capacity, represent considerable challenges to evaluability. The evaluation will need to take this into account e.g. by developing a retrospective approach to applying partner-derived capacity development indicators.

8. Timing and deliverables

We plan this evaluation to happen in the final quarter of the calendar year, to be concluded by 31 December 2014.

We anticipate this evaluation requiring two-to-three weeks' field work in Sri Lanka.

Deliverables are:

1. An inception report approximately two weeks before field work starts;
2. An interim report five days into the field work stage;
3. The first draft of a final report by 31 December 2014, with the final version submitted by 31 January 2015;

4. A one-hour presentation of findings and conclusions in person in our UK offices or by skype (date to be mutually agreed);
5. An appropriate communication for sharing the findings with local partner organisations;
6. An optional, to-be-agreed commitment to co-author a paper for publication within six months of the evaluation end date.

9. Recommended reports - content and structure

The inception report:

- should provide more detail around how the evaluator/s will fulfil these terms of reference;
- should be completed at least ten days before field work commences;
- should be no longer than 6 pages in total.

The interim report:

- should be no longer than 6 pages in total;
- should outline progress made with initial fieldwork;
- should make clear recommendations for any adjustments to these terms of reference based on the situation as the evaluator/s finds it.

The final report:

- should contain an executive summary of two pages maximum;
- should be no longer than 25 pages in total, inclusive of the executive summary but exclusive of appendices;
- should outline the methodology used and any limitations thereof;
- should structure findings around the key questions mentioned above;
- should relate all findings specifically to VSO's global Theory of Change;
- should draw evidence-based conclusions and make specific recommendations for the key audiences identified in this document;
- should identify emergent questions for VSO to consider;
- should creatively use diagrams, photographs or other imagery to present findings and conclusions in ways that are accessible to diverse stakeholders.

10. Required skills/experience/qualifications

This is a methodologically complex evaluation requiring extensive field work experience (ideally in South Asia), familiarity with a range of methodological tools, a strong conceptual and practical understanding of theories of change, likewise for evaluating complex emergent outcomes, likewise for capacity development, and considerable self-reliance (i.e. no VSO field office to support logistics). Furthermore, we require someone that can present findings succinctly and clearly for a range of stakeholders.

Experience of development programming in the areas of peace building/governance and/or mental health will be advantageous.

11. Reporting and accountability

This evaluation is commissioned by Patrick Proctor, Regional Director in the Asia and the Pacific Group, and he will be the principal point of contact for the evaluator/s and hold in-house

accountability for this piece of work. He will be supported by a small in-house, multidisciplinary steering group.

Logistical, financial, and contractual matters will be the responsibility of Julia Mensink in the Impact and Accountability team in the UK.

This report is commissioned within the Impact and Effectiveness Programme's budget, whose evaluation project will be responsible for quality assuring the work.

The evaluator/s will be responsible for their own in-country logistical arrangements, although VSO will provide the contact details of key informants and write messages of introduction to participating local organisations.

12. Insurance requirements

Contractors are required to have in place professional indemnity insurance cover for £1,000,000 and public liability insurance cover for £1,000,000.

13. Budget and payment schedule

The indicative budget for this evaluation is £25,000. Please note, proposals submitted that exceed this amount may be automatically rejected.

Bidders are invited to submit quotations with itemised budgets for this piece of work. The sum agreed will be payable in three instalments, i.e. on delivery of the inception report, on delivery of the interim report, and on delivery of the final version of the report.

14. Submission requirements

Proposals must demonstrate an understanding of the tender specifications and should be clear, concise and unambiguous. Each tender submission should be no longer than 12 pages and must include:

- **Approach**
An understanding of the evaluation environment and our requirements for the work, including a detailed description of the methods to be used in undertaking the project. They must include recommendations for the size and composition of the sample, justifying the approach and highlighting any risks.
- **Timings**
A detailed timetable for carrying out the work based on the proposed approach and method. This should highlight key milestones and deadlines, including suggested meetings.
- **Staff**
A list of staff that will be involved in the project at all levels from director, project manager through to field researchers – with a summary of their relevant experience and proposed role in the project. A full CV for each team member should be provided as an annex.
- **Budget**

A breakdown of costs, including day rates for each member with time allocations by task. The price quoted must be fixed; inclusive of all staff, travel and subsistence costs; exclusive of all duties and taxes; and expressed in GBP.⁸

Submissions should be sent electronically to Patrick Proctor (patrick.proctor@vsoint.org) by 14 July 2014. Interviews will take place in the week on 17/18 July.

Submissions that do not comply with the size and content requirements detailed may be excluded from the tender evaluation. VSO may interview a number of short-listed bidders before a contract is awarded.

15. Award criteria

VSO is committed to delivering the best value for money. The contracts will be awarded to the tender that is **most economically advantageous**. This will be determined in the light of the price and the quality of the tender. The successful tender will be the one providing a high level of quality (for which it will be given a mark) with the lowest ratio of total cost to the quality mark achieved. Tenders with a mark below 50% of available quality points will not be considered. The quality of the tender will be assessed as a function of the following criteria:

- Understanding of the terms of reference (10%)
- Appropriateness of the proposed methodology, (40 %)
- Expertise and experience of the evaluator/s (40%)
- Quality of planning of human resources and work organisation (10 %)

16. Supporting documents

These supporting documents are intended to give bidders a sense of the programmes and context of VSO's work in Sri Lanka, together with our global Theory of Change. It is an indicative rather than an exhaustive list.



⁸ Any costs incurred, in preparation and submission of a tender, in response to this invitation to tender must be borne by tenderers and are not reimbursed.

Annex 2: Notes on evaluation methodology. VSO post-closure evaluation Sri Lanka

1. Overview of Annex 2

Annex 2 presents further details of the methodology used in the VSO closure evaluation for Sri Lanka. This includes the phases of the post-closure evaluation, further details in the approach used, the methods and how there were used to address the VSO's key questions as listed in the Terms of Reference (Annex 1).

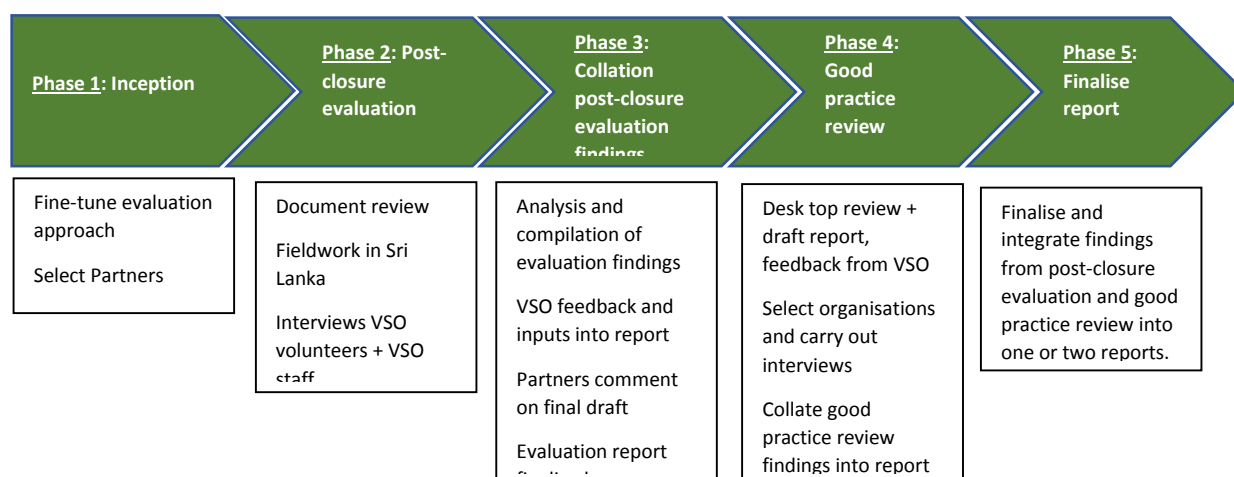
Consultants

The consultant team members were Karen Iles and Emma Hageman. The evaluation was lead and facilitated by Karen Iles. Her specific tasks were to: design and facilitate the evaluation information gathering process; analyse and interpret information together with evaluation participants; collate and integrate evaluation findings; prepare all reports; present the findings to VSO; liaise with VSO for all key activities of the evaluation oversee the evaluation process. Emma Hageman provided logistical and back-stopping support.

2. Phases of the post-closure evaluation and good practice review

The post-closure evaluation of VSO's program in Sri Lanka was one of two key activities. The second activity was a 'good practice review' on post-closure evaluations (Figure 1). Phases 1 to 3 relate to the Sri Lanka post-closure evaluation. Phase 4 relates to the 'good practice review on post-closure evaluations'.

Figure 1: Phases of the post-closure evaluation of VSO's program in Sri Lanka, and a good practice review on post-closure evaluations



1. Inception phase

During the inception phase, four Partner organisations were identified and invited to participate in the evaluation. These were the National Institute of Mental Health (NIMH), Shanthiham Association of Health and Counselling, Peace and Community Action (PCA), and Jaffna Social Action Centre (JSAC).

2. Sri Lanka Post-closure evaluation

The visit to Sri Lanka took place in March 2015, after being post-poned from October 2014, due to elections taking place in Sri Lanka.

The schedule for meetings with Partners were organised by the former VSO staff in Sri Lanka. Three days were spent with each Partner. Prior to the field-visit a draft schedule of the proposed activities was sent to each Partner for discussion. This schedule was modified to suit the working commitments of each Partner. Details of the precise activities carried out with Partner are discussed in Section 4 below, and in Annexes 4 to 7 attached to the main post-closure evaluation report.

3. Collation of post-closure evaluation findings

The findings of the post-closure evaluation have been analysed for each Partner separately (Annexes 4 to 7). These have been collated into the findings presented in the main report.

4. 'Good practice review'

The fourth phase is a 'good practice review' (Figure 1). The good practice review will take place in August and September 2015.

VSO's key questions for the 'good practice review' are as follows: -

1. What good practice are other organisations using when delivering closure evaluations?
2. Can any practice be identified as particularly innovative?
3. How is the learning from closure evaluations used by organisations?
4. At what stage are closure evaluations carried out?
5. Are impact assessments being undertaken beyond the point of closure and if so how?
6. Are closure evaluations being commissioned externally or are they carried out using internal resources? If carried out internally how is this done and is there a systematic approach and/or a standard template for reporting? If carried out externally how are they funded?

The 'good practice review' will include a desk-top review of available literature on post-closure evaluations carried out by INGOs and other organisations. A draft report will be written. On the basis of this a sample of organisations will be selected and invited to take part in interviews by Skype/telephone exploring key points and issues identified in the literature review. The findings will be integrated into the 'good practice review' report.

5. Final report

Finally, in Phase 5, the findings of the Sri Lanka and the good practice review will be presented and discussed with VSO staff, and the reports finalised.

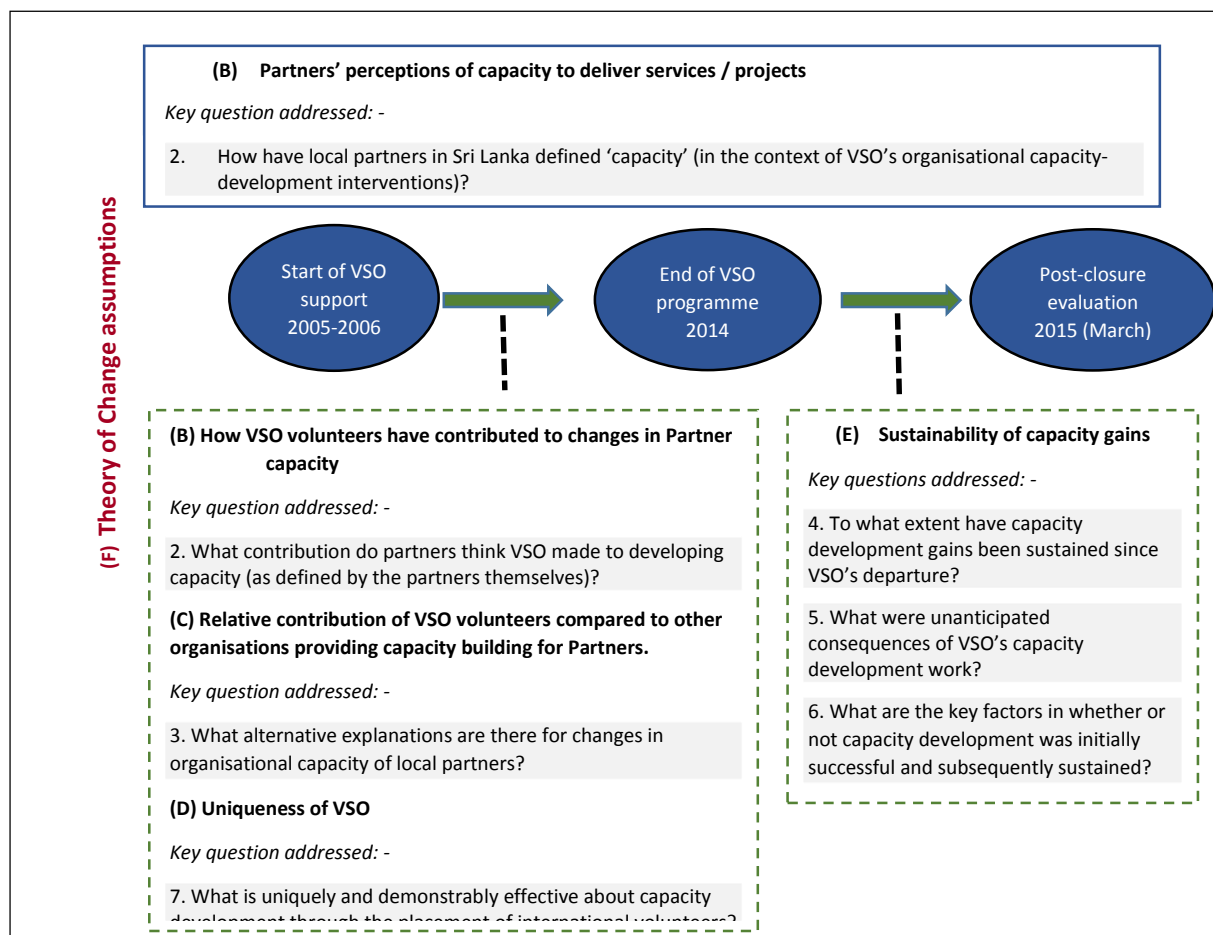
The following Sections 3 and 4 focus only on the Sri Lanka post-closure evaluation.

3. Approach to the Sri Lanka post closure evaluation

Addressing VSO's key questions

VSO's key questions were explored using the strategy illustrated in Figure 2. This entailed exploring six focal areas, each of which focussed on the VSO key questions.

Figure 2: Focal areas of exploration to address VSO's key questions



(A) Partners' perceptions of capacity

The first perspective explored what 'capacity' means for partners in relation to the ability to deliver services (related to mental health), and deliver projects to meet organisational objectives (peace development). This formed the basis of the evaluation. Based on their perception of the meaning of capacity, Partners then developed indicators, which they used to assess changes in capacity.

(B) VSO volunteers' contributions to capacity building.

The second perspective entailed exploring *how* VSO volunteers have contributed to change in partners' capacity and the extent to which this has been sustained over time. This was explored by looking at individual VSO volunteers various capacity building activities. The changes in Partner capacity were assessed at specific points in time related to individual VSO volunteer placements. For each Partner, a timeline was created based on the broad dates of volunteer placements. This provided a more realistic retrospective review of capacity changes, because staff could more easily recall specific activities and their feelings and insights at the time – because they were thinking about particular VSO volunteers. The broad process entailed assessing capacity

before the volunteer placement, at the end of the volunteer placement, and at the time of the VSO evaluation in March 2015. The timelines of various volunteer placements enabled Partners to explore a progression in partner capacity changes. This also enabled Partners to explore the effects of VSO's programmatic and strategic approach to capacity building.

(C) *Relative contribution of VSO*

In the third perspective, the *relative* contribution of VSO and VSO volunteers to change in Partners' capacity was compared to Partners' other capacity building processes with other organisations. This included a brief exploration of further contextual factors that enabled or hindered the capacity building process.

(D) *Sustainability of capacity gains*

The fourth perspective involved exploring the *sustainability* of capacity building processes carried out with VSO volunteers. This was done by assessing the current capacity of a Partner, based on their own indicators, and exploring aspects of capacity that were still being used. Examples include skills and knowledge, systems and procedures, strategies, links and networks created with other organisations and stakeholders.

(E) *Uniqueness of VSO*

The fifth perspective explores what is unique about VSO's approach to capacity development, as compared to other organisations working Partners, such as donor agencies.

(F) *'Theory of change assumptions'*

The sixth perspective consisted of a collation of the five perspectives described above, and in Figure 2. This is in essence the Partners' 'theory of change'; that this, their perceptions of what the 'capacity to deliver services and/or projects' is, and how change in such capacity is brought about. Aspects of the Partners' 'theories of change' were compared and contrasted with VSO's Global Theory of Change, highlighting in particular the underlying assumptions of change.

Learning for VSO

As part of VSO's learning process on post-closure evaluations, one of VSO's project managers (monitoring and evaluation) accompanied the field-work in Sri Lanka. This was mainly through observation and recording notes on some of the facilitated group sessions. In addition, she also collected some data at Shanthiham through interviews, review of some systems and documents, and a visit to the occupational therapy unit at Tellipaili Hospital.

4. Sampling and participants: Sri Lanka post-closure evaluation

The aim, objectives and VSO's questions for the Sri Lanka post-closure evaluation are explained in Part 1 of the main report.

Partner Organisations

The four Partner selected (NIMH, Shanthiham, JSAC and PCA) were selected in discussion with key contact persons from the VSO Sri Lanka program, and the Steering Group, using criteria agreed with VSO and Partners to ensure a representative sample is selected. The criteria used are illustrated in Annex 2A.

Within each Partner organisation, the selection of staff to participate in the evaluation was made in two ways. The first was the selection of individuals who were a representative sample in terms of staff cadres (senior leadership, management, field-based) and gender. The second was the selection of individuals who knew and had worked with VSO volunteers. The sampling process was also partially based on 'convenience sampling'; that is, staff who were available at the time of the evaluation.

Overall, a fairly good representation of staff was achieved. Meeting senior management in Shanthiham was slightly problematic as many were away. In PCA and JSAC (due to staff turnover) there was a limited number of

staff who had worked with VSO volunteers. In NIMH by contrast, all the occupational therapists were able to participate in the evaluation, and most had worked with a range of VSO volunteers.

The key focus was on Partner staff and their perceptions. In addition, a small number of interviews were held with service-users, direct beneficiaries, and key stakeholders working with the Partners (Shantiham Jaffna Hospital staff; clients at Tellipaili Hospital and the NIMH-occupational therapy; and leaders of CBOs working with).

VSO volunteers

VSO volunteers were selected on the basis of those who had worked with the case study Partners. Most volunteers contacted for interviews did participate in the evaluation (20 individuals). Two volunteers who played important roles in the capacity development of Partners (one for Shantiham, and one for PCA) did not participate.

VSO staff

Former VSO staff in Sri Lanka were selected on the basis of the role they played in supporting Partner capacity development and their availability for the evaluation. One staff member had since moved to Australia, and was interviewed by Skype.

5. Methods: Sri Lanka post-closure evaluation

This section presents an overview of the methods that were used to address the Terms of Reference questions with the Partners in Sri Lanka, and VSO volunteers, VSO staff in Sri Lanka, and UK and regional-based VSO staff. Section 5 also includes notes on how the baselines were set, and units of analysis.

Testing and fine-tuning methodology

As part of the evaluation process, the methods were tested with the first partner, Shantiham, and modified. This was based on the how effective different tools were for gathering information, and feedback and suggestions from Shantiham.

Methods to address VSO's key questions

The methods used to explore VSO's key questions with the Partners in Sri Lanka are illustrated in Figure 3. A key point to note is that each question drew on several methods. This was for two reasons: (a) to answer the range of sub-questions within each question, and (b) to triangulate information.

In summary, the key methods used were: -

- Focus group discussions (FGD),
- FGD's used with other tools: Matrix scoring, Flow diagram, Venn diagram, Proportioning technique
- Semi-structured interviews with individuals (SSI),
- Self-assessment of skills development questionnaire (by Partner staff),
- Ranking,
- Review of Partners' documents and systems,
- Partners reports,
- VSO volunteers' reports,
- Observation of services, specifically the occupational therapy services,
- VSO documents (e.g. other evaluations, Theory of Change).

Figure 3: Key methods used to explore the Terms of Reference questions in the Sri Lanka post-closure evaluation. (Unless otherwise stated, all methods are used with Partners).

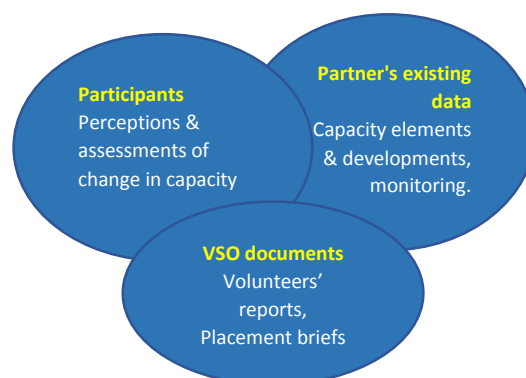
Terms of Reference questions	Sub-questions	Methods
1. How have local partners in Sri Lanka defined 'capacity'?	What does 'capacity to deliver services /project mean to you?	FGD + SSIs
	What are the elements of capacity? – used to identify compound indicators, and specific indicators as appropriate.	
	Rank the 'elements of capacity' in order of importance	Ranking in order (1 = most important)
2. What contribution do partners think VSO made to developing capacity?	What was the situation (of each capacity element) <i>before</i> support from VSO volunteers?	FGD + SSI
	What capacity developing activities were carried out by individuals VSO volunteers?	SSI with VSO volunteers
	What capacity developments were left with the Partner at the end of each VSO volunteers' placement?	FGD with Venn diagram with NIMH-OT
		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?	FGD with Flow diagram
	What were the qualities of relationships with external partners?	
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 March 2015)?	FGD with Matrix scoring,
	What was the relative contribution of VSO volunteers' contributions compared to other organisations supporting Partners?	FGD 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?	FGD + SSI
	What are the <i>most important</i> 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 functioning of systems, documents, reports, guidelines, website,
		Partners' monitoring data.
		Observation of services - visits to occupational therapy units.

<p>5. What were unanticipated consequences of VSO's capacity development work?</p>	<p>What were unanticipated consequences of VSO's capacity development work?</p>	<p>SSIs with Partners and VSO volunteers</p>
<p>6. What are the key factors in whether or not capacity development was initially successful and subsequently sustained?</p>	<p>How were the capacity developing activities carried out between Partners and VSO volunteers? What were the factors that supported and hindered this process?</p>	<p>FGDs SSIs with Partners and VSO volunteers. Venn diagramming (NIMH-OT) FGD with proportioning technique</p>
	<p>What were the qualities of individual VSO volunteers and the way they worked?</p>	<p>FGD + SSIs</p>
<p>7. What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?</p>	<p>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?</p>	<p>FGD with matrix scoring SSI</p>

The key question # 8 - How well do VSO's scalar tools for measuring organisational capacity and service delivery capacity) align with partners' understandings of capacity and the extent of VSO's contribution to changes in capacity? – was answered by comparing the Partners' definition of capacity with those of VSO's PMLT (partnership monitoring and learning tool), (see main report).

Valid evidence and sources of information

Valid evidence was defined in three broad ways (see diagram). The first is the perceptions of participants that includes their stories, narrative accounts, opinions, and views. The second, is existing information held by Partners, such as their own monitoring data and reports. The third source of information was VSO volunteers' reports and VSO documents. These three main sources of information were used to cross-check and triangulate findings.



Methods used per Partner

The same methods were used with all four Partners with some slight differences (Figure 4).

The 'proportioning technique' to explore the relative proportion of VSO compared to other organisations, was not used with the NIMH-OT (occupational therapy) department because VSO was the main organisation supporting capacity development. The 'FGD with Venn diagramming' was particularly suitable for use with the NIMH-OT team. Venn Diagramming lends itself to analysing the degree of contact and links with different actors (e.g. staff cadres in NIMH linked to MDT approach to mental health services) that the team would explore in detail.

In the case of Shantiham, one method not used was the 'FGD with matrix scoring' to assess the overall changes in capacity of the organisation as a whole from before VSO support to March 2015. The reason was partly because there were not enough senior staff available with an organisational overview and able to reflect back over the last 8-10 years. Another method not used was the 'FGD with flow diagram', which would have been useful had time allowed.

Flexibility

One challenge was Partners' busy working schedules and last minute changes to schedules. This was dealt with by adjusting the evaluation schedule each day and moving activities around to accommodate partners' work. Partners' were very accommodating of the evaluation process and participated well in activities. They gave generously of their time, experiences, insights, and in providing secondary information.

The evaluation methods have been modified to enable flexibility and accommodate partners' working realities, while still focussing on exploring the evaluation questions. They were modified to explore key questions and gather as much information as possible in a short time period, while retaining the focus on participants' perceptions and as in-depth exploration as was possible. This has meant a modification to the methods and approach as laid out in the VSO Interim Report.

Figure 4: Methods used with each Partner in Sri Lanka

Methods	Methods used with each Partner (ticked)				
	Shantiham	Tellipaili-OT (Shantiham)	NIMH-OT	PCA	JSAC
SSI	✓	✓	✓	✓	✓
FDG	✓	✓	✓	✓	✓
FGD - Matrix scoring	✓		✓	✓	✓
FGD - Proportioning technique		n/a	n/a	✓	✓
FGD - Venn diagram	n/a	n/a	✓	n/a	n/a
FGD - Flow diagram		n/a	n/a	✓	✓
Ranking			✓	✓	
Self-assessment skills Questionnaire	✓	✓		✓	✓
Observation - OT services	n/a	✓	✓	n/a	n/a
Review Partner systems, documents	✓	✓	✓	✓	✓
Use of Partners' reports, monitoring	✓	✓	✓	✓	✓
VSO volunteer reports	✓	✓	✓	✓	✓

4.2 VSO volunteers and VSO staff

One-to-one SSI were carried out in April and May 2015 with VSO volunteers and VSO staff following the Sri Lanka visit.

VSO volunteers

Semi-structured interviews (SSI) were held with individual VSO volunteers by Skype/telephone. The SSI list list of questions is shown in Annex 2B. As part of the interview process, individuals were asked to provide examples to illustrate their points. These included narrative accounts and stories, as well as documents (e.g. of a report, e.g. organisation assessment results). In addition, the volunteers were also asked to provide their VSO volunteer final reports. Not all volunteers' reports were available either from volunteers or VSO's archives.

VSO Sri Lanka staff

Semi-structured interviews (SSI) were held with individual former-VSO staff in Sri Lanka on their views on the capacity developing support provided by VSO as an organisation, and by international volunteers in particular. The SSI question list is in Annex 2C.

VSO UK and regional staff

Semi-structured interviews (SSI) were held with individual VSO staff based regionally and in UK. This explored staffs' views on VSO's Global Theory of Change and current debates and issues with the theory of change thinking. Their views were also sought on post-closure evaluations. The SSI question list is in Annex 2D.

Annex 2A: **Criteria used by the Steering Group to select Partner Organisations to participate in the post-closure evaluation**

- A.** The Partner Organisations selected are:
 - a. Representative of VSO's work in the areas of mental health and peace-developing;
 - b. Partner Organisation is a 'typical' example of VSO's capacity building approaches;
 - c. A long enough relationship between VSO and the Partner Organisation to unpack the capacity building process and impact on organisation capacity and subsequent service delivery;
 - d. Easily accessible logistically;
 - e. Spans the main types of capacity building VSO is engaged in and interested in for this post-closure evaluation – i.e. organisation development, coalition building (?);
 - f. VSO volunteers worked directly with the Partner Organisation in capacity building support.

- B.** VSO volunteers referred to above are available for interviews.

- C.** Partner Organisation has the willingness and time to engage in the process. Of particular importance: -
 - a. Key staff have the time for interviews and FGD (suggestions from the PO on timing and process will be discussed);
 - b. Willingness to discuss and select participants from their organisation (e.g. staff) who can take part in interviews and FGD, and suggest service-user groups/ beneficiaries who can take part in interviews (as appropriate);
 - c. It is practically feasible to interview service-user groups/ beneficiaries;
 - d. Willingness to provide personal insights, experiences, ideas, recommendations, including helpful and unhelpful factors - on the work with VSO;
 - e. Willingness to talk about capacity building other than VSO support (as this enables us to set the VSO collaboration in a broader context);
 - f. PO allows the consultant access to their data and records related to capacity building and services provided.

Annex 2B: Semi-structured interview questions for VSO volunteers

The emphasis on different questions will vary depending on the focus of work and experiences of volunteers.

Think of major/important examples to illustrate your points.

Partner capacity developing work: how change in capacity happens

1. What does 'partner capacity' mean to you? (What are the key elements?)
2. What were the most important contributions that you made in developing the capacity of the partner?
3. How did your capacity building work bring about change in the capacity of the partner?
What made your capacity developing work successful? Why?
4. How did improved capacity lead to improved partner outcomes (e.g. services delivered; e.g. achieving organisation goals/objectives).
5. What were the challenges you faced in building capacity with the partner?
How did you address these challenges? To what extent were your attempts successful?
What were the immediate (while you were in your placement) and anticipated long term (after you have left) consequences of these challenges?
6. What were the unanticipated consequences / outcomes of your capacity developing work?
7. To what extent do you think was your capacity developing work with the partner was sustainable?
What were the challenges?

VSO volunteers and relationships with partner organisations, and volunteers' attributes

8. What were the most important characteristics and qualities of your relationship with the partner that enabled partner capacity development?
9. What were the most important attributes of individual VSO volunteers for enabling partner capacity development?

Relative contribution of the VSO approach to capacity developing work

10. What is unique and advantageous about VSO's approach to partner capacity development compared to other approaches by other organisations? (i.e., VSO volunteer placements verses e.g. consultancy visits, staff attend external courses etc.).

Finally ... Your recommendations for VSO re: capacity development. Your questions. Any other comments.

Annex 2C: Semi-structured interview questions for VSO staff Sri Lanka

1. What are the strengths of VSO's program (mental health and peace developing) in Sri Lanka?
2. What were the key challenges facing the VSO's program (mental health and peace developing) in Sri Lanka?
3. What were the most important factors that enabled VSO to support Partner capacity development?
4. What were the most important factors that challenged the ability of VSO to support Partner capacity development?
5. What qualities of international VSO volunteers enable and hinder them in supporting Partners' capacity?

Annex 2D: Semi-structured interview questions for VSO staff UK and regional

1. What are the strengths of VSO's global theory of change?
2. What are the challenges with VSO's theory of change?
3. How is VSO's Theory of Change evolving and why?
4. Your views on the role of post-closure evaluations for VSO programs.
5. Any other points or questions.

Annex 3: Participants who took part in the post-closure evaluation: VSO volunteers, Sri Lanka country office staff, VSO UK and regional staff.

VSO staff	VSO volunteers
<i>Former VSO staff in Sri Lanka</i>	Tim Westbrook (JSAC)
Mrs. Ruvanthy Sivapragasam	Mary Cuttle (JSAC)
Mrs. Manchula Selvaratnam	Martin Tudge (JSAC)
Mrs. Chandima Kulathunge	Nanthini Sivanesan (NIMH)
Ms. Anusha Thangakone	Angie Foster (NIMH)
Ms. Angela Beganathan	Sarah Toger (NIMH)
<i>VSO UK and regional staff</i>	Yvonne Connolly (NIMH)
Matthew Foster	Anne Martin Gibson (NIMH)
Clive Ingleby	Lynn Freeman (NIMH)
Barbara Trapani	Shaun Humphries (NIMH)
John Sayer	Marjorie Gardner (NIMH)
Katie Turner	Dave Williams (PCA)
Julia Mensink	Andy Mason (PCA)
Ruth Unstead-Joss	Paul Knipe (PCA)
Joe McMartin	Liz Riley (PCA)
Janet Clark	Wendy Nordick (Shantiham)
Patrick Proctor	Jo Coombs (Shantiham)
	Kate Melhopt (Shantiham)
	Anne Murry (Shantiham)
	Jo Povey (SEED, and evaluation Steering Group)
	<i>Other</i>
	Sari Bater (working with PCA and former VSO volunteer)

**ANNEX 4: Shantiham Association of health and
counselling
VSO post closure evaluation (2015)
Report**

1. Background to Shantiham AHC

This section presents the background to the Shantiham case study.

1.1 Origins

Shantiham Association for Health and Counselling (AHC) was established with the support of Quaker Peace and Service in 1988. Shantiham was established to support the victims of war.

Shantiham's vision

"A healed and restored community that is able to celebrate life in all its wholeness"

1.2 Psychosocial and mental health services

Shantiham now provides community-based psychosocial and mental health services, working in close collaboration with other service providers including government hospitals, CBOs and NGOs. Counselling and allied services are provided free of charge⁹. In 2014, Shantiham was providing psychosocial and mental health services for 615 clients. Livelihood assistance is provide for 74 individuals (Update on Database, Report 2014).

The client psychosocial and mental health services include:

- Individual counselling
- Family counselling
- Group counselling
- Supportive counselling / Befriending
- Psychosocial support
- Case conference
- Physiotherapy
- Client referrals to other service providers
- Home visits including assessment for psychosocial support
- Relaxation
- Medical assistance

Shantiham also has several projects providing livelihoods assistance to communities. These include Agriculture, fishing, fish drying, tailoring, animal husbandry, and small businesses.

1.3 Training services

Shantiham is also a training centre for Counsellors, Psychosocial Trainers in 'community mental health' and in developing psychosocial skills among school teachers, public officers and community workers. They collaborate with other institutions such as the Jaffna teaching hospital and the national institute of social development (NISD). The latter includes: Diploma in counselling, Advanced diploma in counselling, Diploma in social work, Diploma in child protection.

1.4 Organisation operations and management

Shantiham currently has 29 staff, based in Jaffna, 10 field staff based in surrounding districts, and 10 community volunteers. Strategic development is overseen by the Management Committee comprised of senior staff and external professionals in mental health.

Shantiham has several units supporting services and organisation operations, including field program; administration, finance and human resource management; M&E and data base, media and website.

⁹ Annual Report (2013). Shanthiham - Association for Health and Counselling.

1.5 VSO volunteers who worked with Shantiham

There were two groups of VSO volunteers working with Shantiham during this period: 2004 to 2006, and 2011 to 2012. These findings are based on the work of 5 VSO volunteers. VSO volunteers included specialists in psychosocial and mental health, training, and organisation development.

2. Evaluation methods

The methods used to explore the key questions with the Shantiham are illustrated in Figure A.

The key methods used were:

- Focus group discussions (FGD),
- FGD's used with other tools: Matrix scoring,
- Semi-structured interviews with individuals (SSI),
- Self-assessment of skills development - questionnaire (by small sample of staff),
- Ranking,
- Observation of occupational therapy services,
- Review of Partners' documents and systems,
- Partners reports (secondary data),
- VSO volunteers' reports.

Figure A: Key methods used to explore the key questions in the Sri Lanka post-closure evaluation with Shantiham

Terms of Reference questions	Sub-questions	Methods
1. How have local partners in Sri Lanka defined 'capacity'?	What does 'capacity to deliver services /project mean to you/ your organisation? What are the elements of capacity? – used to identify compound indicators, and specific indicators as appropriate.	FGD + SSIs
2. What contribution do partners think VSO made to developing capacity?	What was the situation (of each capacity element) <i>before</i> support from VSO volunteers?	FGD + SSI
	What capacity developing activities were carried out by individuals VSO volunteers?	SSI with VSO volunteers
	What capacity developments were left with the Partner at the end of each VSO volunteers' placement?	Self-assessment questionnaire by Partner staff on skills development
	What contributions did VSO volunteers make to supporting Partners form relationships and links to external agencies, such as donors? What were the qualities of relationships with external partners?	Review of VSO volunteers' final reports
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 March 2015)?	FGD with Matrix scoring,
	What was the relative contribution of VSO volunteers' contributions compared to other organisations supporting Partners? What other factors (internal and external) affected capacity developments?	FGD + SSI
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?	
	What are the <i>most important</i> 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 functioning of systems, documents, reports, guidelines, website,

		Partners' monitoring data.
5. What were unanticipated consequences of VSO's capacity development work?	What were unanticipated consequences of VSO's capacity development work?	SSIs
6. 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?	FGDs
	What were the factors that supported and hindered this process?	SSIs
	What were the qualities of individual VSO volunteers and the way they worked?	FGD + SSIs
7. What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?	How do the approaches used by VSO and other organisations differ?	FGD with matrix scoring
	What makes VSO's approach unique and effective relative to other organisations working with Partners?	SSI

3. Key Findings: Shantiham AHC

Part 3 presents a summary of the key findings of the VSO post-closure evaluation with Shantiham in March 2015.

3.1 What is ‘capacity to deliver services’?

3.1.1 Focus of this section

The question explored in this section is:

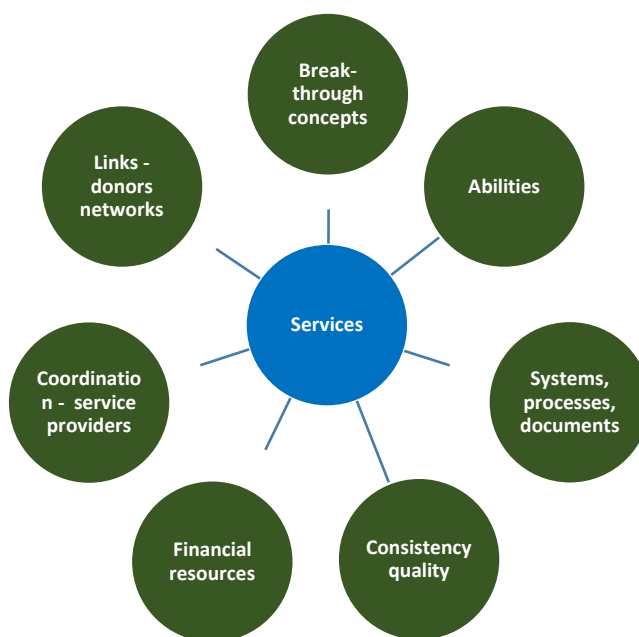
How have local partners in Sri Lanka defined ‘capacity’? (in the context of VSO’s organisational capacity-development interventions).

3.1.2 Shantiham’s definitions of capacity

Shantiham’s definition of ‘capacity to deliver services and to implement their organisation goals’ is reflected in a recent evolution in Shantiham’s strategic focus, outlined in their current strategic plan (2014-2017)¹⁰. This includes increased emphasis on, for example, training, coordination between stakeholders providing psychosocial services, referral systems, links with CBO and communities, minimum standards, data management, and Shantiham as self-sustaining.

The key elements of Shantiham’s definition of capacity are illustrated in Figure 1, and definitions in Table 1.

Figure 1: Seven elements of capacity to deliver psychosocial and mental health services and training services, as define by Shantiham (Source: FGD, SSIs with Shantiham staff).



¹⁰ Strategic Directions, 2014-2017, Shantiham

Table 1: Shantiham’s definition of capacity to deliver services: key elements of capacity, description of each element, and indicators to assess change in each capacity element.

(Source: FGD, SSIs with Shantiham staff).

Capacity element (compound indicators)	Specific indicators	Description
Breakthrough concepts	New concepts, approaches, models, methods	New concepts that enable Shantiham’s approach to evolve; and to better deliver psychosocial and mental health services, in response changing needs of communities and clients, and context.
Abilities of Shantiham staff	Range of abilities	Abilities of individuals - refers to technical skills and knowledge; soft skills in communication, interacting; personal development and values; use of technologies; project management.
Systems, processes, policies, documents	Systems, processes, policies, documents	Systems, processes, policies, documents related to psychosocial and mental health services, training services, and organisation-wide operations, and field-programs – including strategic documents, templates, guidelines, manuals.
Consistency and quality of services	Supervision, Standards, protocols, codes	Supervision, standards, protocols, codes needed to ensure the quality of psychosocial and training services delivered by Shantiham.
Financial resources	Donor funding, Self-sustaining	Success of donor-funded proposals. Extent of self-sustaining financial resources and strategies to become self-financing
Coordination with service providers	Connections with range of service providers	Range of other service providers that Shantiham works with for the delivery of psychosocial and mental health services, e.g. community groups, hospitals for referrals.
Links to donors, networks	Range of links	Links to a range of donor partners, and networks

3.2 VSO Volunteers’ contributions to Shantiham’s capacity (2004 - 2013)

3.2.1 Focus of this section

The question explored in this sub-section is:

What contribution do partners think VSO made to developing capacity (as defined by Shantiham themselves)?

This question will be answered by setting the capacity development contributions of VSO volunteers in the context of the overall capacity development of Shantiham (very broadly). The period covered is from before VSO volunteers at Shantiham (before 2004), to the period of VSO volunteers’ support 2004 to 2013.

3.2.2 Shantiham’s capacity development: contributions by VSO volunteers 2004 - 2013

Overall situation before VSO volunteers

Shantiham is recognised for their pioneering work in providing psychosocial and mental health services since they were founded with the support of clinical professionals. Over the years Shantiham’s approach to service provision has evolved in response to the changing needs and context of communities and wider policy environment in mental services in Sri Lanka. VSO has supported some of these developments, along with other partners with whom Shantiham works.

The approach to psychosocial and mental health services prior to capacity developing support with VSO volunteers (prior to 2004) was individual focussed and victim support. Most staff did not have professional qualifications, and had insufficient skills. For example, many staff were social work graduates had few skills in counselling. There was also an inadequate understanding of what it means to be a professional psychosocial worker.

“Many councillors have been here for 15 years and they were not councillors when they joined. They were picked for their motivation rather than their training. They learnt their professional qualities from VSO and others”

(Staff, Shantiham)

There were also challenges in organisation operational areas, such as insufficient human resources policies, job descriptions, formal salary structure, recruitment of staff unqualified for post; the management structure not cohesive; the management board running day-to-day activities; insufficient financial management; insufficient accountability and staff appraisals. Shantiham relied on short term funding from multiple donors, up to max of 3 years; and there was a lack of strategy for financial sustainability.

Capacity developments supported by VSO volunteers

The capacity developments supported by VSO volunteers in the seven ‘elements of capacity’ as defined by Shantiham, are illustrated in Table 2. For clarity, the ‘elements of capacity’ for ‘abilities of Shantiham staff’ and ‘systems, processes, policies, documents’ and have been separated out into 3 areas: psychosocial and mental health service, training unit, and organisation operations and management.

The majority of capacity developments have been in: breakthrough concepts; abilities of Shantiham staff; systems, processes, policies, documents; financial resources; and consistency and quality of services. In the latter, Shantiham has carried out pioneering work in the code of ethics. Shantiham’s work has evolved into a community-based psychosocial and mental health services using multiple methods and tools, working in close collaboration with a range of government, community and NGO service providers.

Table 2: Summary of main capacity development contributions by VSO volunteers 2004 - 2006 and 2011 - 2013, in relation to Shantiham's definition of 'capacity to deliver psychosocial and mental health services' and organisation management

(Source: FGDs with staff; self-assessment of change in skills; SSI's with staff and senior clinical staff at Jaffna teaching hospitals; review of Shantiham documents; VSO volunteers' final reports).

Capacity element and indicators	Capacity Developments: Capacity developments with VSO volunteers 2004 - 2013	
Breakthrough concepts		
<i>Psychosocial and mental health services</i>		
Type of concept	VSO volunteers 2004 - 2006	
	Basic and Advanced Cognitive Behavioural Therapy (CBT) for counsellors, and use of CBT tools and techniques in group counselling.	
	Learning Disabilities of children	
	A systematic intervention model and case planning for different conditions.	
	VSO volunteers 2011 - 2013	
	Introduced Group Therapy approach, and provided training in Basic and Advanced Group Therapy.	
	Developed trauma model based on Hobfoll process.	
Abilities of Shantiham staff		
<i>Psychosocial and mental health services</i>		
Type of ability / skill	VSO volunteers 2004 - 2006	
	Skills development in Basic Cognitive Behavioural Therapy (CBT) for counsellors. The BASIC CBT was 12 day. 32 people were trained.	
	Two counsellors were also trained in Advanced CBT for 6 months. The VSO volunteer came back in 2007 to assess the two counsellors, and found their skills were high, "on a par with the UK" (Senior clinical staff member).	
	-	
	Skills development in Crisis intervention for counsellors and psychosocial workers	
	Knowledge in working with children with Learning Disabilities, for counsellors.	
	Counselling and listening skills. How to create a case plan for different conditions faced by a client.	
	VSO volunteers 2011 - 2013	

	Group Therapy for counsellors - Basic certificate. Group Therapy training also provided as 3 day workshop for 5 districts (5 PSWs from Dept of Health, and 4 local PSWs)		
	Group Therapy for counsellors - Advanced certificate. Carried out for 9 counsellors of the trauma team; for 2 days/week over nine months).		
	Advanced group therapy		
	Training on clinical social work for 11 Mental Health public health inspectors.		
Abilities of Shantiham staff			
<i>Training services</i>			
VSO volunteers 2004 - 2006			
Topic	The new approaches and models introduced by VSO volunteers in CBT, case planning, and Learning Disabilities were also integrated into existing training programs - Befriending, Core Groups, Community Volunteers, Counsellors and Psychosocial workers.		
Topic	Training of Trainer (TOT) skills developed especially for the master trainer who is now the Training Unit coordinator.		
Method	Participatory training, feedback and coaching methods		
VSO volunteers 2011 - 2013			
Topic	Developed Psychosocial work and counselling training program for 'Women Development Officers'		
Topic	Use of varied training tools and methods. Interactive training. Participatory training, "I learnt a lot from the VSO volunteer" (a Shantiham trainer).		
Managing the training unit	How to organize training, determine what training is required, timing, resource, assess training needs. How to research training topics. Regular meetings.		
Managing the training unit	Making connections to training funders/requests to ensure adequate time to prepare curriculum.		
Managing the training unit	Support to the training coordinator to manage the training unit. Mentoring Training Unit co-ordinator on how to run the Training Unit effectively (MB VSO 8 month report)		
Materials	Integrating community-based, client-centred, rehabilitation-focused approaches in all new curriculum written by Shantiham or their trainers (MB VSO 8 month report). Not mentioned in March 2015.		
Methods	Worked with the Training Unit to develop training skills. Developed tools and techniques in interactive training for Training of Trainers (ToT); such as how to deliver interactive training, use of flip charts, expressive methods, story-telling, use of scenarios. The ToT course was delivered for all Shantiham staff. Jaffna Hospital and Jaffna University staff who training on Shantiham's courses, were invited to the ToT course but did not attend. The Shantiham training coordinator was trained to run the ToT course.		
Methods	Shantiham gained more skills in using participatory, interactive training methods. Shantiham trainers used more interactive training methodologies as a result of the ToT course.		

Abilities of Shantiham staff		
Organisation management & development		
	VSO volunteers 2004 - 2006	
Report writing	Learnt how to write reports, networking, opportunities to train	
Meetings	Re-established weekly team meetings to help develop a team identity, improve communication, enabled PST's to voice their opinions on issues they feel strongly about. Meetings had action minutes. "Regular meetings improved team work. Staff can give the rationale for their actions. Better decision-making, time management, better lines of communication, confidence" (Report on volunteers' outcomes by AHC management, 2006).	
Report writing	Reporting on field activities. Reporting to donors (FGD). [Reporting and recording, monthly reports now on time (Report on volunteers' outcomes by AHC management, 2006).]	
Fund raising and proposal preparation	Proposal writing. How to use funding templates and write accompanying letters.	
English	English improved (SSI's). [Improved written and spoken English (Report on volunteers' outcomes by AHC management, 2006).]	
	VSO volunteers 2011 - 2013	
Fund raising and proposal preparation.	Fund raising and proposal preparation,. How to plan, organize, strategize, and write budgets. Importance of scoping in order to compete for international funds. Carried out with two VSO volunteers.	
Data base and M&E	VSO volunteer provided weekly training sessions with 5 staff on how to set-up, manage and analysis data using SPSS; and supervised 'trauma client database' and analysis.	
Report writing	Volunteer helped with reporting on analysed data for quarterly reports to the funder (The Asia Foundation).	
Media, website and Advocacy - Skills level	The data entry officer and communications and advocacy officer were trained to maintain Shantiham's website by a website agency.	
Strategic planning and approaches	Strategic planning skills learnt from several VSO volunteers	
Participatory strategic planning	VSO volunteer introduced a participatory approaches and inclusion of staff and stakeholders in strategic planning. This approach was taken for the 2011-2012 Strategic Plan. The previous strategic plan in 2006 was not participatory.	

Systems, processes, policies, documents			
<i>Psychosocial and mental health services</i>			
	VSO volunteers 2004 - 2006		
M&E and Client Database	Categorising clients with learning disabilities in the Shantiham's monitoring system.		
Counselling Services	Group facilitating, how to work with clients, and the essential the components of social work. [Increased knowledge and social work skills, and taking responsibility (Report on volunteers' outcomes by AHC management, 2006).].		
Managing field-level psychosocial services	Psychosocial workers learnt how to organise themselves for field work and planning field activities, e.g. home visits for psychosocial interventions, collecting baseline information, getting permissions from the authorities to work in the village.		
	VSO volunteers 2011 - 2013		
M&E and Client Database	How to interpret the client M&E form designed with the Asia Foundation, and ensure information related to alcohol abuse is gathered.		
M&E and Client Database	Volunteer supported the data entry officer to establish the data base, by putting a framework in place, and how to use SPSS.		
Systems, processes, policies, documents			
<i>Training services</i>			
	VSO volunteers 2004 - 2006		
Manuals	Produced a booklet on Learning Disability (children and careers) for counsellors, translated into Tamil.		
Manuals	CBT booklet produced.		
Manuals	Guidelines for Learning Disabilities were produced.		
Manuals	Training materials on the systematic intervention model and case planning were produced.		
Manuals	Contributed to the Befriending, Core Group training, Counselling, Psychosocial Therapy. Developed courses with another VSO volunteer.		

VSO volunteers 2011 - 2013			
Manuals	Training Manuals developed for 'Women Development Officers' psychosocial training.		
Manuals	Training materials on Group Therapy developed.		
Manuals	Systems to organise and document training courses. Folder for each course. Evaluation forms developed.		
Manuals	Materials on training methods/TOT were developed and left by the volunteer. [Written guidance and training manuals for professionalising the Training Unit (e.g. how to deliver good training; how to evaluate training sessions), (MB VSO 8 month report)].		
Systems, processes, policies, documents			
Organisation management and development			
VSO volunteers 2004 - 2006			
Organisation assessment	A review of how the organisation is run: policies, procedures, Shantiham's mandate, aims and objectives. Identified ways of improving operating systems and communication links between workers and management. Formed a working party for this.		
Funding templates	Created templates to apply for funds, letter writing.		
VSO volunteers 2011 - 2013			
Human resources	Developed Terms of Reference for Shantiham staff roles		
Human resources	Developed education plan for trauma counsellors. Worked with management council to support therapy staff towards degree and other credentials in therapy.		
Strategy	Assisted Shantiham to articulate and plan an expansion across the North of their unique community, client-based approach to counselling, via the USAID grant application.		
Plans	Facilitated the development of a 2011-2012 plan for Shantiham. [Developed 2 year Strategy and Action Plan. Workshop facilitated with Shantiham staff (MB VSO 8 month report). Assisted Shantiham to develop a new vision and mission.		
	Assisted in the modification of the administration system, which focusses on the operational running of Shantiham, and is managed by the Executive Director.		
	Volunteer supported advocacy work, by developing a postcard for a campaign on world mental health day, asking people to reflect on what makes them happy.		
	There was a Shantiham website before the VSO volunteer, but volunteer rewrote, redesigned, changed the structure, layout, and re-launched the website. She wrote protocols to manage the website developed, because there was a delay in getting information.		
	Volunteer worked with the Management Council to create action plan with staff for USAID project 2014-2015.		
	Volunteer worked with the Management Council on OD. [Carried out an organisation development assessment (ODA) in 2013, produced report with findings and recommendations, discussed these with the Management Council. Created a handbook on OD]		
	Volunteer worked with the Management Council to develop new organisation policies, procedures, and systems for human resources (HR), administration and finance; as required to satisfy the requirements of the new main donor, USAID. The new systems were awaiting approval of the Management Council, by the end of the volunteer's placement (ODA report 2013).]		

Consistency and quality of services			
<i>Psychosocial and mental health services</i>			
	VSO volunteers 2004 - 2006		
Supervision	VSO volunteer facilitated peer supervision in small groups of 4, for field-based counsellors.		
Supervision	Supervision of psychosocial staff in field.		
	VSO volunteers 2011 - 2013		
Supervision	VSO volunteer carried out supervision of field level staff for the application of group therapy for themselves, and in community. VSO volunteer carried out supervision in the quality of case management.		
Supervision	Introduced supervision through email or phone.		
Standards, codes	Developed code ethics for counsellors with ED, senior management, consultant psychiatrist, in order to professionalize therapists. Provided informed consent on code of ethics to therapists.		
<i>Training</i>			
	VSO volunteers 2004 - 2006		
Supervision	Co-ordinated weekly activities to include clinical supervision (with another VSO volunteer), field supervision and subject/case presentations to help evaluate content and process in trainings undertaken.		
	VSO volunteers 2011 - 2013		
Standards, codes	Standards and protocols established to professionalize the training unit: pool of trainers with payment rates for each category of trainer, course content, and how to deliver a course. The course content was discussed with doctors. Protocols and standards were being used at the time of and with support of the volunteer. There was not full capacity of the training unit to use these independently of the volunteer.		
Financial resources			
	VSO volunteers 2004 - 2006		
Funding proposal	Proposal development was carried out by VSO volunteers.		
	VSO volunteers 2011 - 2013		
Funding proposal	The USAID funding secured for Shantiham for 2013-2015 (major donor-partner for Shantiham). Two VSO volunteers facilitated the development of funding proposals with the Shantiham team.		
Funding	Training course for Women Development Officers, obtained funding from UNHCR.		
Funding	Obtained funding to redesign the website		
Self-financing	Discussions and plans to make the Training Unit commercially viable and self-financing.		
Self-financing	The need for Shantiham to become financially self-sustaining was raised as a key issue in the 2013 Organisation Development Assessment (ODA) report, facilitated by a VSO volunteer.		

Coordination with other providers of psychosocial and mental health servicers		
	VSO volunteers 2011 - 2013	
MOU	VSO volunteer drafted MOU between AHC and Ministry of Health - to be carried forward by consultant psychiatrist. Not mentioned by Shantiham staff.	
Collaboration	Collaboration with Women's Rural Development society started.	
Links	VSO volunteer encouraged links between Shantiham and CORD Aid	
Links to donors and networks		
	VSO volunteers 2004 - 2006	
	Networking with NGOs. Shantiham team members came with volunteer for meetings.	
	VSO volunteers 2011 - 2013	
	Collaboration with Asia Foundation on capacity building	
	VSO volunteer assisted social workers to organize a 'national association of social workers' and develop national social work code of ethics	
	VSO volunteer facilitated the link with Asia Foundation to obtain funds for the Shantiham website. Links were made with USAID with the present proposal. Links made with UNHCR (funding for Women Development Officer training). Links made with USAID (2 year funding 2014 - 2015).	

Abilities and skills development overall

An assessment was also made of the change in skills of a selection of Shantiham staff as result of the capacity developing support of VSO volunteers. This supplements the information in the sections above. This information is gathered from a small sample of 7 staff who completed 12 questionnaires. The assessments were made of skills gained from 2 VSO volunteers in the period 2004-2006; and 2 volunteers in the period 2011-2013. The questionnaire was a self-assessment of the skills of those individuals completing the questionnaire. In the questionnaire staff were asked to list key skill areas of their job, the capacity

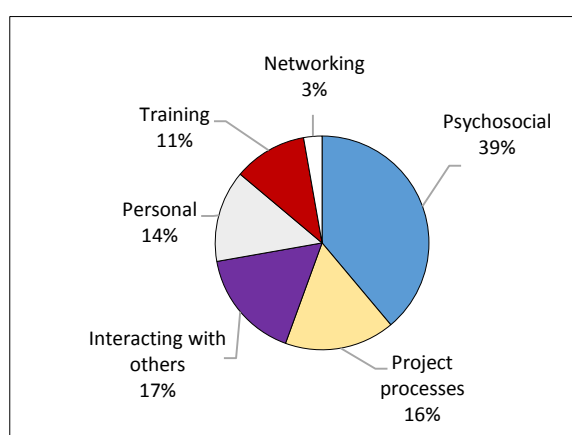
"We learn, we do, we assess, we learn again - this builds our capacity"

(Psychosocial worker)

development activities carried out with the VSO volunteer, what they learnt most from the VSO volunteer, and the reasons why their skills levels in March 2015 were higher or lower than at the time the volunteer left. Staff scored their skills levels from 1 to 10 (1 = low, 10 = high). This was done three times: before the volunteer, by end of volunteer's placement, and in March 2015. The results are shown in Table 3 and Figure 2, below.

Figure 2: Range of abilities and skills learnt from VSO volunteers developing capacity in psychosocial work and organisation management/development: each ability/skill as a percentage of all skills mentioned. Four VSO volunteers 2004-2006, (n = 94, number of abilities and mentioned).

(Source: self-assessment questionair with 7 Shantiham staff)



The ability areas explained: -

Ability area	Details
Psychosocial	Group therapy, basic and advance psychosocial techniques, types of counselling, case histories, assessments, cognitive behavioural therapy (CBT), code of ethics, child counselling, learning disabilities, befriending, empathy, probing questions.
Interacting with others	Communicating clearly, non-violent communication, listening, team work, decision-making, encouraging others, coordination, assertiveness.
Project processes	Proposal preparation, report writing, strategic thinking.
Training	Different approaches and tools.
Personal	Lifestyle role model, English language.
Task management	Competing tasks on time, mobilizing community, leadership and responsibility for tasks, risks.
Other	Networking, supervision, computer literacy.

Table 3: Percentage increase in the scores for abilities developed with the support of VSO volunteers, between 2004 and 2013

Self-assessment questionnaire completed by 7 Shantiham staff for four VSO volunteers from 2004 to 2013. 12 questionnaires were completed. Abilities /skills were score 1 to 10 (1 = low, 10 = high).

	Before volunteer to end of volunteer placement	Skills for which there was the largest increase in scores
Volunteers 2004 - 2006	60 %	CBT; empathy, probing, listening; case reporting; interactive approaches to training; proposal writing; non-violent communication; networking with service providers
Volunteers 2011 - 2013	28 %	Group Therapy; code of ethics; advanced counselling skills; task planning

There was a substantial increase in abilities (60%) with the first group of VSO volunteers 2004-2006. This was because of initial introductions of several new and 'breakthrough concepts' and significant changes in professionalising the work of the psychosocial workers.

The abilities of staff continued to increase significantly though at a reduced rate, because the second group of VSO volunteers were able to build on the capacity developments of previous VSO volunteers. For Shantihm, the learning from the second group of VSO volunteers was as essential as the first, especially in group therapy and code of ethics.

3.2.3 Alternative explanations for capacity developments in Shantiham

This sub-section explores the question:

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




Relative contribution of VSO volunteers










































Although VSO has played a very significant role in the capacity development of Shantiham, other partners have also supported Shantiham's continuing development. The range of Shantiham's partners since 2004 are illustrated in Table 4, and mainly provided funding. An important factor is that VSO volunteers worked with about half of these other partners to support Shantiham's capacity development. VSO volunteers therefore provided added value to the contributions of other partners of Shantiham.

A few partners also provided non-financial capacity support, for example a MSF (Medicine Sans Frontier) volunteer wrote additional guidelines for Cognitive Behavioural Therapy (CBT), which supported the work done by VSO volunteers.

Table 4: Main organisations providing capacity development support to Shantiham between 2004 and 2015

Organisations, type of capacity support provided by each organisation, whether or not a VSO volunteer worked in collaboration with each organisation, and years of the partnership between the organisation and Shantiham.

Key:  On-going support  Intermittent support 

Organisation	Type of capacity development	Worked with VSO volunteer?	2004	2006	2006	2008	2009	2010	2011	2012	2013	2014	2015
CORD AID	Field-test psycho-social approach. <i>Still using</i>	✓											
Child Thematic Project	Training Child Counsellors. <i>Still using</i>	✓											
Save the Children	Psychosocial first aid. <i>Still using.</i>	✓											
Asia Foundation	Funding, skills, strategy, proposals, M&E, OD. <i>Still using.</i>	✓											
UNHCR	Funding for training	✓											
USAID	Funding, skills, OD, case management, minimum standards	✓											
VSO	Training, mentoring, strategy, OD	n/a											
WHO	Counselling training	✗											
Strategic Inspirations Pvt Ltd	Strategic planning. <i>Still using (2015 only).</i>	✗											
Eureka ACHMEA, Netherlands	Develop training unit	✗											
SDC	Livelihoods	✗											
Centre for Addiction	Training on trauma counselling and addiction. <i>Still using.</i>	✗			---	---							
GTZ/ VIVO	Training of Trainers	✗		---	---	---							
EU	Interagency mental health guidelines	✗		---	---	---							
Peace and development institute SL	Strategy; advocacy training (very occasionally)	✗						(Source: FGD - Shantiham staff; Shantiham website; Shantiham Annual Report, 2013; Shantiham Update on Database Report 2014; VSO volunteers' reports)					

3.3 How change in capacity happens

3.3.1 Focus of this section (2004 - 2013)

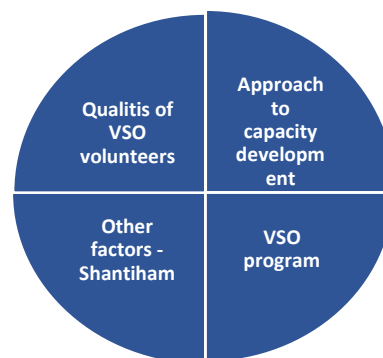
This section explores the question:

What are the key factors in whether or not capacity development was initially successful?

This focusses on the capacity developing work of VSO volunteers with Shantiham for the period 2004 to 2013 (the VSO program in Sri Lanka closed in 2013). The factors that enable and present challenges in capacity development are interlinked. For clarity these are separated out below.

3.3.2 Factors enabling capacity development with VSO volunteers

According to Shantiham staff and staff working in hospitals in Jaffna there are several broad factors enabling capacity development: qualities of individual VSO volunteers; capacity developing approach of VSO volunteers together with Shantiham; factors specific to Shantiham; and partnership with VSO. These are discussed below.



Qualities of VSO volunteers

The qualities of VSO volunteers as reported by staff in Shantiham staff and hospitals in Jaffna are illustrated in Figure 3. All four categories of qualities are important, although the qualities most emphasised include: professional qualifications and experience, socially integrated, willingness to assist with a range of activities, and readily share professional knowledge through mentoring.

Figure 3: Qualities of VSO volunteers that enable capacity development

(Source: FGDs and SSIs with staff in Shantiham and hospitals in Jaffna)

<p>Personal</p> <ul style="list-style-type: none"> Easy going Resourceful Empathetic, humanistic Mature in dealing with issues Energetic, dynamic, assertive, hard working Courageous 	<p>Professional</p> <ul style="list-style-type: none"> Professionally qualified and experienced Believed in approaches/new ideas being introduced Planning, time management, organisation skills Support individuals and groups Committed to supporting the organisation Ownership of capacity developing process
<p>Interacting</p> <ul style="list-style-type: none"> Find solutions together Argues points professionally Challenges attitudes Acts as an equal Fosters mutual learning and questioning Readily shares professional knowledge Willing to assist with other tasks Liaises between staff and management 	<p>Social</p> <ul style="list-style-type: none"> Participates in social activities at work and home Adapt to working in transcultural environment Wore Sri Lankan dress at social events

Capacity developing approaches of VSO volunteers with Shantiham

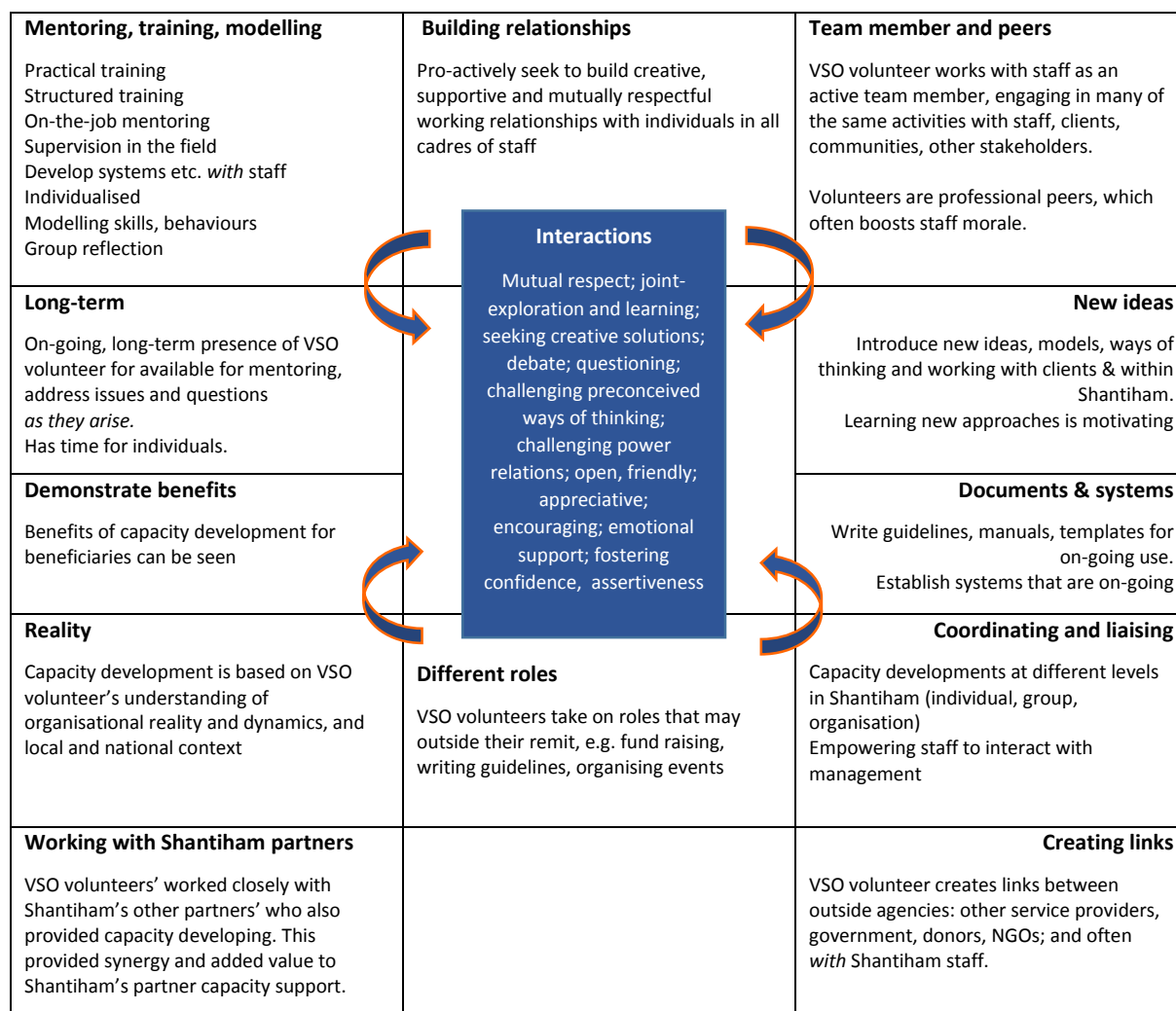
Figure 4 illustrates the approach used by VSO volunteers that Shantiham staff feel enable effective capacity development. The ‘approach’ includes *what* VSO volunteers do, which are the strategies they use; and *how* they use all these strategies, which are the qualities of interactions with Shantiham staff and others. Strategies and interactions are inextricably linked. It is the quality of these interactions that enables capacity development to happen successfully, using the various strategies. The qualities of interaction apply as much to the VSO volunteers as they do to Shantiham staff.

“The volunteers come together and work collaboratively. They are able to move our country’s MH service to a different level. For example with the Intermediate care unit they prepared guidelines, united people from all over Sri Lanka, did lots of consultation and produced national guidelines for intermediate care units” (Shantiham staff)

There is some overlap between ‘approach’ and the ‘qualities of VSO volunteers’ shown in Figure 3, above. Shantiham staff reported that all strategies were important and are interlinked. They emphasised that ‘mentoring, training and modelling’, VSO volunteers being ‘team members’, ‘building relationships’ and ‘long-term involvement’ of volunteers, in particular.

Figure 4: Ten broad strategies (what was done) and qualities of interactions (how it was done) of the approach used by VSO volunteers working with Shantiham that enabled successful capacity developments

(Source: FGDs and SSIs with staff in Shantiham staff and hospitals in Jaffna)



Other factors within Shantiham

In addition to the factors listed in Figure 4 above, other factors that also enabled capacity development in Shantiham included:

- Support of leadership and senior management to provide approval for the capacity development strategies was essential;
- VSO volunteers with a psychosocial and mental health remit were paired up with a contact person (senior clinical professional) who provided professional and personal support for the volunteer. However, the contact person did not always have sufficient time.

Partnership with VSO

The partnership with VSO that supported capacity development included:

- A sustained relationship for over 10 years and programmatic approach led to a deeper mutual understanding between VSO and Shantiham, where Shantiham was able to build on the capacity developing work of *successive* VSO volunteers, including taking on new concepts and approaches to psychosocial and mental health services, as well as training and organisation management;
- Opportunities for study tours (e.g. to Uganda);
- Drawing on the support of VSO volunteers from other placements (e.g. Occupational Therapy development in hospitals; e.g. organisation assessment methods);

3.3.3 Challenges in capacity development with VSO volunteers

The key challenges to capacity development are illustrated in Figure 5. These challenges relate to VSO volunteers, Shantiham, and the wider context.

Figure 5: Key challenges in developing capacity in Shantiham

(Source: FGDs and SSIs with staff in Shantiham staff and hospitals in Jaffna)

VSO volunteers	Shantiham	Context
<ul style="list-style-type: none"> ▪ Language barriers ▪ Diverse approaches can lead to friction and confusion ▪ Giving emotional support to staff can lead to dependency and difficulties for management and volunteers ▪ Unable to settle in placement 	<ul style="list-style-type: none"> ▪ Shortage of professionally qualified staff ▪ Leadership/management – pressures of other work limit time for strategic work, delayed decision-making ▪ Trust and dynamics between staff and management (although this has been much improved since 2014) 	<ul style="list-style-type: none"> ▪ Few resources for Mental Health services in the health system overall

Longstanding challenges faced by the Partner Organisation

One factor influencing the extent to which VSO volunteers capacity development activities with Shantiham is the presence of long term challenges facing the organisation. One of these relates to the senior level organisation management of Shantiham. This is evidenced by the repeated reference to these challenges in VSO volunteers’ reports to Shantiham between 2004 and 2013, and insights provided by Shantiham staff in this VSO evaluation (March 2015). Key challenges include pressures on the management council of Shantiham which stem from several sources. One is that the membership has been largely of professionals in mental health who have fulltime work elsewhere. As Shantiham grew rapidly ten years ago coupled with challenges in

recruiting sufficiently qualified staff (previously) the management council also became increasingly involved in the day-to-day operational management of Shantiham. These pressures detracted the management council from focussing on strategic and organisational level issues. This has been linked to challenges such as insufficient organisation strategy, program management and HR policies, and no long term strategy for financial sustainability. The consequence is that there has been less time for senior management to give consideration to whether or not to take up and implement Organisation Development (OD) recommendations, policies, systems and tools developed with the VSO volunteers.

3.4 Sustainability of capacity gains (2013 - 2015)

3.4.1 Focus of this section: after the closure of the VSO program (2013 – 2015)

The focus purpose is to explore the questions:

- **To what extent have capacity development gains been sustained since VSO's departure?**
- **What are the key factors in whether or not capacity development was subsequently sustained?**

'Capacity gains' refers the contributions made by VSO volunteers to the capacity development of Shantiham between 2004 and 2013.

These 'capacity gains' have been illustrated above in Table 2 (sub-section 4.2.2.). The purpose of section 4.4 is to explore the extent to which these 'capacity gains' for Shantiham have been sustained since the closure of the VSO program in 2013; that is, to March 2015. It is important to note that this sub-section is not an assessment of Shantiham's current capacity or organisational performance. The focus is on the *sustainability* of VSO volunteers' work.

We also explore the factors affecting the sustainability of VSO volunteers' contributions. These include contextual factors beyond the influence of Shantiham.

3.4.2 Extent to which VSO volunteers' contributions to capacity have been sustained 2013 - 2015: overall

Current capacity in Shantiham

The overall capacity of Shantiham in March 2015 was estimated to be approximately two-thirds (score of 6.3 out of 10) of that needed for the organisation to deliver services and achieved their goals (staff from all parts of Shantiham scored the capacity of their particular unit/department between 1, low, and 10, high capacity).

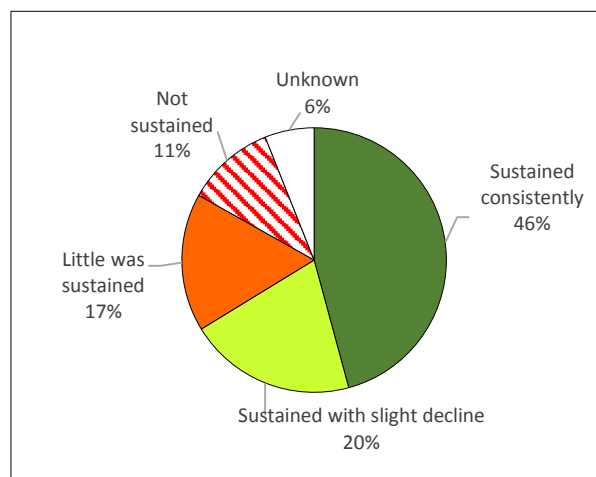
This is due to several factors, some of which relate to both to the sustaining of capacity developments supported by VSO volunteers and the decline in some of these capacities. Other factors include contextual factors, on-going relationships with other donor agencies, and dynamics within Shantiham. These are explored below.

Sustainability of capacity gains overall

Overall, of the capacity gains in Shantiham that were achieved by the end of the VSO program in 2013, approximately two-thirds have been sustained to March 2015 (Figure 6). There is a wide range of sustainability of the different elements of capacity. These are discussed below.

Figure 6: Sustainability of capacity gains – Shantiham overall. Degree to which the capacity gains for Shantiham have been sustained to 2015, as a percentage of all capacity development gains by 5 VSO volunteers.
(n = 83 'capacity gains' achieved with the support of 5 VSO volunteers)

(Source: collated from FGS, SSI, documents in Shantiham)



3.4.3 Sustainability of capacity gains in each capacity element

This subsection presents the findings on the sustainability of each of the elements of Shantiham's capacity to deliver psychosocial and mental health services and training, and Shantiham's organisation-wide management and development.

Details of the extent to which each of the seven elements of capacity have been sustained are illustrated in Table 5 and Figure 7.

Capacity gains that were sustained

The capacity gains supported by VSO volunteers' work that have been most sustained are in the capacity elements of 'break through concepts', 'abilities and skills' and 'systems, processes, policies and documents'. 'Breakthrough concepts' by definition (according to Shantiham) represent a major shift in approach that underpins how Shantiham delivers services. As such, the fact that 'breakthrough concepts' have been sustained, indicates lasting change (by 2015 at least) for the fundamental approach underpinning Shantiham's psychosocial and mental health services. This is closely interlinked with the fact that approximately three-quarters of 'abilities and skills' have been sustained (consistently and with a slight decline).

Capacity gains that were not sustained

The most significant decline in the capacity gains developed with the support of VSO volunteers are those in 'consistency and quality of services' and 'financial resources'. It is important to note that a sharp decline in some of the capacity gains in the 'consistency and quality of services' does not mean that the overall quality of Shantiham's services are low. What has not been sustained is the capacity gains supported by VSO volunteers in the supervision of field-based psychosocial workers, and the use of standards and protocols in the training unit. The supervision of field-based staff was carried out by VSO volunteers and formed an essential part of service delivery that was not taken over by Shantiham staff after the closure of the VSO program in 2013. Likewise, the capacity of Shantiham to prepare successful donor-funding proposals declined sharply without the support of VSO volunteers.

Figure 7: Sustainability - each capacity element. Degree to which the capacity gains for Shantiham have been sustained to 2015, as a percentage of all capacity development gains by 5 VSO volunteers. (n = 83 'capacity gains' achieved with the support of 5 VSO volunteers). (Source: collated from FGS, SSI, documents in Shantiham)

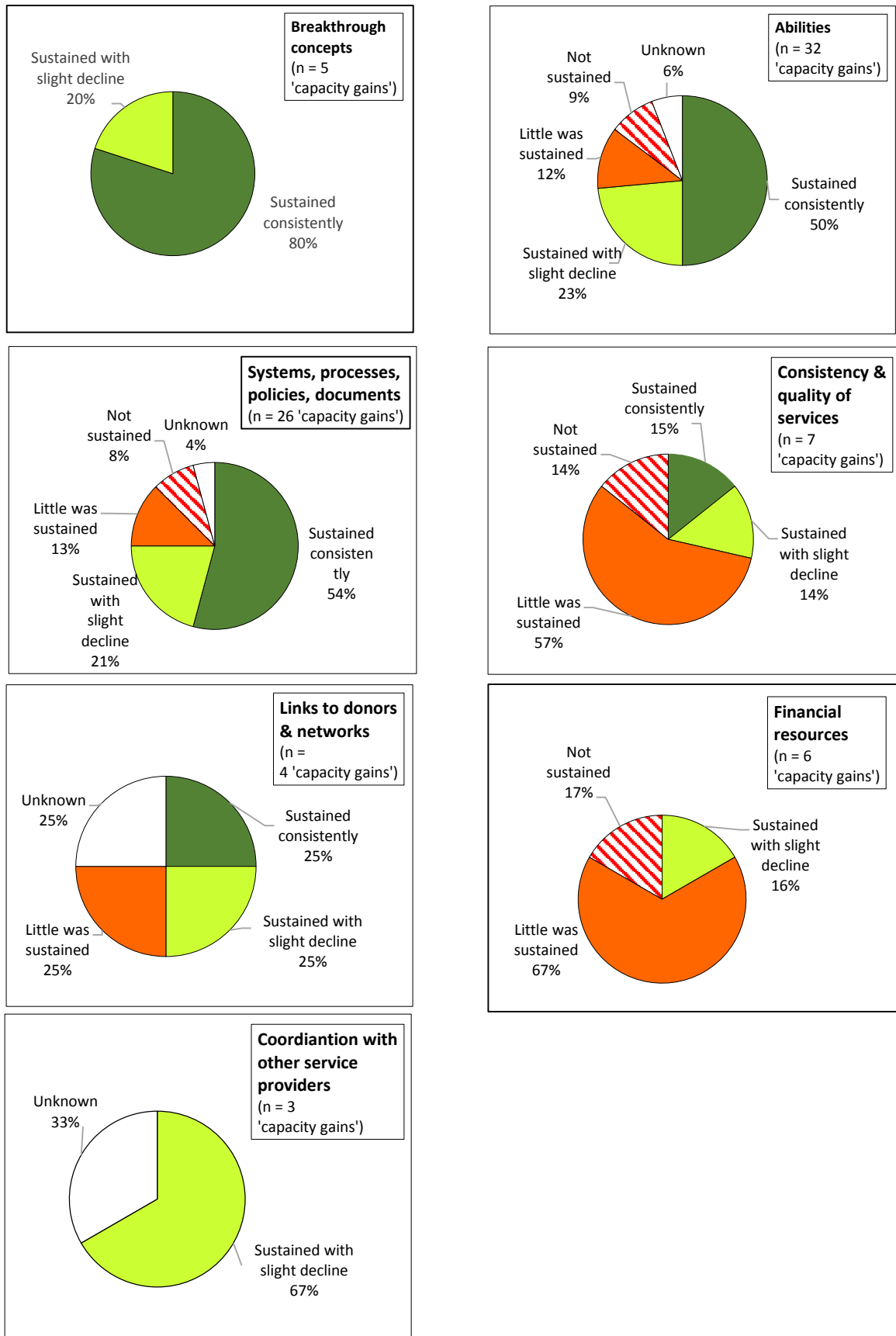


























Table 5: Sustainability of capacity gains supported by VSO volunteers working with Shantiham.












(Source: FGDs with staff; self-assessment of change in skills; SSI's with staff and senior clinical staff at Jaffna teaching hospitals; review of Shantiham documents; VSO volunteers' final reports).

Key:	 Sustained consistently	 Sustained with slight decline	 Little was sustained	 Not sustained	 Unknown
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Capacity Developments: Capacity developments with VSO volunteers 2004 - 2013	Sustainability: Extent to which capacity gains supported by VSO volunteers have been sustained to 2015	
Breakthrough concepts		
<i>Psychosocial and mental health services</i>		
VSO volunteers 2004 - 2006		
Basic and Advanced Cognitive Behavioural Therapy (CBT) for counsellors, and use of CBT tools and techniques in group counselling.	CBT remains a core approach used by Shantiham, and is integrated into psychosocial workers practice, and training carried out by Shantiham (see below).	
Learning Disabilities of children	Learning Disabilities of children remains a core approach used by Shantiham, and is integrated into psychosocial workers practice, and training (see below).	
A systematic intervention model and case planning for different conditions.	The systematic intervention model and case planning for different conditions remains a core approach. It is integrated into psychosocial workers practice with some slight decline, and integrated into training (see below).	
VSO volunteers 2011 - 2013		
Introduced Group Therapy approach, and provided training in Basic and Advanced Group Therapy.	Group Therapy is integrated into counselling practice and remains a major approach used by Shantiham.	
Developed trauma model based on Hobfoll process.	Trauma model concepts integrated into counselling practice	







Abilities of Shantiham staff			
<i>Psychosocial and mental health services</i>			
	VSO volunteers 2004 - 2006		
	Skills development in Basic Cognitive Behavioural Therapy (CBT) for counsellors.	CBT principles have been integrated into the practice of counsellors, especially for anxiety and trauma. Staff continue to benefit from CBT skills when counsellors with CBT experience give their perspective on cases discussed at the weekly peer supervision sessions at Jaffna Hospital for counsellors.	
	Advanced CBT	The two counsellors who received Advanced CBT are still working at the Jaffna Teaching Hospital. One of the counsellors trained by the VSO volunteer has been supporting the new counsellors trained as part of the trauma programme	
	Advanced CBT	Advanced CBT for counsellors is not sustainable in the long term because at Shantiham and Jaffna Teaching Hospital "we do not have the skills to train other counsellors beyond a basic CBT" (Senior clinical staff member).	
	Crisis intervention for counsellors and psychosocial workers	Crisis intervention course is still being delivered by counsellors and trainers at Shantiham.	
	Learning Disabilities, for counsellors.	Psychosocial workers are able to recognise, screen and send clients to hospital. They also work with parents of children with learning disabilities. Clients with learning disabilities are categorised in the Shantiham client database. For example, one informant who supervises counsellors recently observed a counsellor using knowledge of learning disabilities to take a proper case history. "I am able to identify these types of children and support them and their families" (Counsellor, Shantiham).	
	Counselling and listening skills. Case plan for different conditions faced by a client.	Case planning continues to be used by psychosocial workers and counsellors. One informant who provides supervision for counsellors reported that writing proper case notes has declined (based on informal feedback from clients). This is due to insufficient supervision, due to a shortage of professionally qualified staff.	
	VSO volunteers 2011 - 2013		
	Group Therapy for counsellors - Basic certificate.	Counsellors report that they are using their skills in Basic Group Therapy. One Group Therapy course (Basic skills) was delivered soon after the VSO volunteer left. Counsellors continue to use skills in group therapy. "I am still using this in my alcohol unit" (Counsellor). "She challenged my attitude. Now I am supervising a lot of people and she may be the base for that. Thinking about the future I can see that I will go on to supervise more people. They have asked that I supervise 19 more social work assistants. This is because of the skills that I have learnt from Wendy" (Counsellor).	
	Group Therapy for counsellors - Advanced certificate.	Counsellors report they are using their skills in Advanced Group Therapy.	
	Group Therapy for counsellors - Advanced certificate.	No one trained by volunteer to deliver the Advanced Group Therapy course. This is one factor limiting the capacity of Shantiham to provide enough professional supervision to field-staff. "The last training was carried out by the VSO volunteer. Now she has gone we have lost capacity". "It is not possible to get a local person to work on this because of staff shortages and they would need support to do this. For example I have 16 programmes in Jaffna – if I go there are support them they will make progress but they need supervision for this to happen" - "If someone comes here from a developed country we ask them to run a training in their specialism but we do not have a regular programme. We did	












		think about training some senior counsellors to be supervisors but we have not been able to do this" (Senior clinical staff).	
	Training on clinical social work	The skills to carry out this training remain. One counsellor said "I helped to train the 11 Public Health Inspectors with Wendy. It was only a 3 day course which was not enough and so after Wendy left I did more training".	
Abilities of Shantiham staff			
Training			
	VSO volunteers 2004 - 2006		
	CBT, case planning, and Learning Disabilities integrated into existing training programs: Befriending, Core Groups, Community Volunteers, Counsellors and Psychosocial workers.	Staff retained their skills, and continue to deliver training programs in 2014 and 2015.	
	Training of Trainer (TOT) skills	Continue to use the training methods and skills developed with the volunteer. Examples include: a supervision method in training, where people note down things that they don't know on a blank sheet of paper, eye contact when training, presentations skills, and assessing training needs.	
	Participatory training, feedback and coaching methods	Continue to use training and coaching methods.	
	VSO volunteers 2011 - 2013		
	Psychosocial work and counselling training program for 'Women Development Officers'	The 'Women Development Officers course' is currently being delivered in 2015, by a resource team from Shantiham, National Institute Social Development (NISD), and University Jaffna. Skills to deliver the Women Development Officer's course is sustained because staff continue to use these skills and gain further experience.	
	Interactive training. Participatory training.	"Increased because getting experience from the field. I was supervising staff and observed an increased capacity for dealing with difficult staff" (a counsellor). Interactive training methods continue to be used in training. For example, when running community awareness sessions on psychosocial issues in new locations in 2014, field-based trainers used drama, role play, discussion groups, visualisations and group activities.	
	How to organize training, determine what training is required, timing, resource, assess training needs. How to research training topics. Regular meetings.	Training coordinator reports he has retained many skills to manage the Training Unit. This issue is insufficient staff to manage the training unit effectively, since the departure of the VSO volunteer.	
	Making connections to training funders/requests to ensure adequate time to prepare curriculum.	Not sustained. 'Ability to network' mentioned infrequently as an ability learnt from four VSO volunteers.	
	Training coordinator manage the training unit.	Skills to manage the training unit remain. Training is still being organised, but a key challenge is being able to obtain enough senior level support.	
	Integrating community-based, client-centred, rehabilitation-focused approaches in all new curriculum written by Shantiham or their trainers.	Unknown if this was done. Was not mentioned in this evaluation. No new curricula since 2013.	






	Training skills and interactive training for Training of Trainers (ToT);	The TOT course has not run since the closure of the VSO program in 2013. There are plans to run the ToT course in 2015 for counsellors and psychosocial workers, so as to support the training of the Core Groups (in communities). Plans are to adapt the ToT course to meet the specific needs of the group.	
	Skills in using participatory, interactive training methods.	Shantiham courses are delivered using a range of training methods. Shantiham trainers used participatory, interactive methods. External resource persons often use more traditional lecture-based approaches.	
Abilities of Shantiham staff			
Organisation management & development			
	VSO volunteers 2004 - 2006		
	How to write reports, networking, opportunities to train	Staff report they still use some of the principles of report writing learnt from the VSO volunteer, even though reporting formats have since changes.	
	Weekly team meetings	Not mentioned in March 2015. Unknown the extent to which regular team meetings have continued an agenda with minutes.	?
	Reporting on field activities. Reporting to donors.	Have skills in reporting, though the previous reporting systems no longer exist. However, little supporting evidence of regular report writing was provided in the evaluation.	
	Proposal writing, using funding templates and write accompanying letters.	Still use the skills learnt in proposal writing; although recent proposals have been unsuccessful. Proposal development raised as a major challenge at present.	
	English language speaking and writing	Some staff mentioned their English improved through working with VSO volunteers	
	VSO volunteers 2011 - 2013		
	Fund raising and proposal preparation.	Although skills were learnt in fund-raising and proposal preparation Shantiham is facing challenges in obtaining further major donor funding. Staff report that they do not have the specific skills to prepare successful proposals in current funding climate to meet donor requirements. A key contextual issue is the recent reduction in donor funding nationally with the change in status of Sri Lanka to a middle-income country.	
	How to set-up, manage and analysis data using SPSS; and supervised 'trauma client database' and analysis.	The database officer continues to draw on skills learnt from the VSO volunteer. There was a slight decline immediately after the closure of the VSO program in 2013. A SPSS consultant through Asia Foundation provides continued support from 2014.	
	Reporting on analysed data for quarterly reports.	The data base officer produces analysed data since 2014. Again, Again, there was a slight gap in analysis between 2013 and 2014. Informants stated that quarterly Reports are produced; none were available at the time of the post-closure evaluation. Client data was analysed for 2014 [Document: Update on Database Report 2014].	
	The data entry officer and communications and advocacy maintain Shantiham's website by a website agency.	The data entry officer and communications and advocacy officer retain their skills to manage the website. Continued operation of the website.	
	Strategic planning skills	Strategic planning skills learnt from VSO volunteers were used to create the current Strategic Plan, with support from Strategic Inspirations Pvt Ltd and Asia Foundation. Senior management report there is some decline in strategic planning skills since 2013 because of challenges in translating Shantiham's information into proposals. This is linked to insufficient information management systems. The result was a less than systematic process in strategy formulation.	

		One informant ranked this as 3 out of 7 (1=most important; 7=least important) in order of importance for the 'capacity gaps' of Shantiham arising with the departure of VSO volunteers.	
	Participatory approaches and inclusion of staff and stakeholders in strategic planning.	Commitment to participatory and inclusive approaches to organisational strategic planning remain in Shantiham. These were used to develop the current strategic plan 2014-2017; facilitated by Strategic Inspiration and the support of the Asia Foundation. Included Shantiham staff and stakeholders.	➔
Systems, processes, policies, documents			
<i>Psychosocial and mental health services</i>			
	VSO volunteers 2004 - 2006		
	Categorising clients with learning disabilities in the Shantiham's monitoring system.	Categorising clients with learning disabilities in the Shantiham's new client database.	➔
	Group facilitating, how to work with clients, and the essential the components of social work.	Group facilitating methods still used.	➔
	Psychosocial workers organise themselves for field work and planning field activities	Still have the skills for how to organize field-activities, "we remember the principles and skills" (Counsellor, Shantiham).	➔
	VSO volunteers 2011 - 2013		
	How to interpret the client M&E form designed with the Asia Foundation, and ensure information related to alcohol abuse is gathered.	How to interpret the client M&E form designed with the Asia Foundation, and ensure information related to alcohol abuse is gathered.	➔
	Data entry officer established the data base.	The current database has the same structure as that developed with the VSO volunteer (based on SPSS) with a few modifications made in 2014. There was a slight decline in 2013 with the departure of VSO, and inputs of data restarting in 2014. Since 2011, only data for the trauma programme has been gathered for M&E. A major issue raise was insufficient evaluations carried out on the impact for Shantiham's work (this was not an area of capacity development with VSO volunteers). No donor-partner evaluation reports were provided for this VSO post-closure evaluation.	➔
Systems, processes, policies, documents			
<i>Training</i>			
	VSO volunteers 2004 - 2006		
	Booklet on Learning Disability o	Produced a booklet on Learning Disability (children and carers) for counsellors, translated into Tamil; is still being used.	➔
	CBT booklet o	The model from the CBT booklet and is still being used for training with counsellors in Shantiham and the field.	➔
	Guidelines for Learning Disabilities o	Guidelines for Learning Disabilities are still being used in training.	➔
	Training materials on the systematic intervention model and case planning.	Training materials on the systematic intervention model and case planning are still being used. The case examples developed by the volunteers are used to explain how to build a relationship with the client.	➔
	Contributions to the Befriending, Core Group training, Counselling, Psychosocial Therapy.	Contributions still being used in the Befriending, Core Group training, Counselling, Psychosocial Therapy training. The book on MH translated into Tamil is still used.	➔

VSO volunteers 2011 - 2013		
Training Manuals for 'Women Development Officers' psychosocial training.	Women Development Officers' psychosocial course syllabus has been modified to make it appropriate for wider range of mental health professionals, such as child counsellors, youth workers with men and women. Example: power point slides on personality disorder have been adapted for use in training of psychosocial field-based staff.	
Training materials on Group Therapy	Training materials on Group Therapy are stilled for training in Group Therapy - Basic skills	
Systems to organise and document training courses. Folder for each course. Evaluation forms.	There is a folder for each course, contains curriculum, who delivers each module, signature of the trainer for each module, attendance sheet showing gender, designation and signature. Participants as a group give feedback everyday on their learning. An evaluation form is completed by participants at the end of a course, and one week later. The data is not analysed. Discuss also with the leader of the participant group on how useful they found the course, with suggestions for improvement.	
Materials on training methods/TOT	ToT training materials have not been used since 2013. They are still held in the Training Unit, with plans to use for the next ToT course.	
Systems, processes, policies, documents		
Organisation management and development		
VSO volunteers 2004 - 2006		
A review of how the organisation is run: policies, procedures, Shantiham's mandate, aims and objectives.	Not exist any more	
Templates to apply for funds, letter writing.	Continue to use the proposal format. Used information from proposals developed by volunteer, cut and pasted them into new funding proposals. (A proposal for yoga training submitted to the Indian high commission; was not successful).	
VSO volunteers 2011 - 2013		
Terms of Reference for Shantiham staff roles	Staff Terms of Reference are being drawn on as part of Human Resources management processes currently being developed in 2014.	
Education plan for trauma counsellors. Worked with management council to support therapy staff towards degree and other credentials in therapy.	Currently no education plan for trauma counsellors.	
Shantiham plan an expansion across the North of their unique community, client-based approach to counselling, via the USAID grant application.	Shantiham has expanded work into new geographical areas within 3 Districts where they work (Maruthankerny, Mullaitivu, Kilinochi). 26 new 'Core Groups' (community members and links to government and other service providers) were established and provided with training in 2014. Shantiham is currently providing psychosocial and mental health services and carrying out livelihoods work here, with support of USAID funding (Update on Database Report 2014; Shantiham Strategic Plan 2014-2017).	
2011-2012 plan for Shantiham.	2011-2012 Strategic Plan was never fully completed, due to internal challenges within Shantiham. Shantiham now has a Strategic Plan for 2014 - 2017. [Document: Shantiham 2014-2017 Strategic Plan].	
Modification of the administration system.	After VSO left there little progress due to challenges faced by senior management, such as heavy workload with their other fulltime work.	

A postcard for a campaign on world mental health day.	Unknown if this card was used again in the world mental health day. Shantiham has since developed a full advocacy strategy with the support of USAID.	?
Shantiham website re-launched the website, with protocols to manage the website developed.	The website is still active, in the form as it was designed with the volunteer. The most recent post was in March 2015. Protocols to manage the website are reported to still be in use. There are challenges in getting information, case studies and stories about Shantiham's field-based work; because there is not enough time and resources to do this.	
Action plan with staff for USAID project 2014-2015.	The action plan for 2014 is being used and has been developed further (Sept 2014 - Oct 2015).	
OD plan based on an organisation development assessment (ODA) in 2013, report with findings and recommendations. Handbook on OD.	After VSO left there was little progress in overall organisation development (OD) for 18 months. Shantiham employed a new Executive Director in mid-2014, who is currently taking forward Shantiham's OD process. He has developed an Organisation Improvement Plan (OIP) dated April 2014. The 2014 OIP includes Good Governance (& revision of vision, mission); Administration for asset management, staff security; Human Resources policies; Organisation Management (including Strategic Plan); Program Management; Performance management; Information Management Systems (database protocols, advocacy); Standards for quality checking; Personnel procedures manual. The ED draws on the findings of the organisation development assessment (ODA) report of 2013, by a VSO volunteer. This is an important source of information for the current OD. FGD x3 - some aspects were implemented, others not, due to challenges at the centre. Some recommendations are still being worked on. Some of her recommendations are to form some of the amendments to the constitution this year; one of which is to have a gender balance on the council of management.	
New organisation policies, procedures, and systems for human resources (HR), administration and finance; as required to satisfy the requirements of the new main donor, USAID. New systems were awaiting approval of the Management Council, by end of volunteer placement.	A new financial system is in place, and HR templates based on templates left by a VSO volunteer have been approved by the Management Council. There is a new finance manager who made some changes to the recommendations of the ODA report, and awaiting formal approved.	
Consistency and quality of services		
<i>Psychosocial and mental health services</i>		
VSO volunteers 2004 - 2006		
VSO volunteer facilitated peer supervision in small groups of 4, for field-based counsellors.	Peer supervision in small groups in the field is no longer practically feasible, because there are not enough professionally qualified staff to do this, and staff are too widespread geographically.	
Supervision of psychosocial staff in field.	Supervision of field-based staff remains a key issue, due to insufficient professionally qualified staff who can provide field-based supervision.	

	VSO volunteers 2011 - 2013		
	Supervision of field level staff.	There is insufficient supervision of field-based staff, and a major gap left by the departure of VSO in 2013. This is due to insufficient professionally qualified staff who can provide field-based supervision.	
	Supervision through email or phone.	Still being done by a counsellor. "I am now supervising 11 PHI and 10 psychiatric rehab workers. Use the approach of supervising through email and phone".	
	Code ethics for counsellors	All counselling staff have been briefed but not all staff have yet signed off. The Code of Ethics now forms basis of Shantiham's operational procedures for counselling, clinical and field-work with communities.	
Training			
	VSO volunteers 2004 - 2006		
	Weekly activities to include clinical supervision	As a regular activity, was not sustained. Currently, some feedback on training is obtained from course participants a week after training.	
	VSO volunteers 2011 - 2013		
	Standards and protocols to professionalize the training unit/	Few of the training unit standards and protocols are used. The content of training courses is overseen by the professor.	
Financial resources			
	VSO volunteers 2004 - 2006		
	Proposal development by VSO volunteers.	Fundraising remains a challenge in Shantiham, because they do not do not have the same success as VSO volunteers.	
	VSO volunteers 2011 - 2013		
	The USAID funding secured for Shantiham for 2013-2015 (major donor-partner for Shantiham). Two VSO volunteers facilitated the development of funding proposals with the Shantiham team.	The capacity development in terms of securing immediate major funding was successful. This was due to the skills and effort of the VSO volunteers in facilitating the proposal preparation process with Shantiham. However, these initial capacity gains were not subsequently sustained. Funding due to end in July 2015, and Shantiham, faces challenges in securing new major funding. Two proposals were developed, and unsuccessful. Senior management are currently working on 4 proposals in the pipeline.	
	Training course for Women Development Officers, + funding from UNHCR.	No UNHCR funding at present.	
	Funding to redesign the website	The source of funds to sustain the website is from USAID. Future funding is known, once the USAID funding ends in July 2015.	
	Plans to make the Training Unit commercially viable and self-financing.	Plan to make the Training Unit commercially viable and self-sustaining were not carried forward.	
	Shantiham to become financially self-sustaining.	In 2014 Shantiham included in their strategic plan 2014-2017, a key objective of Shantiham becoming a 'self-sustainable organisation' within the next 5 years. Shantiham also developed Fund Raising Strategy in 2014.	

Coordination with other providers of psychosocial and mental health services			
	VSO volunteers 2011 - 2013		
	MOU between AHC and Ministry of Health - to be carried forward by consultant psychiatrist.	Outcome unknown.	?
	Collaboration with Women's Rural Development society.	Collaboration on continues with Women's Rural Development as implementing partners, and on-going training. Ten out of eleven implementing partners for the USAID funded Livelihoods project in Marathankurny are the Women's Rural Development Societies.	
	Links between Shantiham and CORD Aid	Training was provided for CORD Aid by Shantiham.	
Links to donors and networks			
	VSO volunteers 2004 - 2006		
	Networking with NGOs	Not mentioned as skill learnt from the volunteer. Insufficient networking with NGOs was raised as a challenges in the ODA 2013.	
	VSO volunteers 2011 - 2013		
	Collaboration with Asia Foundation on capacity building	Asia Foundation continued providing capacity development support, e.g. for the data base, 2014.	
	VSO volunteer assisted social workers to organize a 'national association of social workers' and develop national social work code of ethics	Unknown. Not mentioned by Shantiham team.	?
	VSO volunteer facilitated the link with Asia Foundation.	Links with USAID and Asia Foundation remain at present. The USAID funding is due to end in July 2015. There are no further links with UNHCR. Shantiham took part in a donor scoping study commissioned by USAID for USAID partners in Sri Lanka. Shantiham is planning to draw on this to meet new potential donors.	

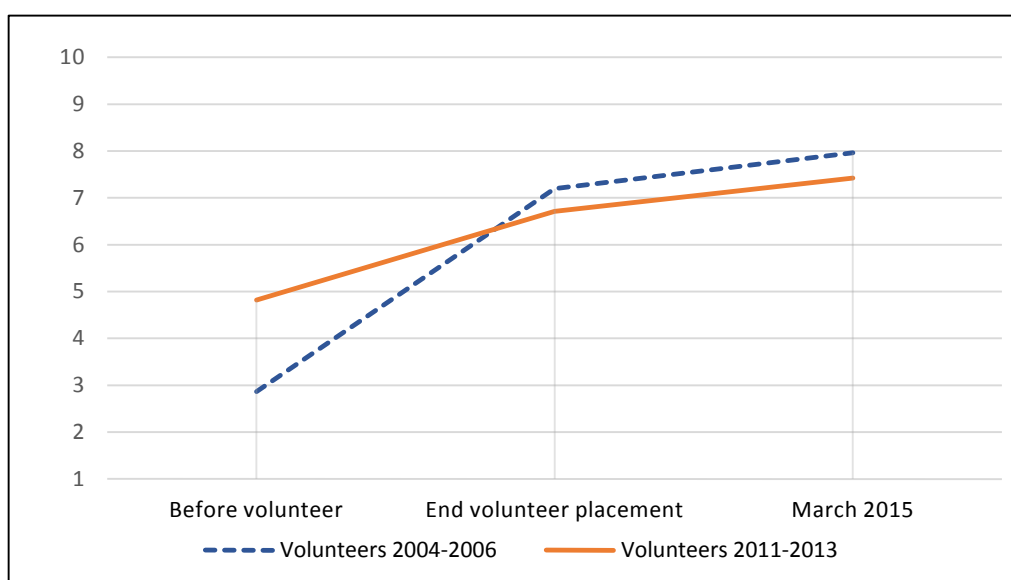
Sustainability of abilities and skills of staff' in Shantiham: overall

A short self-assessment by a sample of Shantiham staff on the current skills levels for Shantiham’s counselling services, training unit, M&E unit, media and advocacy unit, and programming unit. The score was 6.9 (out of 10, where 1 = low, 10 = high). This gives a very broad indication that Shantiham’s current skill levels are approximately three-quarters of that required to function effectively. There is a wide range in ‘skill levels’ for different capacity units and departments in Shantiham.

Figure 8 corroborates qualitative information that many of the skills developed with VSO volunteers have been sustained, although with little increase in skill levels since the closure of the VSO program in 2013 (Table 6).

Figure 8: Level of abilities a sample of Shantiham staff as a result of capacity development with VSO volunteers.

Average score in abilities (e.g. skills) before and at the end of a volunteer’s placement, and in March 2015. Scores: 1 = low, 10 = high. Self-assessment by questionnaires completed by 7 Shantiham staff for 2 VSO volunteers 2004-2006, and 2 volunteers 2011-2013. 11 questionnaires were completed.



Of the abilities mentioned in the ‘self-assessment of skills questionnaires’ very few abilities were reported to have declined since the departure of VSO. A decline in skills were reported by one person, in the areas of group therapy, CBT, task management and interacting with others. The main reason was that the person no longer used these skills because his job position had changed since 2013.

Table 6: Percentage increase in the scores for all abilities developed with the support of VSO volunteers, between 2004 and 2015

(Source: self-assessment by questionnaire completed by 7 Shantiham staff for four VSO volunteers from 2004 to 2013. 12 questionnaires were completed. (Scores were 1 to 10, where 1 = low, 10 = high).

Period of VSO volunteer placements	Percentage increase in scores for abilities of 7 Shantiham staff: -	
	Between 'before VSO volunteer' and 'end of volunteer placement'	Between 'end of volunteer placement' and 2015
Volunteers 2004 - 2006	60 %	9.5 %
Volunteers 2011 - 2013	28 %	10 %

There was an increase in skills in the most frequently mentioned 'ability/skill areas' of approximately 30% to 50%, as a result of capacity developing work of VSO volunteers (2004 – 2013). A significant finding here is the relatively small increase in 'training skills' (18%) as a result of capacity development with VSO volunteers. Training skills were also mentioned infrequently (11% of the main skills areas mentioned). This suggests that capacity developments in 'training skills' was not considered as a significant as most other 'ability areas' (Table 7).

Table 7: Percentage increase in the scores for the most frequently mentioned abilities and skills developed with the support of VSO volunteers, between 2004 and 2015

(Source: Self-assessment by questionnaire completed by 7 Shantiham staff for four VSO volunteers from 2004 to 2013. 12 questionnaires were completed. (Scores were 1 to 10, where 1 = low, 10 = high). (n = 72 times each ability was mentioned).

Ability and skills area	Percentage increase in scores for abilities of 7 Shantiham staff: -	
	Between 'before VSO volunteer' and 'end of volunteer placement'	Between 'end of volunteer placement' and 2015
Psychosocial	53 %	6 %
Project processes	51 %	15 %
Interacting with others	40 %	9 %
Personal	29 %	1 %
Networking overall	42 %	-4 %
Networking -service providers	71 %	17 %
Training	18%	16 %

Capacity to develop capacity

However, from Shantiham's perspective, concerns were raised about the long-term sustainability of some of these gains into the future. Major concerns were raised about long-term sustainability of some areas of capacity. These include Shantiham's capacity in field-level supervision; capacity to provide training in advanced CBT and Group Therapy (the latter especially an important aspect of supervision) for new/other staff; and capacity to secure donor-funding (Figure 8). The concern is that without this capacity the quality of services in particular psychosocial and mental health services will decline over time.

These concerns about sustainability may be referred to as Shantiham's 'capacity to develop capacity'. A considerable gap was left by the closure of the VSO program in 2013. For field-level supervision, there were no persons of sufficient professional qualifications and experience to take over this role of the VSO volunteers, and no-one had been coached by the VSO volunteers to carry out field-level (again, in part related to the lack of professionals). For the advanced CBT and Group Therapy, no-one had been trained to deliver these courses. Again, at the time, those who received advanced training were not experienced enough to train others.

Other concerns of capacity are not related to the work of VSO volunteers, such as capacity to manage the Training Unit, which is due to shortage of staff, and capacity to the MC to provide management and strategic support.

3.4.5 Factors supporting and hindering the sustainability of capacity gains (with VSO volunteers) 2013 - 2015

The focus sub-section is to explore the question:

What are the key factors in whether or not capacity development was subsequently sustained?

Factors enabling capacity gains to be sustained

The key factors enabling the capacity gains created with the VSO volunteers, according to Shantiham staff, are shown in Figure 9. These factors are interlinked. Shantiham staff emphasise the approach to taken by VSO volunteers was a major factor in sustaining gains in capacity. Their approach enabled staff to integrate new capacities such as 'abilities and skills' and 'breakthrough concepts' into daily routine work is an indication of sustainability of capacity gains. For example, the most significant factor sustaining new abilities and skills is 'on-going work experience' (Figure 10). This indicates that the new abilities developed were integrated into regular work practices. It also indicates that the developments in abilities and skills supported by volunteers were directly relevant and related to the actual work of staff. Another indication that capacity gains have been sustained is when they are formalised into organisation policies and processes.

"My skills have increased because I am getting experience from the field. I was supervising staff and observed, an increased capacity for dealing with difficult staff" (Counsellor, Shantiham)

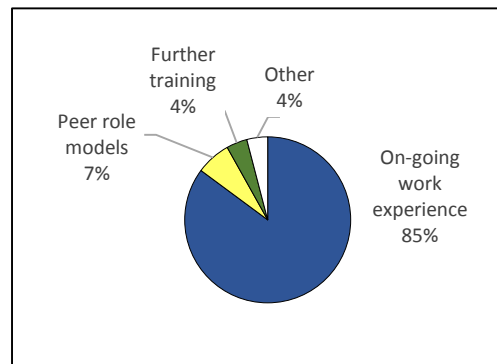
Figure 9: Factors supporting the sustainability of capacity gains created with VSO volunteers 2013 - 2015

<p>Integrated into routine work</p> <p>Abilities/skills, breakthrough concepts, documents and systems - were integrated into the daily routines of staff (delivery of psychosocial and mental health services; training; departments & units at organisation level).</p>	<p>Leadership</p> <p>Approval of Shantiham’s leadership supported the integration into routine work and the formalisation of new capacities.</p>	<p>Other organisations</p> <p>Other partners of Shantiham continue to provide capacity developing support, e.g. Asia Foundation and USAID for organisation capacity development</p>
<p>VSO approach to capacity development</p> <p>The integration of capacity gains have been integrated into work routines in part by the VSO volunteers ‘approach to capacity development’, especially mentoring, training, modelling that is on-the-job, practical and applied. Also VSO’s long-term relationship with Shantiham.</p>	<p>Formalised</p> <p>Capacity developments, such as breakthrough concepts, standards and codes, and training courses – are formalised into organisation policies and processes, e.g. code of ethics in HR policy, e.g. procedures to train new staff in Shantiham’s approaches.</p>	<p>Useful documents</p> <p>Guidelines, booklets, manuals, templates, and reports left by the VSO volunteers are very useful to guide delivery of services and inform organisation development and management.</p>
<p>Professional supervision</p> <p>On-going supervision by clinical professionals (also Shantiham leadership) for psychosocial and mental health staff (at Shanitham offices and Jaffna hospital only).</p>		

Figure 10: Factors enabling skill gains to be sustained to 2015, as reported by 7 Shantiham staff completing a self-assessment questionnaire

12 questionnaires by 7 Shantiham staff, on skills learnt from 2 VSO volunteers in the period 2004-2006; and 2 volunteers in the period 2011-2013. (n = 74, number of factors mentioned).

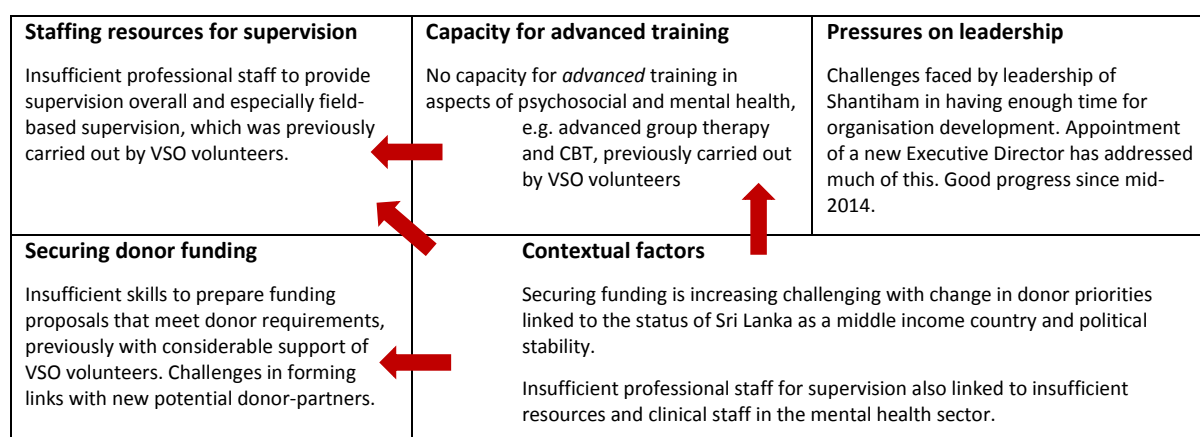
(‘Other’ = supportive environment, good working spirit, personal ability)



Factors linked to decline in capacity gains developed with VSO volunteers

Figure 11 illustrates the key challenges faced by Shantiham in sustaining capacity gains developed with the support of VSO volunteers. These challenges are interlinked, and contextual factors are important. The capacity to provide field level supervision for psychosocial and mental health staff is linked to insufficient professionally qualified staff. Shantiham is unable to provide advanced training because no one was trained to deliver this training for new staff (Training of Trainers), which is in turn linked to lack of sufficiently professional and experienced staff to train. Securing donor funding is linked to insufficient staff skills to prepare successful proposals that meet donor requirements. This in turn is linked to reduced donor funding due to changes in donor priorities, linked to the change in Sri Lanka as a middle income country and political security post-conflict.

Figure 11: Challenges faced by Shantiham in sustaining capacity gains developed with VSO volunteers



Reliance on VSO volunteers and importance of capacity element

The *reliance* on VSO volunteers for the direct delivery of some areas of Shantiham’s capacity presented key challenges for sustainability. These areas were field-based supervision for psychosocial and mental health staff, securing donor funding, and advanced training in psychosocial and mental health, such as group therapy and CBT. Following the closure of the VSO program in 2013 Shantiham has been unable to continue in these areas (supervision from professional clinical staff is still provided weekly at Shantiham only, but at an overall reduced level compared to that provided by VSO volunteers). This has left major ‘gaps’ in capacity. The significance of these areas is that they are of high *importance* to Shantiham’s overall capacity to continue organisation operations and delivering services.

Shantiham staff explained that the *reliance* on VSO volunteers for field-based supervision, securing donor funding, and advanced training does not necessarily imply a failure of VSO’s approach. Providing field-based supervision and advanced training were essential to developing Shantiham’s capacity (staff abilities, new concepts and approaches). Assisting Shantiham to secure donor funding was also essential to continued operation of the organisation. An interplay of contextual factors meant that there may have been little option to do otherwise. Shantiham’s concern is that without the capacity in these important areas, its overall capacity will decline in the long term.

In the meantime, Shantiham has taken steps to address the reliance on donor funding. This includes a strategic objective to become financially self-sustaining (strategic plan 2014-2017), and the recent development of a business and financial strategy.

3.5 Unique effectiveness of VSO's approach

3.5.1 Focus

The focus of this section is to explore the question:

What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?

This was done through a FGD using matrix scoring, and SSIs with individuals.

3.5.2 VSO's approach compared to other organisations

To explore the uniqueness and effectiveness of VSO's approach to capacity development approach of VSO, a FGD using matrix scoring a facilitated with Shantiham staff. The group first drew up a list of criteria that they would use to compare the various capacity developing approaches of Shantiham's partners. These are illustrate in Table 8.

Table 8: Approaches and effectiveness of capacity development: criteria used to compare all Shantiham partners' approaches to capacity development, and position of VSO.

(Source: FGD with matrix scoring)

Criteria to compare Shantiham partners' approaches to capacity development	Ranking of VSO
<ol style="list-style-type: none"> 1. Transfer of knowledge into documents so that it can be used practically; 2. Type of capacity developing support - degree of physical presence, funding provided, materials provided; 3. Provide training at external organisations; 4. Contribution to Shantiham's impact on ultimate beneficiaries; 5. Introduce breakthrough concepts; 6. Contribution to the quality of Shantiham's work; 7. Contribute to professional positioning of Shantiham. 	<p style="text-align: center;">VSO ranked 2nd out of 11 organisations</p>

Overall, VSO was ranked second out of 11 of Shantiham's partners, in terms of effectiveness of capacity developing approach.

The Asia Foundation was ranked the highest because they are visit Shantiham frequently, are physically present a lot of the time, are very practical, and provide funding. Previously Shantiham had a 'project partnership' with the Asia Foundation, who provided funding. Now the Asia Foundation provide technical support, such as developing the database, organisation development (OD) and strategic planning. VSO was ranked second because they do not provide direct funding and do not provide external training for staff.

The key feature that makes VSO uniquely effective and distinct from most of Shantiham's other partners is VSO's particular approach to capacity development. This is that VSO volunteers: -

- Provide **long-term** capacity development support, and on-going mentoring, rather than short courses;
- Are **integral members** of the team; physical presence means they can give immediate support, feedback, mentoring;
- Enables capacity development at **different levels**, from individuals to organisation-wide. This is achieved through the integration of new concepts, abilities/skills and key documents into the daily routines and practices of staff; and formalising capacity gains into organisation systems and processes;
- Support **bespoke** capacity development based on the unique circumstances and reality of Shantiham;
- Consider the **sustainability** of capacity developments, through training of trainers;
- Are **not donor driven**, but focussed on the development of Shantiham;
- Emphasise building good working **relationships**, and provide emotional support.

"The main difference with VSO is that they work with you on the ground, and you can see how they are working,"

"All NGOs talk about capacity building but nobody shows locals how to do it – this is a huge difference with VSO. A couple of courses will not achieve the same thing. With VSO the person is there with you and they have chosen to come".

"VSO volunteers do not bring pre-packaged courses. They assess the needs of staff in discussion with them ... then design a special training program to suit the needs of people".

(Shantiham staff)

In terms of the VSO program in Sri Lanka, Shantiham staff felt that VSO: -

- Selects 'the right kind of people' to be effective volunteers;
- Makes a long-term commitment to Partners, such as Shantiham.

"Because of VSO being with us we have come up over the years, and with other people too"

"I really enjoyed the VSO model and would advocate for it. I have encouraged others to take it up".

(Shantiham staff)

3.6 Occupational Therapy: Tellipaili Hospital

3.6.1 Overview

The VSO volunteer was in placement for one year in 2012. The VSO volunteer worked with four hospitals in the Northern Province to develop capacity to deliver Occupational Therapy (OT) services. One hospital was in Tellipaili which was as a case study for the VSO post-closure evaluation.

The methods used to gather information were: FDG with 2 OTs, a self-assessment on the skills learnt from the VSO volunteer, SSI with senior mental health staff at Jaffna teaching hospital, and Tellipaili hospital. A visit was made to Tellipaili hospital to explore the current OT services. Discussions were held with 2 OTs and 5 patients.

3.6.2 Capacity developments supported by VSO (2012)

Changes in capacity to deliver OT services

“Now we all sit together with patients to break down barriers. If they are doing activities on the floor we sit with them on the floor. If they are sitting we sit rather than stand over them”

(Occupational Therapist).

Before the VSO volunteers’ support, senior clinical staff felt that OT work might be a good way to get patients active but there were no qualified OTs in place. At that time, OT services were being provided by support staff with no training and little experience in OT. The focus of the VSO volunteer’s work was to develop the OT unit and the capacity of the support workers to deliver and manage the OT unit. They are now referred to as OT’s, although they are not formally qualified as OTs.

The situation the Tellipaili Hospital OT services before the VSO volunteer’s work and one year later, is illustrated in Figure 12. These were constructed from discussions with the OTs and senior mental health staff.

Figure 12: Elements of OT services developed with VSO capacity developing support.

(Source: SSI, FGD, skills questionnaire, review of documents, observation with visit to Tellipaili Hospital).



Table 9 presents the key elements of the OT services provided by Tellipaili Hospital, illustrating the situation before the capacity development work of the VSO volunteer, and the main increases in capacity.

Overall, there has been a significant increase in the capacity to deliver OT services at Tellipaili Hospital.

Before we used to wait to be told by the doctor what to do but now we know what to do”
(Occupational Therapist).

Table 9: Capacity developing support provided by VSO volunteers for the occupational therapy (OT) unit at Tellipaili Hospital

(Source: FGD, SSIs with occupational therapists, senior clinical staff, VSO volunteers reports and SSI, visit to Tellipaili hospital)

<i>Elements of OT services</i>	<i>Before VSO volunteer</i>	<i>Change in capacity to delivery OT services supported by VSO volunteer</i>
Approach to OT		
Developing capacity of support staff	No staff trained in OT skills	Developing the capacity of volunteers/support staff, who are not professionally trained OTs, to manage OT units in Hospitals.
Client-centred; assessment and treatment	Used to treat all the patients as one group, as the same. No assessments	Now we assess patients, we can categorise patients according to their needs. Assessment process considers how the patient was in the past, now, and would like to be in the future. Ask patients of their past life. Ask relatives too so as to obtain both perspectives.
MDT and Referral process	OTs did not accompany doctors on ward round	The OTs go on ward rounds with doctors. Patients referred by psychiatric doctors.
Liaising between OT unit and doctors, consultants	-	VSO volunteer had meetings with chief medical officer, senior staff to encourage and allow OTs to use OT skills. VSO Volunteer contributed as team member in MDT
Scope and quality of OT services		
Range of OT activities	Limited to basket making, games, folding envelopes for medication. No bread making. Patients did not cook. No vegetables grown. There was a bird cage.	Increased number of games for patients to play. Used to do games once a week and now we do it 3 times a week. New OT activities: cooking, making beads, paper-Mache bowls, patchwork, Palmyra, gardening (vegetables for cooking and sale). Basket-making needs wicker which requires resources, whereas beads, bowls, patchwork use recycled materials – an advantage. Patients learnt to cook.

Involvement of patients	Patients did not choose OT activities. Only had 3 approaches: song, poem, write a few words. We just gave patients the 'karam board'.	Patients choose which games to play and other OT activities they want to do. We play games once a week. Patients write stories about themselves or explain the pictures we have.
Interacting with patients	Just talked to patients	Being polite to patients. Now we all sit together to break down barriers. If they are doing activities on the floor we sit with them on the floor if they are sitting we sit rather than stand over them
OT activities as therapeutic	Would leave patients to do the task in a less structured way.	How to break a task down into sections so that the patient can learn step by step, e.g. in cooking, thinking about what equipment is needed and making a plan. Size of tasks - start small, e.g. give the patient a small amount of stitching to do, rather than the whole thing to complete in one go. In cooking, explain to patients what to do and observe them. Patients decide meals for themselves.
Skills of support staff/OTs		
Occupational Therapy	Support staff had few OT skills. Before the volunteer we only had one day training in OT. Before we used to wait to be told by the doctor.	Volunteer trained 11 people on OT skills, over 30 days, in 4 hospitals, of which Tellipaili was one. Those trained were support staff, not qualified OTs. Now we know what to do and don't wait to be told by a doctor. Training included: client-centred approaches, effects of mental health on function, group work, assessment and treatment planning, interviewing, and using activities therapeutically, e.g. how to write stories, ask about the patients, work with the patients to explain pictures put on the table.
Managing OT activities	Patients came in and did any OT activity. An OT activity with a patient could run on all day.	How to plan patient treatment with particular activities, so that OT activities have a therapeutic value. Prepare in advance for the next day. Agree with the patient that the OT activity session is one hour.
Nursing students	No training	VSO Volunteer trained nurses from Jaffna hospital who came once a year for a one month programme. Now the OTs do this.

Documents		
Assessment form	No assessment format for patients.	Assessment form consists of: Name, Age, Address, Date of start with service, Diagnosis. Improvements.
OT activity manuals	None	A detailed manual explaining stages of OT activities, in English and Tamil. Poster on the wall for making patchwork, beads, bowls. Activity sheets with photos.
OT training manual	None	Training manual in OT for support staff
Public awareness literature	No literature on OT services for hospital	Volunteer created leaflets on OT services provided. We had an exhibition to raise awareness of OT services. As a result the numbers of patients coming to us for OT has increased. We plan to have another exhibition in June. The Mental Health society in the hospital will fund this (NGO).
Resources		
Kitchen	No kitchen for patients	Volunteer changed her office into a kitchen for patients. Showed how to allocate places for utensils. Volunteer obtained a fridge and cooker.
Materials	Used to throw paper, cloth away	Collect waste paper, materials and reuse for OT activities
OT office facilities	Insufficient equipment	Two computers, printer, office equipment for OT's room
Funds	?	Funds raised from sale of patients' handicrafts and garden produce; MH Society at the hospital.

3.6.3 How capacity changed

The key ways in which change was brought about in the capacity to deliver OT services was:

- Support by senior management;
- Training and mentoring by the VSO volunteer,
- Introduction of a wider range of OT activities by the volunteer,
- Provision of resources by the VSO volunteer;
- Liaison between the VSO volunteer and the chief medical officer and senior staff to encourage and allow OTs to use OT skills;
- Quality of working relationship between the VSO volunteer and staff.

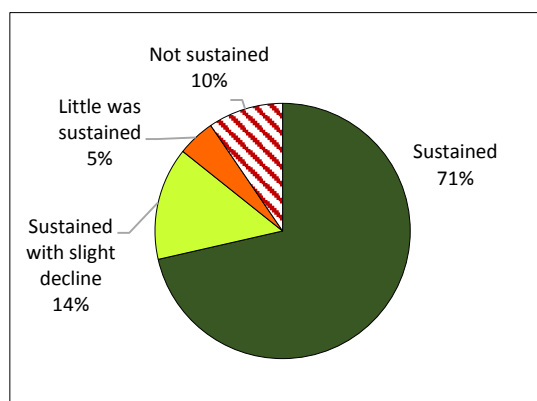
3.6.4 Sustainability of capacity gains (2013 – 2015)

Overall, approximately three-quarters of the capacity gains (supported by the VSO volunteer) at the OT unit at Tellipaili Hospital have been sustained (Figure 13). About 14% of capacity gains were not sustained or sustained to a very small degree. A ‘new’ or innovation in capacity development was the sale of bananas to raise funds.

Figure 13: Sustainability: Degree to which the capacity gains for the OT unit at Tellipaili hospital have been sustained 2013 – 2015, for all five elements of OT capacity overall.

(n = 21 types of capacities mentioned, listed in Table10).

(Source: FGDs and self-assessment, SSIs, observation on visit to OT unit, review of documents at OT unit)



“We now take the time to explain to new staff how we do things. Once new doctors and nurses understand the process and system, they allow the patient to go to OT”
(Occupational Therapist)

Details of which elements of capacity were sustained are illustrated in Table 10. The capacity gains most sustained were in ‘scope and quality of OT services’, ‘skills of occupational therapists’ and ‘recourses’

The capacity gains least sustained were in the capacity to train new support staff and occupational therapists. This is again linked to issues of long term sustainability, and the ‘capacity to develop capacity’, as mentioned for Shantiham above.

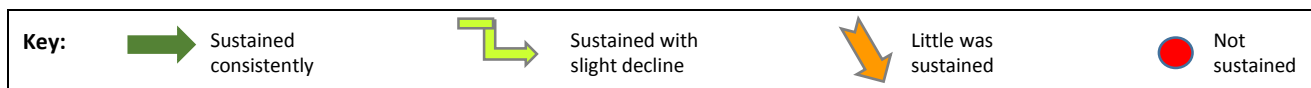
“We have no capacity to train OTs. We did put on a one month training with the last volunteer but now there is nobody to deliver this”






(Shantiham staff).












Table 10: Sustainability of the VSO volunteer’s contributions to the capacity of OT services in Tellipaili Hospital, by 2015.





Degree to which the capacity gains for the elements of OT services in Tellipaili Hospital have been sustained to March 2015.

(Source of information: FGDs with OTs; self-assessment of change in skills by OTs; SSI with senior clinical staff Tellipaili and Jaffna teaching hospitals; discussion with patients using the Tellipaili OT unit, observation of OT facilities and activities; broad analysis of OT records of # patients using OT services).



<i>Elements of OT services</i>	<i>Extent to which capacity gains have been sustained to 2015</i>	<i>Degree of sustainability</i>
Approach to OT		
Developing capacity of support staff to deliver OT services	OTs trained by volunteers are still managing the OT unit at Tellipaili, supported by consultants. There were some difficulties after the VSO volunteer left that led to a slight decline in the OT services, due to misunderstandings between the OT staff and clinicians. “We now take the time to explain to new staff how we do things. Once new doctors and nurses understand the process and system allow the patient to go to OT” (OT). A review of records show that the number of patients using the OT services has remained stable between 2011 and 2014. Two patients interviewed said they had been using the service off and on from before the volunteers and said there were different activities to do now.	
	The current capacity to train new support staff in OT in the same skills taught by the VSO volunteer, is limited. The VSO volunteer did not carry out any 'Training of Trainers'. There has been no further training since 2012.	
Client-centred; assessment and treatment	Patient assessments are still be carried out, as reported by OTs and senior clinical staff.	
MDT and Referral process	OTs report they continue to go on ward rounds with doctors, and patients referred by psychiatric doctors, as reported by OTs and senior clinical staff.	
Liaising between OT unit and doctors, consultants	The volunteer is no longer here to fulfil this function. OTs have taken of their role to some extent, though there have been misunderstandings. The OTs stating that they brief new doctors and clinical staff on the OT services, to ensure understanding of the function of the OT unit.	

Scope and quality of OT services		
Range of OT activities	The range of OT activities has remained stable overall. Bead making has stopped because they could not be sold. Attempts are being made to develop the volley ball court. The OTs are trying to have a piece of waste land cleared, and believe here are funds for this, but nothing has happened.	
Involvement of patients	OTs report that patients are still involved in selecting OT activities. We played games once a week and now we do it 3 times a week. Several patients interviewed also reported improved well-being from doing OT activities. One person said folding envelopes helped him to focus his mind. Another person said that it helped her condition. She finds the activity relaxing.	
Interacting with patients	The way of interacting with patients continues (sitting with them, politeness), as reported by OTs and senior staff.	
OT activities as therapeutic	Supporting patients in OT activities continues. For example, one patient explained the different stages of making bowls and beads out of paper. Another patient cooked a meal.	
Skills of OTs		
Occupational Therapy	Skills and knowledge of OTs has largely been sustained through their experiences of managing the OT unit, but OTs have not had the same degree of support as when the VSO volunteer was here, and received no refresher training. One senior clinical staff member said the quality of the OTs work has increased.	
Managing OT activities	Managing OT activities and treatment plans with patients continues, as reported by OTs.	
Nursing students	The OTs reported that they brief/train nurses from Jaffna hospital as much as it possible.	
Documents		
Assessment form	Assessment forms reported to be still used, as reported by OTs.	
OT activity manuals	OT manuals, poster and activity sheets still being used, as reported by OTs, and observation.	
OT training manual	Has not been used. There have been no further trainings of the kind carried out by the VSO volunteer, as reported by senior clinical staff member	
Public awareness literature	Still have the same information leaflets, but it is unclear how much they have been used (there is little evidence). The OTs are planning an exhibition in the next 6 months. The MH society of the hospital will pay for this (from sale of OT products).	

Resources		
Kitchen	Kitchen still being used by patients, as reported by OTs, and meal prepared by a patient.	
Materials	Recycled materials still be collected and used, as reported by OTs, and observation of patients using these materials.	
OT office facilities	Office and equipment still being used, as reported by OTs, and observation	
Funds	Beads could not be sold and so are no longer a source of funds. Patchwork and bowls continue to be sold. Sale of bananas grown by patients, to raise funds, was started after the VSO volunteer left. The bananas raise 3000 RS profit per month. The money goes to the society to buy things for the garden and for feeding the birds.	

Annex 4.A: Participants who took part in the VSO evaluation Shantiham AHC

Name	Position in Shantiham
Professor Daya Somansundaran	Professional Supervision. Management Council
Shiromi Leonard	President Management Council
Jeganathan Thatparan	Executive Director Shantiham
Mrs. R. Rathakrishnan	Data entry officer
Radha Sivaneswararajah	
Mrs. T Tharshini	Project Director (manager of the fieldwork/programme staff)
T Sivarani	Manager of the counselling unit
Siva Marie	Counsellor, working in Poonakery
Mr. Patheepan	Counsellor, Shantiham, working in Poonakery
Mr. Jeeva	Counsellor, Shantiham
A Shivani	Counsellor, Shantiham
J Shiva Leonard	Counsellor, Shantiham
Dr. Sivoyakan	Consultant, Teaching Hospital Jaffna
A.T Pavalmathy	Counsellor, Teaching Hospital Jaffna
R Kocinithi	Counsellor, Teaching Hospital Jaffna
J Thayananthini	Counsellor
L Molvernertesei	Counsellor
5 clients	Tellipaili Hospital
Dhaya Nanthini	Occupational Therapist, Tellipaili Hospital
Mohana Thasa	Occupational Therapist, Tellipaili Hospital
Ms T Tharshini	Project Director (manager of the fieldwork/programme staff)
Ms A Shivani	Counsellor based in Jaffna
Mr R Chandrasegara Sarma	consultant
Ms J Kanthatharsiny	Media and Advocacy Officer
Mr K Nishanthan	Training coordinator
Ms T Sumathe	M&E officer
Ms T Sivarani	Manager of the counselling unit

**ANNEX 5: National Institute of Mental Health (NIMH) –
Occupational Therapy
VSO post closure evaluation
Report**

1. Occupational Therapy department, NIMH

1.1 Background to NIMH

The National Institute of Mental Health (NIMH) was founded in 1929, and now Sri Lanka's largest tertiary care institution caring for the patients with mental illness. The Mental Hospital (Teaching), Angoda was upgraded to a National Institute in October 2008. Half Way Home, Mulleriyawa and the School of Nursing, Mulleriyawa have been under the administration of NIMH since 2008. NIMH has won several awards for the excellent work it had done. These include: Bronze Medal among the curative care, large scale health institutions at National Health Excellence Awards 2010 and an award in the Inter-department category at the National Productivity award 2010/2011¹¹.

NIMH's mission is to put patients first.

NIMH plays an integral role in Sri Lanka by providing specialized psychiatric services to the community with professionalism and care, and is also the centre for mental health training and research in the country.

1.2 Services of NIMH

The current services include general adult psychiatry. There Units include a psycho geriatric unit, general medical ward, perinatal psychiatry unit, learning disability unit, adolescent and young adult psychiatry unit and forensic psychiatry unit. It also has a psycho-social training centre to train all staff in the area of mental health. There is a research centre is also attached to the hospital. The NIMH has about 1500 beds providing care for all types of mental illnesses. Annually over 8000 patients are admitted to NIMH and provides acute and intermediate care, as well as specialized services.

NIMH has a horticulture therapy unit, and an occupational therapy (OT) department. The latter has 30 staff which include 7 occupational therapists. The OT department is the focus of the case study for the VSO post-closure evaluation.

2. Evaluation methods

The key methods used were:

- Focus group discussions (FGD),
- FGD's used with other tools: Matrix scoring, Venn Diagram
- Semi-structured interviews with individuals (SSI),
- Ranking,
- Review of Partners' documents and systems,
- Partners reports (secondary data),
- VSO volunteers' reports,
- Observation of services, specifically the occupational therapy services,

The specific methods used to explore each of VSO's key questions are listed in Figure A.

¹¹ <http://www.nimh.health.gov.lk/>

Figure A: Key methods used to explore the key questions in the Sri Lanka post-closure evaluation with NIMH

Terms of Reference questions	Sub-questions	Methods
1. How have local partners in Sri Lanka defined 'capacity'?	What does 'capacity to deliver services /project mean to you/ your organisation?	FGD + SSIs
	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 in order (1 = most important)
2. What contribution do partners think VSO made to developing capacity?	What was the situation (of each capacity element) <i>before</i> support from VSO volunteers?	FGD + SSI
	What capacity developing activities were carried out by individuals VSO volunteers?	FGD with Venn diagram with NIMH-OT
	What capacity developments were left with the Partner at the end of each VSO volunteers' placement?	Review of VSO volunteers' final reports
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 March 2015)? What other factors (internal and external) affected capacity developments?	FGD with Matrix scoring,
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?	FGD + SSI
	What are the <i>most important</i> capacity development supported by VSO volunteers? What was the lasting change? Why?	Review/checking functioning of systems, documents, reports, guidelines, website,
	Give examples and supporting evidence.	Observation of services - visits to occupational therapy units.
5. What were unanticipated consequences of VSO's capacity development work?	What were unanticipated consequences of VSO's capacity development work?	SSIs with Partners
6. 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?	FGDs
	What were the factors that supported and hindered this process?	SSIs with Partners
	What were the qualities of individual VSO volunteers and the way they worked?	Venn diagramming
7. What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?	How do the approaches used by VSO and other organisations differ?	FGD with matrix scoring
	What makes VSO's approach unique and effective relative to other organisations working with Partners?	SSI

3. Key Findings: NIMH occupational therapy

Part three of this report presents the key findings of the VSO post-closure evaluation process with NIMH and the occupational therapy department in particular.

3.1 What is 'capacity to deliver services'?

3.1.1 Focus of this section

The focus of this section is to explore the question:

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

3.1.2 Definition of capacity to deliver Occupational Therapy (OT) services at NIMH

The definition of 'capacity of the NIMH-OT department to deliver services' consists of six elements. These capacity elements are compound indicators, some of which have been further divided into 'specific indicators'. These are illustrated and explained in Figure 1 and Table 2. These were defined by the occupational therapists. Although the capacity elements have been assessed as distinct elements, in practice they are interlinked and often arise in sequence. For example, the 'skills' of occupational therapists and 'resource management' is closely linked to the 'quality of OT activities and therapy programs'.

Figure 1: Six elements of capacity to deliver OT services at NIMH.
(Source: FGD- matrix scoring; SSIs with occupational therapists).



Importance of capacity elements

The occupational therapists ranked the six capacity elements (compound indicators) in order of importance for delivering client-centred services as:

1. Attitudes
2. Skills of occupational therapists
3. Resource management
4. Quality of occupational therapy program and activities
5. Multi-disciplinary team (MTD) approach
6. Role expansion of occupational therapists

(1 = most important and 6 = least important). 'Attitudes' is also fundamental, in that it underpins all other elements of capacity to deliver OT services in NIMH.

Table 2: NIMH-OT department definition of capacity to deliver OT services. The six elements of capacity, a description of each element, and indicators to assess change in each capacity element.

(Source: FGD- matrix scoring; FGD-Venn diagram; SSIs with occupational therapists).

Capacity elements (compound indicators), and specific indicators	Description
1. Attitudes	
Quality of relationships and values	How OTs and other staff interact with clients/patients. This includes personal beliefs and values.
Ways of thinking	Concepts about what an OT service is, focus and purpose of OT service
2. Skills of occupational therapists	
Range of skills needed by a professional occupational therapist.	Examples of skills: OT theory and practice, counselling, communication.
3. Resource management	
Management of support staff	Management of support staff including obtaining and retaining enough support staff for the OT department
Supervision of OT team	Professional supervision to individuals on the OT team
Materials for OT activities	Sufficiency and quality of materials, e.g. paper, paints, etc.
Documents	Sufficient documents and use of these to support a client-centred service and approach
Books, articles	Reading materials for reference and continuing development
OT staff training manual	Manuals for training new staff
4. Quality of OT therapy and activities	
Range and qualities of OT activities	OT therapies on offer for clients
Links with external organisations	Craft specialists, government Ministry of Education
Local volunteers	Local volunteers work with clients and OT activities
5. Multi-disciplinary team (MTD)	
Specialists working other for a client-centred approach to treatment	Regularity of meetings of the MDT. Liaison between different specialists and departments in MDT and senior management
	Liaison between MDT and senior management
6. Role expansion of occupational therapists	
Range of roles of occupational therapists	Variety of different roles taken on by occupational therapists

3.2 VSO Volunteers' contributions to the capacity of NIMH OT department (2008-2013)

3.2.1 Focus on period when VSO volunteers in placement: 2006 - 2013

The question explored in this sub-section is:

What contribution do partners think VSO made to developing capacity (as defined by NIMH themselves)?”

The period covered is from before VSO volunteers at NIMH (2006), to the period of VSO volunteers' support 2008 to 2013.

This question will be answered by setting the capacity development contributions of VSO volunteers in the context of the overall capacity development of NIMH's occupational therapy department.

3.2.2 NIMH OT department capacity developments: contributions by VSO volunteers 2006 - 2013

According to the occupational therapists, there has been a substantial increase in all six elements of capacity of the OT department, largely as a result of the capacity developing support of VSO volunteers (Figure 2). Overall, there was an improvement in capacity of over 50%, from before VSO volunteers (average score 3.7) to 7.7 by the closure of the VSO program in 2013.

Figure 2: Broad improvement in the six capacity elements of the OT department at NIMH: capacity before VSO support (2006) compared to the capacity by the closure of the VSO program in 2013. Scores 1 to 10, where 1 = low capacity, and 10 = high capacity.

(Source: FGD-matrix scoring, with 7 occupational therapists).

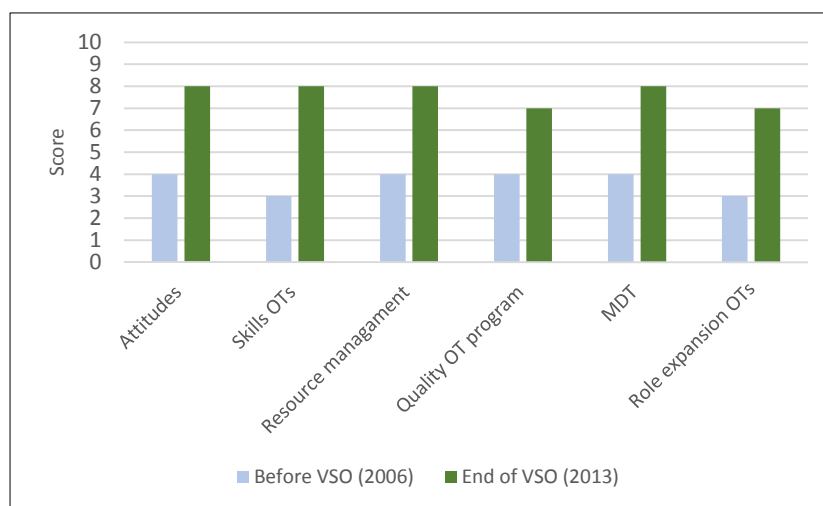


Table 3 illustrates the situation before the VSO volunteer’s work with the occupational therapy unit (2006) and the specific contributions made to capacity by VSO volunteers (2008 - 2013).

Occupational therapists report that the most significant changes for them was in ‘attitudes’ (values and beliefs; ways of thinking) of themselves as well as other professionals. This helped bring a about a fundamental change in approach from a medical-focused to a client-centred approach. Forming connections between different professions (consultants, doctors, nurses, occupational therapists) through joint-ward rounds and regular meetings was key in developing a MDT approach. A key

“We used to focus on quantity but now we focus more on quality ... the time given to the client and the facilities available to them. Attitudes that influence our service ... we focus on the person and not the illness, such as depression”
(Occupational therapist, NIMH).

“When VSO volunteers came they changed the culture of work. Before only support staff would hand out food to patients, doctors would not do a nurse’s job ... VSO volunteers changed this. Volunteers do all things ... no hierarchy or class. Volunteers sit on the floor with patients”.

(NIMH staff members)

change was also linking the two OT units together into one department (although the OT units remained in separate buildings). Creating links with external organisations, individuals and businesses made important contributions to capacity.

Table 3: Contributions of VSO volunteers to capacity development 2008 - 2013, in relation to NIMH-OT team’s definition of ‘capacity to deliver occupational therapy services’

(Source: FGD- matrix scoring; FGD-Venn diagram; SSIs with occupational therapists).

Capacity elements and indicators	Situation before VSO volunteers (2006)	Specific contributions by VSO volunteers to the capacity of the OT department and delivery OT services (2008 – 2013)
1. Attitudes		
Quality of relationships and values	Focus was on quantity. Measurement of quality based on number of clients.	Change in attitudes and personal values of occupational therapists, which has affected the quality of services. Interactions with clients more respectful, time is given to the client and facilities made available to them. Clients choose which OT activities they would like to do.
Ways of thinking	Focus on the illness and diagnosis, rather than the client. Centralised approach, little liaison between occupational therapists and doctors, consultants. Service was for a group, not individuals.	Major change in way of thinking towards client-centred, MDT approach - to client treatment and recovery; the need for coordination between different specialist and departments; managing an OT department based on a client-centred approach. Focus on the needs and interests of individuals; focus on the person. Focus is more on quality, it’s about our way of thinking about the service. OT department work much more closely with consultants. The OT services were linked to other. Used to be a closed institution, now it is open to outside ideas and contacts.
2. Skills of occupational therapists		
Range of skills for occupational therapists	Skills of occupational therapists were only based in their OT diploma course. Little training was given to support staff.	Activity skills for functional assessment, assessments of clients, create a case or treatment plan
		Information sharing for wards
		How to supervise
		Applied Occupational Therapy
		Recovery Model
		How to use a referral form
		How to run groups, group therapy
		‘Learning voices’

3. Resource management		
Support staff		Increased number of support and technical staff for the OT department
Supervision of OT team	Little supervision and coordination of work	VSO volunteers provided supervision and improved coordination, allocation and supervision of the OT department staff. Improved because of introduction of supervision of OT team members; how to allocate staff to work with patients according to the needs of the individual patient; and appointing one staff member (support staff) to oversee one OT activity. This better enables patients to select which OT activity they would like.
Materials for OT activities		Obtained materials for OT activities.
Documents, forms	Long, complicated forms	Designed referral forms, assessment and case planning forms, and group profiles
Reference materials		Wrote OT leaflet, provided some books, articles
Training manual	None	Developed OT training manual
Funds		Wrote funding proposals
4. Quality of OT therapy and activities		
Range and qualities of OT activities	Limited range of OT activities	Introduced wider range of OT activities: sewing, daily living, cooking, painting, drawing, bead-work, music, creative writing. Quality of products improved so that they could be sold and provide income for clients. Also social skills, anger management.
Links with external organisations	Range of links made.	Made links with craft specialists to provide training in OT activities
		Made links with the Ministry of Education
		Made links with the Ceylon paper factory, provide employment for some client. And with the Umber tea estate
		Made links with buyers to purchase products made by clients of the OT department (the 'Barefoot Gallery' company)
		Organised exhibition with the British Council
		Made links with the prison services to introduce OT work
		Facilitated the formation of consumer groups
Local volunteers		Facilitated many local volunteers to work with the OT department
5. Multi-disciplinary team (MTD)		
Meetings between staff of MTD	Little connections between different professional groups.	Set up regular meetings: weekly team meetings, daily forensic ward meetings, and monthly team meetings
Liaison between different specialists and departments in MDT and senior management	Use to be a centralised service	Supported MTD work by liaising and coordinating between different specialists and departments, and with senior management. Improved collaboration between disciplines – nurses, psychiatrists, doctors, social workers, occupational therapists.
6. Role expansion of occupational therapists		
Range of roles	Variety of different roles taken on by occupational therapists	Occupational therapists roles expanded to include advocacy, social inclusion, forming consumer associations, reducing stigma, educational development, social rehabilitation. Role also expanded across boundaries with medical professionals, to enable more interaction.

3.2.3 Alternative explanations for capacity developments in NIMH OT department

The capacity developments in the OT department supported by VSO volunteers are also partly explained by other professional skills development. These include the OT diploma, and the recent graduation of occupational therapists from an OT degree program (also supported by VSO).

Overall, staff at NIMH attribute much of the improvements in capacity to the work of VSO volunteers. However, important factors in NIMH have also contributed to change, including supportive leadership, and willingness of NIMH medical professionals to adopt new ideas. The latter have also spent time overseas learning new approaches.

3.3 How change in capacity happens

3.3.1 Focus of this section (2008 - 2013)

This section explores the question:

What are the key factors in whether or not capacity development was initially successful?

3.3.2 Factors enabling capacity development with VSO volunteers

This focuses on the capacity developing work of VSO with NIMH for the period 2008 to 2013 (the VSO program in Sri Lanka closed in 2013). The factors that enable and present challenges in capacity development are interlinked. For clarity these are separated out below.



Qualities of VSO volunteers

The qualities of VSO volunteers as reported by staff in the occupational therapy (OT) department and NIMH are shown in Figure 3.

Figure 3: Qualities of VSO volunteers that enabled capacity development (2008 - 2013)

(Source: FGDs and SSIs with staff in NIMH)

<p>Personal</p> <ul style="list-style-type: none"> Had authority Committed and dedicated Good human being Back ground of living in Sri Lanka Wiling to do a range of roles Friendly Compromised and adapted to working with limited resources Had no other commitments, could devote time to work 	<p>Professional</p> <ul style="list-style-type: none"> Very experienced Qualified Organising skills Clear goals Came to work early Believed in approach Had a goal and way of achieving it
<p>Interacting</p> <ul style="list-style-type: none"> Breaks down hierarchies and barriers Behave in non-hierarchical way Worked with everyone in the same way Encouraging, appreciative Did what she asked other to do Professional behaviour 	<p>Social</p> <ul style="list-style-type: none"> Participates in cultural and social activities Gets to know families of colleagues

Approach to Capacity development

Figure 4 illustrates the various aspects of the approach used by VSO volunteers working in close liaison with NIMH staff that enabled effective capacity development.

The key aspects of the approach to capacity development that NIMH staff felt was particularly effective was the way volunteers interacted with people (staff and clients alike), their professionalism, their way of transcending professional and hierarchical barriers, and behaving in ways that they are asking other to behave, and practical on-the-job mentoring and training.

“We learnt how to use new skills in practice, as we worked with clients”

“The VSO volunteer asked how and why we were doing things, raised our awareness of the effects of what we were doing”

(Occupational therapist)

VSO volunteers worked with different professionals in NIMH, not only with the occupational therapists. This expanded ‘professional boundaries’ for example between occupational therapists and medical staff, so they could engage more easily on talking about client needs. This enabled better coordination and integration, and expanded the role of OTs. VSO volunteers supported the occupational therapists to liaise with other medical staff, because as one occupational therapists explained

“it is difficult for us to challenge professional boundaries which are also heirarchical boundaries ... it is easier for a VSO volunteer ... as an outsider to negotiate this”.

NIMH staff emphasised how some VSO volunteers’ ‘built bridges’ within NIMH and with external organisations. This was illustrated for the OT department using Venn diagrams (Figure 5), which shows the degree of connection and ‘bridges’ before VSO volunteers’ support, and in 2013.

Leadership of NIMH

The long term vision for change and support of the leadership of NIMH was an essential factor in enabling VSO volunteers to support capacity development of the occupational therapy department.

VSO program

Long-term placement can enable substantial developments in capacity. Short-term placements enable developments in capacity when they are focussed in a specific capacity area and well planned. A sustained relationship for over 8 years led to a mutual understanding between VSO and NIMH. NIMH was able to build on the capacity developing work of *successive* VSO volunteers providing capacity building support.

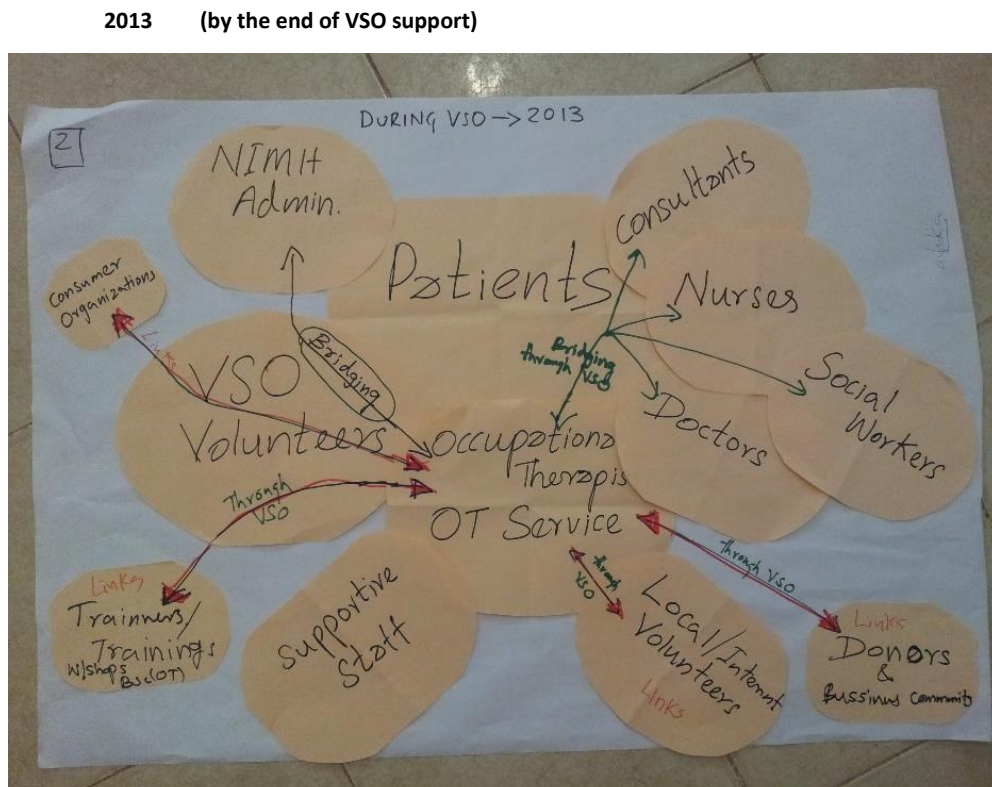
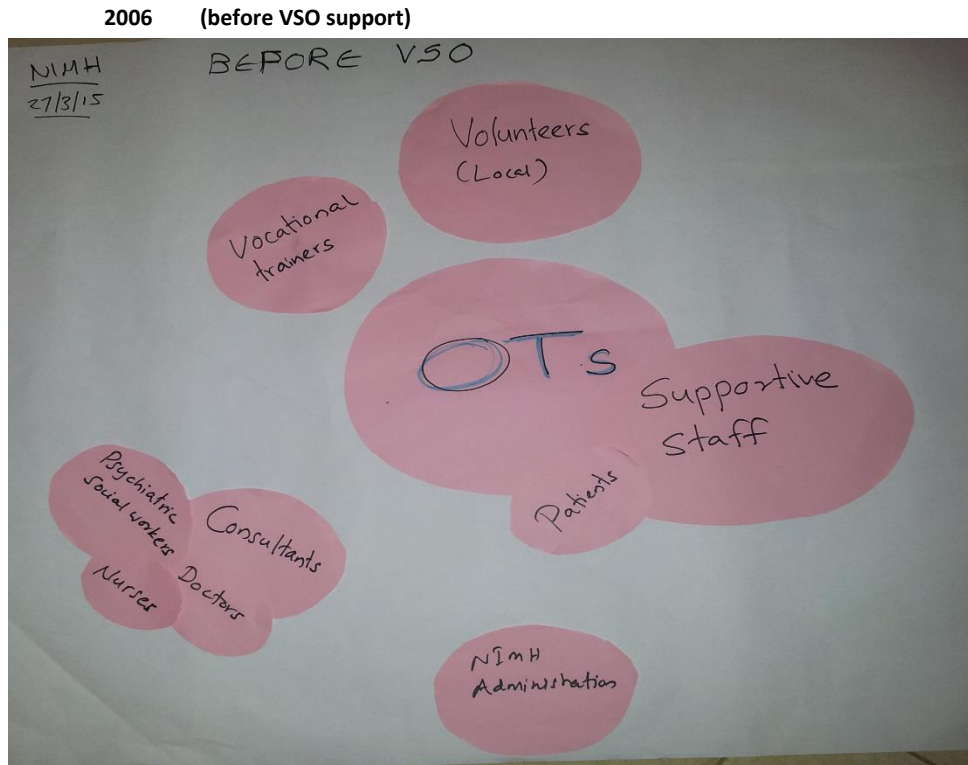
Figure 4: Approach used by VSO volunteers working with NIMH-OT department that enabled successful capacity developments

(Source: FGD – matrix scoring; FGD – Venn diagram, SSIs occupational therapists and senior staff)

<p>Mentoring and training</p> <p>Explore what was going well and not so well, and how to change. Learnt how to use new skills and knowledge in practice, as we worked with clients. Asked how and why we were doing things, raised our awareness of the effects of what we were doing.</p>	<p>Building bridges</p> <p>Challenged professional boundaries and hierarchies between professional groups, (OTs, consultant. Doctors and nurses), to enable better coordination and integration, and expand the role of OTs. Easier for a VSO volunteer to this, as an outsider</p>	<p>Modelling</p> <p>Role model, VSO volunteer did what she asked us to do, e.g. sitting on floor with patients</p>
<p>Clear procedures</p> <p>For supervision of OT team members; skills in resource management developed.</p>	<p>Ways of interacting</p> <p>Worked with everyone in the same way, supported staff and consultants alike. Challenged hierarchies in non-confrontational ways. Made connections between different categories of staff. Respectful, professional Encouraging, giving acknowledgement publicly</p>	<p>Creating external links</p> <p>Brought different people to the OT unit to teach skills, bring new ideas, e.g. sewing, art Staff and clients go with the VSO to form links, visit organisations</p>
<p>Negotiate with leadership</p> <p>As ‘outsides’ VSO volunteers better able to negotiate with leaderships of NIMH on behalf of the OT dept.</p>		<p>Useful documents</p> <p>Easy to use forms, Reference materials</p>
<p>Coaching leaders</p> <p>Specific coaching for the head of OT to enable overall capacity development of the whole dept.</p>		<p>Coordinating and liaising</p> <p>Liaised with and made connections between different professional groups (OTs, consultant. Doctors and nurses) to foster a MDT approach, e.g. through regular meetings</p>

Figure 5: Venn diagrams, showing the degree of connections for the Occupational Therapy (OT) department within NIMH and with external organisations – before the capacity developing support of VSO volunteers (2006), and by the close of VSO program in 2013

(Source: FGD-Venn diagram).



3.4 Sustainability of capacity gains (2013 - 2015)

3.4.1 Focus of this section

The focus purpose is to explore the questions:

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

What are the key factors in whether or not capacity development was subsequently sustained?

It is important to note that this sub-section is not an assessment of NIMH-OT department current capacity per se (although overall capacity is briefly explored so as to set the specific contributions of VSO in this context). The focus is on the *sustainability* of VSO volunteers' particular contributions to capacity. This is the extent to which these 'capacity gains' for NIMH-OT have been sustained since the closure of the VSO program in 2013. This sub-section focusses on the approximate period 2013 to March 2015. 'Capacity gains' refer the contributions made by VSO volunteers to the capacity development of the NIMH-OT department between 2006 and 2012.

We also explored the factors affecting the sustainability of VSO volunteers' contributions. This includes the factors that have enabled capacity gains to be sustained, and the challenges that have led to a decline in some capacity gains.

Assessing 'sustainability'

The sustainability of capacity gains is assessed on the extent to which that capacity is still in place and being used by NIMH, for example, skills, assessment forms, links between different professions, and regular meetings of the MDT.

When assessing sustainability, it is not simply a case of whether a capacity gain supported by VSO volunteers is still in place/being used, or not. Due to the complexity of capacity development and the many interlinking factors, there are different 'degrees of sustainability'. For example, a capacity gain, such as skills, may have been sustained consistently since the departure of VSO volunteers to March 2015. Other capacity gains may still be in place but have declined slightly, while others may have stopped altogether. These are explored below.

3.4.2 Sustainability of capacity gains

Overall

The overall level of capacity of the NIMH OT department from 2013 to March 2015 has remained fairly stable, with a slight increase of 6% (score of 7.7 by 2013, compare to 8.2 in March 2015), according to the group of occupational therapists (Figure 6). This compares to a broad increase of over 50% (score of 3.7, before VSO volunteers, to 7.7, by 2013).

However, closer exploration of the specific capacity developments supported by VSO volunteers, approximately 70 % have been sustained to March 2015 (Figure 7), ('sustained consistently', and 'sustained with a slight decline'). Overall, 10% of capacity gains declined sharply, and 7% were not sustained at all.

Figure 6: Change in scores for all six capacity elements: before VSO volunteers (2006), end of VSO program (2013), and in March 2015. Scores: 1 – 10; where 1 = low, 10 = high.

(Source: FGD-Matrix scoring).

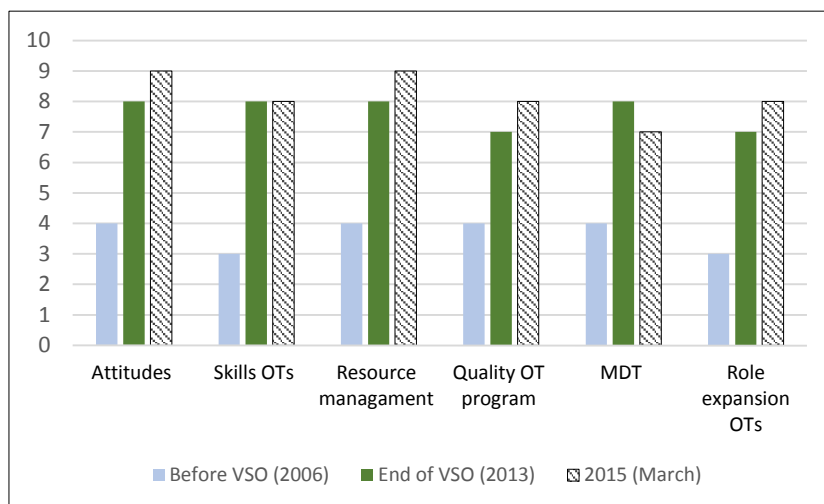
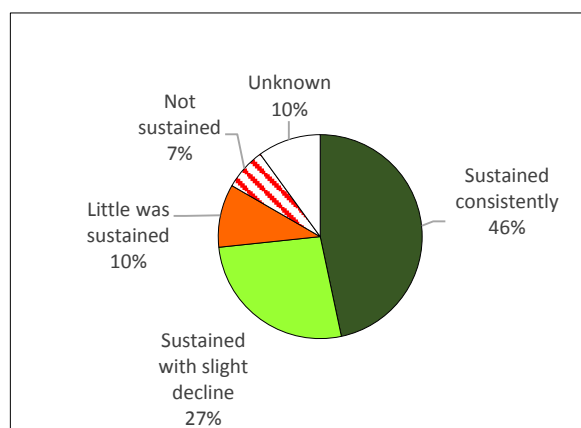


Figure 7:

Sustainability of capacity gains supported by VSO volunteers in the NIMH-OT department, as at March 2015. 'Degree of sustainability' as a percentage of sustainability for all capacity gains. (n = 30 capacity developments with 4 VSO volunteers)

(Source: FGD-Matrix scoring; FGD-Venn diagram, SSIs with occupational therapists and senior staff at NIMH; visits to OT units, wards, and new rehabilitation centre).



Extent to which each capacity element has been sustained to 2015

There is a wide range in the degree of sustainability of different elements of capacity. The extent to which of the six capacity elements of the OT service have been sustained are shown in Figure 8. Details of the sustainability of aspects of each of the six elements of capacity are illustrated in Table 4.

Figure 8: Sustainability of each capacity gains supported by VSO volunteers for each elements in the NIMH-OT department, as at March 2015. 'Degree of sustainability' as a percentage of sustainability of all capacity gains for each element of capacity. (n = 30 capacity gains)
 (Source: FGD-Matrix scoring; FGD-Venn diagram, SSIs with occupational therapists and senior staff at NIMH; visits to OT units, wards, and new rehabilitation centre).

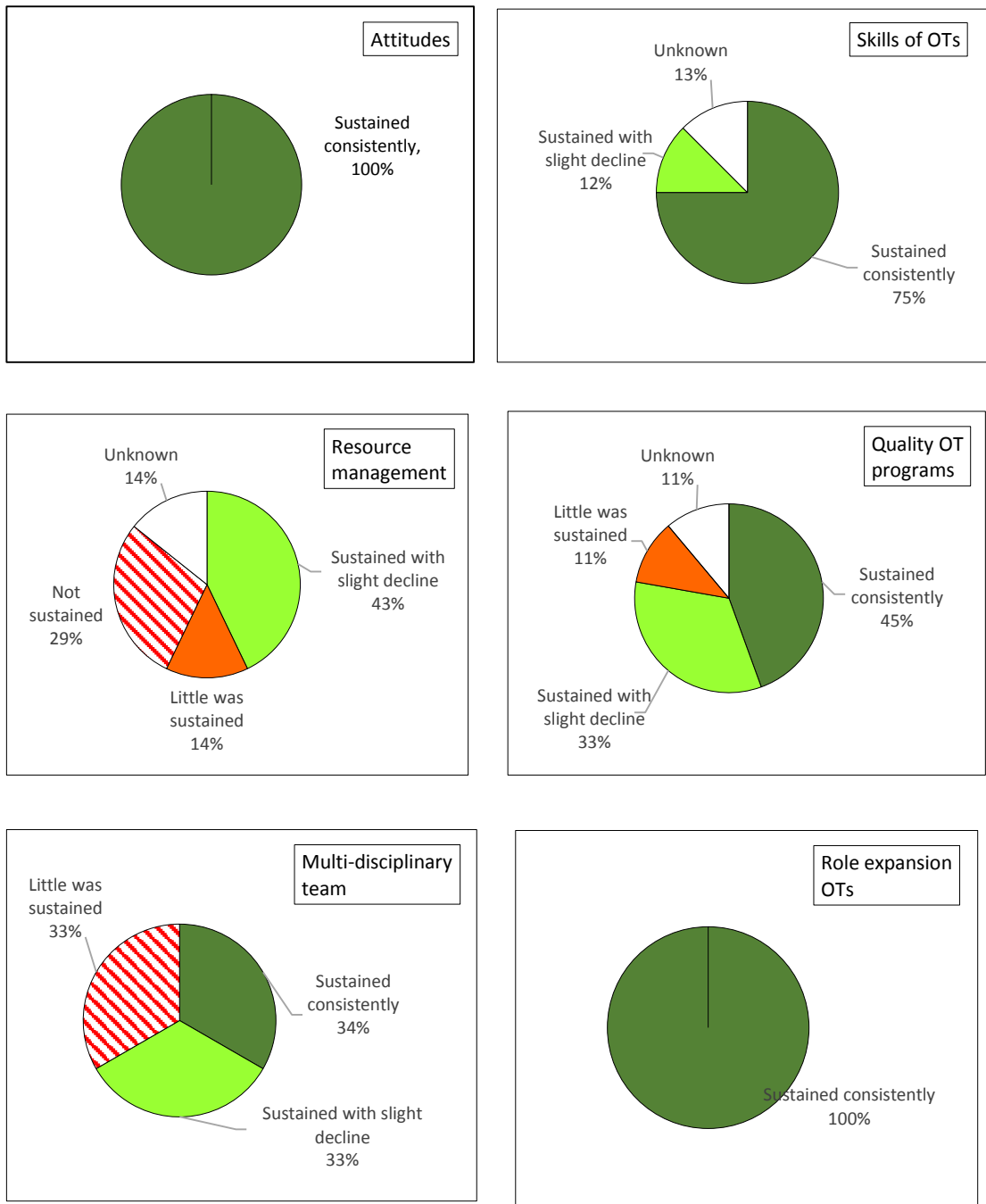





















Table 4: Sustainability of the VSO volunteer’s contributions to the capacity of the NIMH-OT services, by 2015.










Degree to which the capacity gains for the elements of OT services in NIMH have been sustained to March 2015.

(Source of information: FGD – matrix scoring with OTs; FGD – Venn diagram with OTs; SSIs with OTs and senior clinical staff; observation of OT unit and activities).

Key:	 Sustained consistently	 Sustained with slight decline	 Little was sustained	 Not sustained	 Unknown if sustained
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Capacity elements and indicators	Specific contributions by VSO volunteers to the capacity of the OT department and delivery OT services (2008 – 2012)	Extent to which capacity gains have been sustained to March 2015.	Degree of sustainability
1. Attitudes			
Quality of relationships and values	Change in attitudes and personal values of occupational therapists	Personal attitudes and values of occupational therapists have been sustained, evidenced by reports from OTs, senior management, and observation. Has been sustained by deep personal change for individuals.	
Ways of thinking	Major change in way of thinking towards client-centred, MDT approach	Way of thinking and commitment to client-centred MDT approach remains. OT explain this is due to a fundamental change in the way they think and see the world.	
2. Skills of occupational therapists			
Range of skills for occupational therapists	Activity skills for functional assessment	Occupational therapists report that their skills have been sustained, even though assessments have declined slightly.	
	Information sharing for wards	Unknown	?
	How to supervise	Some suggestion that this has declined because little supervision is carried out.	
	Applied Occupational Therapy	Occupational therapists report that their skills have been sustained, through on-going practice and experience.	
	Recovery Model	Occupational therapists report that their skills have been sustained, through on-going practice and experience.	
	Use of referral forms	Occupational therapists report that their skills have been sustained, even though there has been a slight decline in using referral forms.	

	How to run groups/group therapy	Occupational therapists report that their skills have been sustained, through on-going practice and experience.	
	Learning voices	Occupational therapists report that their skills have been sustained, and they are still using this.	
3. Resource management			
Support staff	Increased number of support and technical staff for the OT department	The OT department faced challenges in getting and retaining enough support staff for the department. Support staff are frequently relocated to other departments, linked to challenges faced by the OT dept, in negotiating with senior management. New support staff appointed to the OT dept do not receive sufficient training in OT principles & practice, and OT activities.	
Supervision of OT team	Coordination, allocation and supervision of the OT department staff	Some decline in overall supervision at for OT department staff overall, due to time pressures on OT leadership. Little formal supervision of OTs in the last two years.	
Materials for OT activities	Materials for OT activities	Some challenges in obtaining sufficient materials, leading to a slight decline in some OT activities. Linked to challenges in the OT department negotiating for resources from senior management	
Documents, forms	Designed referral forms, assessment and case planning forms, and group profiles	Slight decline in use of referral, assessment, and case planning forms, linked to a decline in these aspects of the OT service	
Books, articles	OT leaflet	Still being used, but unclear to what extent	?
Training manual	Developed OT training manual	The OT manual has not been used, as no further training for OT/support staff has been done.	
Funds	Wrote funding proposals	No funding proposals have been developed.	
4. Quality of OT therapy and activities			
Range and qualities of OT activities	Range of OT activities	The range of OT activities have declined slightly due to lack of some materials (baskets, carpentry), but overall have been sustained, and continue to be used by clients.	
Links with external organisations	Links with craft specialists to provide training in OT activities	Many links with external specialists and agencies have declined because the OT dept, do not have the time and same level of connections. This might lead to an overall decline in OT services if the department cannot continue to gain new ideas from outside.	
	Links with the Ministry of Education	Unknown	?
	Links with the Ceylon paper factory	Collaboration continues.	
	Links with buyers of crafts	Links with the 'Barefoot' company for the sale of OT products, continues with some slight decline	

	Links with factories	Links with the Ceylon paper factory; and Umber tea estate continue	
	Exhibition with the British Council	No further external exhibitions such as with British Council. Exhibitions of products produced by clients are held within NIMH.	
	Prison services	OT work with the prison continues, and how demonstrated the success to the prison authority	
	Consumer groups	Consumers groups continue.	
Local volunteers	Working with local volunteers in OT dept.	Reduced number of local volunteers, due to difficulties and time in organising.	
5. Multi-disciplinary team (MTD)			
Meetings between staff of MTD	Regular meetings: weekly team meetings, daily forensic ward meetings, and monthly team meetings	Monthly meetings continue. Occupational therapists continue on wards rounds with consultants.	
Liaison between different specialists and departments in MDT and senior management	Supported MTD work by liaising and coordinating between different specialists and departments, and with senior management.	There has been a decline in the liaison between various groups and departments, although there is still coordination. Due in part Liaison role of the VSO volunteer has not been fully taken up by the OT department staff, partly due to the challenges with hierarchies that are easier for VSO volunteers as 'outsides' to negotiate.	
		There has been a substantial decline in regular liaison between the OT department and senior management. Due in part to challenges faced by the OT dept. in taking on the role of the VSO volunteer in liaising, which is more challenging for local staff.	
6. Role expansion of occupational therapists			
Range of roles	Occupational therapists roles expanded beyond only OT	Occupational therapists report that their expanded role has been sustained, although a slight reduction in liaison with other professionals in the MDT.	

What has been sustained?

Overall, the elements of capacity that have been sustained most are 'attitudes' and 'skills of occupational therapists', followed by the MDT element in terms of liaison between professional groups and meetings.

The collaboration with external organisations continues to some extent. The OT department has not made any new links with other organisations, due to work load and lack of time. The consequence is less opportunity for employment opportunities for clients after completing treatment.

"The commitment she left is still on our hearts"
(Occupational therapist)

Overall, for staff at NIMH, the most lasting change contributed by VSO volunteers is the change in attitudes (ways of thinking, beliefs and values), which enables many of the other capacity developments to be sustained.

Occupation therapists report that between 2013 and 2015 the speed of change has reduced (Figure 9). A gradual improvement can still be seen in some areas, following the closure of the VSO program in 2013. A key example is the opening of the new 'day rehabilitation centre' next to NIMH, in February 2015. It is managed by an occupational therapist and has OT activities and a shop selling plants and other products. Another example is the expanded OT work in a prison.

"We could open the new day rehabilitation centre at NIMH because of the strengths and skills we learnt from the volunteer, even though it was difficult. Opening the centre was a dream of Anne" (Occupational therapist)

What has not been sustained as much?

Overall, the elements of capacity development supported by VSO volunteers that have been not been sustained, or sustained to a small degree include coordinating the OT department in particular support staff; liaison between the OT department and administration; links with external specialists and donors.

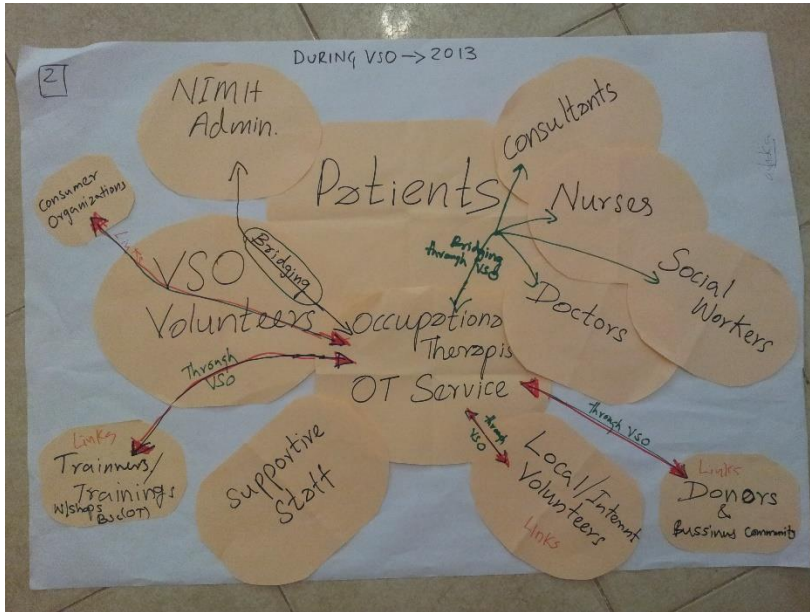
These declines in the capacity of the OT department are also reflected as a 'loosening' of the degree of contact and connections between the OT department and other departments/professional groups (Figure 8). However, this is moderate and has now stabilised. The conclusions of staff is that the OT department continues to provide excellent and valuable services for clients.

The reasons and factors influencing the extent to which capacity developments/gains supported by VSO volunteers are explored next, in 3.3.3 below.

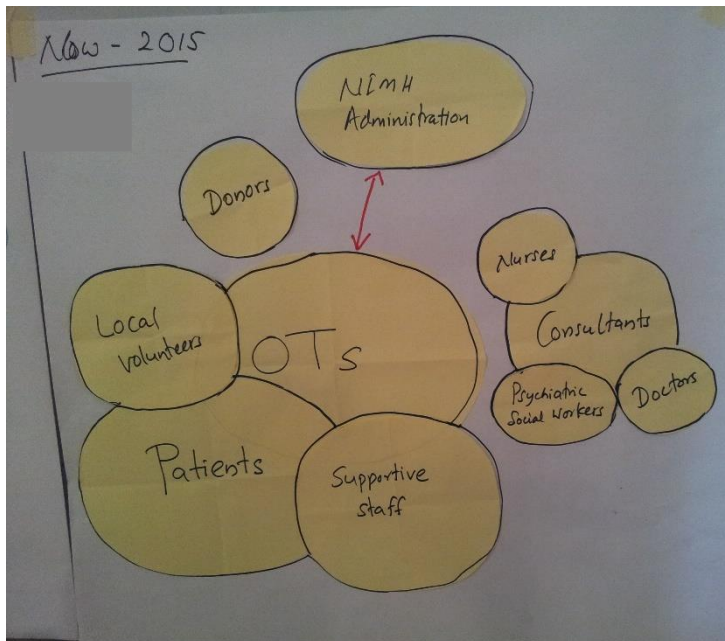
Figure 9: Venn diagrams, showing the degree of connections for the OT department within NIMH and with external organisations – by the close of VSO program in 2013 and the current situation in March 2015.

(Source: FGD-Venn diagram).

2013 (at end of VSO program)



March 2015



3.4.3 Factors supporting the sustainability of capacity gains (with VSO volunteers) 2013 - 2015

The focus of this section is to explore the question:

What are the key factors in whether or not capacity development was subsequently sustained?

The key factors enabling the capacity gains created with the VSO volunteers, according to NIMH staff, are shown in Figure 10. These factors are interlinked, and discussed below.

Figure 10: Factors supporting the sustainability of capacity gains created with VSO volunteers 2013 - 2015

Integrated into routine work	Leadership	Including staff in making links with external organisations
VSO volunteers' approach to capacity development	Formalization of approaches and processes	Useful documents
Qualities of VSO volunteers	Regular sharing of experiences	Staying in touch

Leadership

The support and vision for change of the leadership of NIMH was an important factor sustaining capacity developments.

Integration into daily work routines

New capacities are integrated into daily work routines of staff. Examples are as follows. New 'attitudes' underpin a change in behaviour and way of interacting with clients. The continued use of new skills and concepts (client centred approach, MDT approach) from the basis of daily interactions with clients and colleagues. Regular sharing of experiences at weekly meetings (set by VSO volunteer) help sustain skills.

"We to use skills that we could build on in our day to day experience"

"VSO laid the foundations of our skills and moulded us to learn, opened the door for us to seek more information and learning. We now know how to learn from outsiders".

(Occupational therapists)

Formalization of approaches and processes

Processes that are important elements of capacity have been formalised into NIMH official procedures, e.g. concept of MTD and client-centred approach MTD meetings, use of assessment forms, meetings for the MDT and OT team, and OTs accompanying consultants on ward rounds.

VSO volunteer's approach to capacity development

These are listed above in 3.3.2, but include in particular the practical and mentoring approach to learning new skills and concepts, because the learning is on the job, as staff work together and with clients. 'Building bridges' between various

Qualities of VSO volunteers

These include those listed above in 3.3.2. The most important qualities were professional behaviour, commitment, and way of interacting with people. This enabled lasting change in attitudes (values, ways of thinking) of staff.

Useful documents

Forms assessment, case planning, training manuals, books, left by the VSO volunteer that staff can continue to use are very useful.

Including staff in making links

Sometimes when making created links with external organisations, the VSO volunteers and occupational therapist would go together. This enables staff to maintain the connections (for example the Ceylon paper factory, the prison services), which helps sustain the qualities of services.

Staying in touch

Occupational therapists are still in touch with some VSO volunteers; who send information, and provide professional support.

3.4.4 Factors linked to decline in capacity gains developed with VSO volunteers (2013 – 2015)

Figure 11 illustrates the key challenges faced by NIMH-OT department in sustaining capacity gains developed with the support of VSO volunteers. These challenges are interlinked.

Figure 11: Challenges faced by NIMH-OT department in sustaining capacity gains developed with VSO volunteers

Liaising and negotiating with senior management/administration	Links with external organisations	Supervision, coordination
OT staff are less able to negotiate with administration for resources, support staff, and so on; compared to VSO volunteers, OT staff have 'less power' and negotiation skills.	These were made by VSO volunteers through personal contact which OT staff do not have. OT staff less able to form new links and maintain existing ones.	OT leadership less able to supervise and coordinate OT department in the same way as the VSO volunteers. Staff also face high work load, and insufficient time.

Power relations

The decline in capacity is in part due to the reliance on VSO volunteers to carry out key aspects of the OT services; in particular the liaising, linking and coordinating aspects. This is closely linked to the ability of VSO volunteers to negotiate and deal with power dynamics inherent in the professional hierarchies in ways that OT staff/leader find much more challenging.

Lasting change

Although there has been an overall slight decline in the OT department services, this situation has now stabilised. This is due to:

- the higher awareness and change in attitudes amongst staff;
- mutual understanding of different professional categories of staff;
- continued support from consultants for OT work;
- skills in OT, MDT and a client-centred were greatly improved;
- the various categories of staff in the MDT are still working together, although at a slightly reduced level;
- continued commitment of staff
- clients using OT services themselves have a better understanding of OT programs
- senior leadership of NIMH providing direction and support.

Annex 5A: Participants from NIMH who took part in the VSO post-closure evaluation

Name	Position in NIMH
Dr. Mendis	Director NIMH
Dr. Pusha Kumar Ranasingle	Consultant Psychiatrist
Dr Chamile	Medical officer in charge of NIIMH training unit
J.M Sandrya Pathmarani	Chief Matron
Consultant	Forensic ward
Two clients	Occupational therapy department
R. A. C Nalani Kumari	Occupational Therapist
Beeta Anygunasekara	Occupational Therapist
Uthpala Chethiyapali	Occupational Therapist
Rajika Priyadarshanie	Occupational Therapist
Kasun Dhanapala	Occupational Therapist
Pradeep Gunarathne	Occupational Therapist
Ashoka Sanjeewa Kumara	Occupational Therapist
Three staff managing the horticulture unit	Horticulture unit
Two support staff	Occupational therapy department

**ANNEX 6: Peace and Community Action (PCA)
VSO post closure evaluation, 2015.
Report**

1. Peace and Community Action (PCA)

This section presents the background to Peace and Community Action (PCA) and methods used for the post-closure evaluation.

1.1 PCA origins, vision and mission

Peace and Community Action (PCA) was founded in 1999 in collaboration with Quaker Peace & Social Witness (QPSW). PCA works in the east and south of Sri Lanka; with the head-quarters in the east. PCA currently has two offices, one in Matara (head-quarters) and a sub-branch in Kalmunai (where the VSO post-closure evaluation was carried out).

PCA works primarily with communities affected by conflict and natural disasters.¹² PCA seeks to contribute to lasting peace in Sri Lanka through their work. This encompasses work on human rights, conflict sensitivity, social transformation, and promoting non-violent communication. PCA works with Tamil, Sinhalese and Muslim

PCA's vision

Self-reliant people and communities trusting each other, taking responsibility and speaking up for themselves.

PCA's mission

To show and encourage people to adopt alternatives to their traditional ways of being and relating to other people, by

- Working with individuals, families, communities and people in positions of authority to help them become more self-aware, recognise the implications of their actions and decisions on themselves and other people, take responsibility for their own problems and find their own solutions to them;
- Showing them alternative non-violence approaches to their relationships with others and supporting them to practise these;
- Encouraging them to develop genuine respect for others, recognising that every person, in particular marginalised people such as the disabled, also have feelings and needs and that everyone should be treated with equality and care;
- Building strong relationships between people within communities and between communities, based on people's increasing understanding of each other
- Creating a group of skilled and committed non-violence activists who can model these approaches in their own lives, share them with others and work together to bring about societal change
- In the long term, transforming the environment for political decisions to one where there is more respect and understanding of the underlying needs of others.

communities.

1.2 PCA's strategy and approach

PCA approach includes capacity building (of communities, CBOs, local leaders, government, and businesses), coaching and training, empowerment and participation, conflict sensitivity and transformation, and networking and cultural exchange. PCA is currently a member of eight national and international coalitions and networks.

PCA Strategic Approach encompasses the following: -

- People are at the centre of what we do
- Programmes/projects will support people and communities in adopting non-violence as a way of living
- Programmes/projects will be participatory and empowering
- Human rights and conflict sensitivity will be embedded within all programmes
- Programmes/projects will demonstrate and deliver value for money
- Monitoring and evaluation will add value and evidence outcomes
- Resources will be effectively and efficiently managed.

¹² PCA annual report April 2013 to March 2014.

PCA's community-based approach entails works with one CBO per village. The village community elected about 20 to 25 member to the CBO from families living in the village. PCA provides training and mentoring to develop the capacity of the CBO.

PCA currently has three donor partners: CAFOD, USAID and the British Council. PCA's main current projects include:

Youth for Peace Ampara/ Matara (YFPA/M). This project will work on an in-depth and sustainable manner with selected 36 youths in Matara & Ampara. The Youths will become leaders and practitioners of non – violence. The project will enable the young group to enhance their knowledge and skills to promote peace and cohesion among different ethnic and religious communities. Funded by Spice (DFID);

Equal and Active Voices in Ampara (CAFOD). A new project to empower communities in three divisions of Ampara with Tamil, Sinhala and Muslim majorities, through peace building working, CBO creation and improved links with local government (2013-2016). This entails working with six Tamil, Sinhalese and Muslim communities, and a total of approximately 900 to 1000 families.

1.3 VSO volunteers who worked with PCA

There were four VSO volunteers who worked with PCA between 2006 and 2014. Two of these were in long term placements (2 years and more), one was in a medium term placement (15 months), and the fourth was a short term placement making visits to PCA of several weeks at a time. The VSO volunteers provided specialisations in organisation development and management, project and program management, training and facilitation, peace building, and financial systems. A fifth person, a former VSO volunteer (2002 - 2004) with another Partner Organisation who then joined PCA as a staff member, also contributed to PCA's capacity development.

2. Evaluation methods

2.1 Key methods

The methods used to explore the key questions with the PCA are illustrated in Figure A. A key point to note is that each question drew on several methods. This was for two reasons: (a) to answer the range of sub-questions within each question, and (b) to triangulate information.

The key methods used were:

- Focus group discussions (FGD),
- FGD's used with other tools: Matrix scoring, Flow diagram, Proportioning technique,
- Semi-structured interviews with individuals (SSI),
- Self-assessment of skills development - questionnaire (by small sample of staff),
- Ranking,
- Review of Partners' documents and systems,
- Partners reports (secondary data),
- VSO volunteers' reports.

Figure A: Key methods used to explore the key questions in the Sri Lanka post-closure evaluation with PCA

Terms of Reference questions	Sub-questions	Methods
1. How have local partners in Sri Lanka defined 'capacity'?	What does 'capacity to deliver services /project mean to you/ your organisation?	FGD + SSIs
	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 in order (1 = most important)
2. What contribution do partners think VSO made to developing capacity?	What was the situation (of each capacity element) <i>before</i> support from VSO volunteers?	FGD + SSI
	What capacity developing activities were carried out by individuals VSO volunteers?	SSI with VSO volunteers
	What capacity developments were left with the Partner at the end of each VSO volunteers' placement?	Self-assessment questionnaire by Partner staff on skills development
	What contributions did VSO volunteers make to supporting Partners form relationships and links to external agencies, such as donors? What were the qualities of relationships with external partners?	Review of VSO volunteers' final reports FGD with Flow diagram
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 March 2015)?	FGD with Matrix scoring,
	What was the relative contribution of VSO volunteers' contributions compared to other organisations supporting Partners?	FGD with Proportioning technique
	What other factors (internal and external) affected capacity developments?	FGD + SSI

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?	Self-assessment questionnaire by Partner staff on skills development
	What are the <i>most important</i> capacity development supported by VSO volunteers? What was the lasting change? Why?	Review/checking functioning of systems, documents, reports, guidelines, website,
	Give examples and supporting evidence.	Partners' monitoring data.
5. What were unanticipated consequences of VSO's capacity development work?	What were unanticipated consequences of VSO's capacity development work?	SSIs with Partners
6. 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?	FGDs
	What were the factors that supported and hindered this process?	SSIs with Partners
	What were the qualities of individual VSO volunteers and the way they worked?	FGD with proportioning technique
7. What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?	How do the approaches used by VSO and other organisations differ?	FGD with matrix scoring
	What makes VSO's approach unique and effective relative to other organisations working with Partners?	SSI

2.2 Challenges

A key challenge of the VSO post-closure evaluation was that PCA had experienced a high staff turnover since 2014. As a result, few of the current staff knew or had worked with the VSO volunteers. Only two PCA senior staff members had worked with four and three VSO volunteers respectively. Four other PCA staff members only knew the last VSO volunteer. Much of the experience and knowledge of working with VSO had been lost. Nevertheless, those PCA staff who took part in the evaluation shared their rich and valuable insights with the evaluation team. A former PCA staff member who had worked closely with VSO volunteers was also later interviewed and so contributed to the evaluation findings.

3. Key Findings: Peace and Community Action (PCA)

Part 3 presents a summary of the key findings of the VSO post-closure evaluation with PCA in March 2015.

3.1 What is ‘capacity to achieve goals and deliver projects’?

3.1.1 Focus of this section

The question explored in this section is:

How have local partners in Sri Lanka defined ‘capacity’? (- in the context of VSO’s organisational capacity-development interventions).

3.1.2 PCA’s definitions of capacity

PCA’s definition of ‘capacity to achieve their goals and strategic priorities, and to deliver community-based projects for social change’ are illustrated in Figure 1. PCA’s definition of capacity consists of nine key ‘capacity elements’. These capacity elements are compound indicators, some of which have been further divided into ‘specific indicators’. These are illustrated and explained in Table 1.

Figure 1:

PCA’s nine ‘elements of capacity’ to achieve their goals and strategic priorities, and to deliver community-based projects for social change.

(Source: FGD, SSIs with PCA staff).



Table 1: PCA's definition of capacity to achieve their goals and strategic priorities, and deliver Community based projects for social change: key elements of capacity, description of each element, and indicators to assess change in each capacity element. Capacity elements ranked in order of importance, where 1 = most important, 9 = least important.
(Source: FGD, SSIs with PCA staff).

Capacity element (compound indicators)	Rank: order of importance	Specific indicators	Description
1. Sustainability of PCA	1	PCA is operational as an organisation	PCA survives and thrives. PCA present in difficult periods when other NGOs are not present.
		Level of other 8 capacity elements	The sustainability of PCA depends on the extent to which the other eight capacity elements are achieved.
2. Local structures	2	Presence of local structures that enables PCA to work with all 3 communities	PCA works through community structures and leadership such as customary leadership and CBOs. PCA works with and promotes cooperation and reconciliation with Tamil, Sinhalese and Muslim communities.
3. Relationships	3	Range of working relationships.	Number and length (of time) of relationships with NGOs, INGOs, government, donors, 'friends and supporters', and membership of networks. 'Friends and supporters' are based in Sri Lanka and overseas, providing advisory, professional and proposal writing support.
		Quality of working relationships with all stakeholders.	Quality of working relationships with NGOs, INGOs, government, and 'friends and supporters': degree of respect, trust, power-relations.
4. Finance and OD systems	4	Financial systems	Procedures, systems and skills for the effective financial management of PCA.
		Organisation management	Organisation Development (OD) systems, procedures, templates, forms, including human resource management for the organisation-level management of PCA.
5. Proposal writing & funding	5	Successful donor-funded proposals	Preparation of funding proposals, and extent to which proposals are successful.
		Income	Income to PCA from donor funding
6. Project management, documentation	6	Reporting	Reporting on project progress (for donors, PCA internal), PCA annual reports.
		Project management	Project plans, baseline survey data, Monitoring and Evaluation (M&E).
		Training materials	Manuals and materials for training with communities, CBOs, government, and other stakeholders.
		Website	PCA's website and key documents in the public domain.
7. Hosting events	7	Range of events: learning, capacity development, cultural exchange, awareness raising, reconciliation, networking.	Range of events that PCA hosts for stakeholders (communities, CBOs, local NGOs, INGOs, government, networks), including training, capacity development, exchange learning and cultural visits, awareness raising, policy debate, and conflict resolution, at community, district and national levels.
		Skills, knowledge, way of thinking	Skills, knowledge, way of thinking in PCA's core work of peace building, training and facilitation.
8. Representing PCA	8	Ability to represent PCA at all levels.	Ability of staff to represent PCA's work at all levels: community, national, international.
9. Challenging INGOs	9	Successful challenging of INGOs by PCA	Extent to which PCA has successfully challenged INGOs for the inclusion of Sri Lanka NGOs in national consortiums related to peace and development.

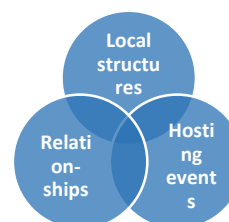
The capacity elements (compound indicators) in Table 1 are ranked in order of importance for PCA's 'capacity to achieve their goals, strategic priorities and deliver community based projects'; where 1 is the most important and 9 the least important (although all elements are essential to PCA).

The overarching capacity element is 'sustainability'. If all other capacity elements are in place to a high level then PCA will be sustainable; particularly in terms of being able to survive and thrive. For PCA, sustainability therefore does not only include financial sustainability, but also the sustainability of working relationships with all their stakeholders including working with communities and ultimate beneficiaries; project and organisation management; and crucially, PCA's approach, philosophy and way of thinking about peace and development.

The capacity elements of PCA are described separately for clarity, but are in fact interlinked. In particular, capacity elements 2 (local structures), 3 (relationships) and 7 (hosting events), are inextricably linked. These form the core of PCA's work.

PCA is currently a member of eight consortiums and networks nationally and internationally¹³.

Project Documentation' (capacity element 6) includes the skills to use the various documents that is linked to project and program management.



3.2 VSO Volunteers' contributions to PCA's capacity development (2006 - 2014)

3.2.1 Focus of this section

The question explored in this Section is:

What contribution do partners think VSO made to developing capacity (as defined by PCA themselves)?

The section covers the period before VSO volunteers support to PCA (2005) to the time of VSO volunteers' support to PCA (2006 to 2014).

3.2.2 PCA capacity development: contributions by VSO volunteers 2006 - 2014

Overall change in PCA's capacity from 2005 to 2014

The PCA assessed overall change in capacity of PCA between 2005 and 2014 through a FGD using matrix scoring. The PCA team assigned a score of 1 to 10 to each of the nine capacity elements (10 = high/ full capacity, and 1 = low capacity). The overall results are illustrated in Figure 2. The PCA team reported a gradual increase in the capacity of PCA over this time period, with average score of all capacity elements increasing from 3.1 in 2005 to 6.6 by 2014.

However, it is essential to note that these scores include capacity developments supported by other partner organisations of PCA, and not only that of VSO and VSO volunteers. The 'periods of time' are linked to the VSO volunteer placements. They were selected so that the *relative* contributions of VSO volunteers work can be explored. The *relative* contribution of VSO compared to PCA's other partner organisations will be explored later in section 3.2.3 below.

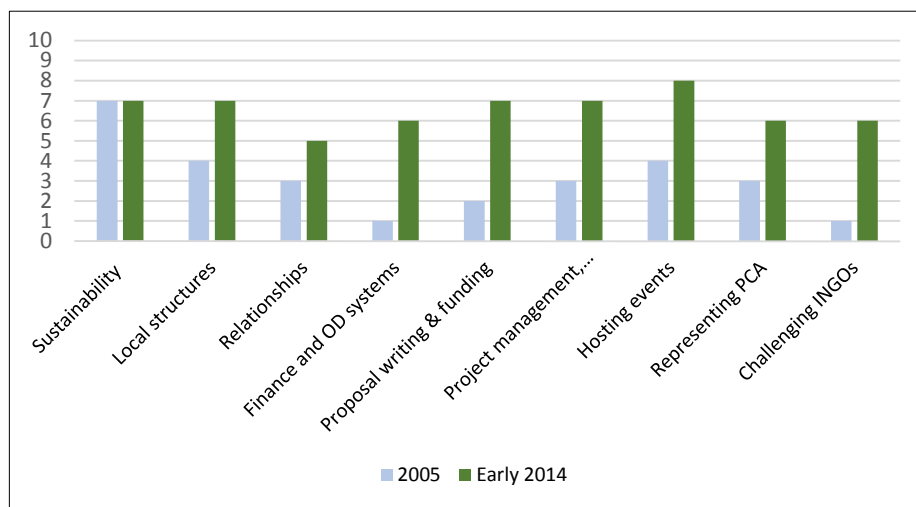
Section 3.2.2 continues with an overview of the specific contributions of VSO volunteers to the capacity development of PCA.

¹³ <http://www.pcasl.org/networks.html>

Figure 2: Broad improvement in the nine capacity elements of PCA: in 2005 compared to the capacity by 2014. (Note: this data includes capacity developments supported by all of PCA’s partners, not only VSO).

Scores 1 to 10 (vertical axis), where 1 = low capacity, and 10 = high capacity.

(Source: FGD-matrix scoring, with 5 PCA staff).



Capacity developments supported by VSO volunteers

The capacity developments supported by VSO volunteers in the nine ‘elements of capacity’ as defined by PCA are illustrated in Table 2.

The most significant capacity developments supported by VSO volunteers and most valued by the PCA team include:

- An **ideology and approach** of community-owned processes of social change, based on peace-building, reconciliation and conflict transformation, context, and community development, underpinned by non-violent communication;
- **Project development and management:** including concepts, skills, and document templates; for example, results-based management, project cycle management, reporting on project progress, planning tool ‘naomie’, reporting formats;
- Establishing **baselines and monitoring** to demonstrate social change and impact of PCA’s work with communities;
- Improved **working relationships** with INGOs and donor-partners, government departments, and community groups;
- Developing skills in participatory **training and facilitation**;
- **Proposal preparation** and securing some donor funding;
- **Organisation development** and management.

The PCA team reported that one of the most valued contributions of VSO volunteers to PCA’s capacity was in PCA’s core area of work: ideology, approaches and ways of thinking about cycles of peace building and reconciliation, community development, within and between communities, and with other stakeholders. PCA valued the open debates with VSO volunteers on the meaning of and how to achieve community-owned development, working in partnership, facilitating social change, and non-violent communication (capacity element 7).

“We learnt a different way of how people think about community change”.
(PCA staff member)

“We have capacity to manage all our relationships ... people want to work with us”.

(PCA staff member)

The support of VSO volunteers in the development of systems, procedures and skills in project and organisation management was a major contribution to PCA’s capacity development (capacity element 6). PCA staff explained this also made PCA a more sought after partner for donors and INGOs. Linked to this, PCA is better able to negotiate with potential donor-partners for project and funding support for partnerships that are ‘equal’ in terms of power relations. For example, PCA recently declined support from a large INGO because PCA would have had a secondary role in the partnership agreement. PCA values partnerships with qualities of trust, mutual respect and equal power relations (capacity element 3).

The PCA team valued the capacity development support of VSO volunteers in establishing baselines, carrying out regular monitoring, learning how to analyse monitoring data and present it in regular internal and donor-reporting on the progress and impact of PCAs work with communities and other stakeholders (capacity element 6). Unfortunately no monthly reports or other reports showing impact information were provided for the VSO post-closure evaluation.

“We learnt that we need to talk to the community to understand their issues and ideas, to ensure our projects are more closely related to the needs of the community ... and so more successful”

(PCA staff member)

VSO volunteers supported PCA to challenge international NGOs (capacity element 9). One example relates to a national consortium of INGOs established to explore peace issues. National NGOs were excluded from this consortium. PCA to argue that national NGOs (such as PCA) should be allowed to become members of this consortium if peace issues are to be effectively challenged. As a result PCA became the only consortium member who was a national NGO.

‘Friends and supporters’ (of the capacity element 3) were extremely important to the professional and financial development of PCA. For example, in 2011 PCA received no donor support, but received all their financial support from ‘friends and supporters’ in Sri Lanka and UK.

VSO volunteers played a very significant role in supporting PCA with proposal writing to obtain donor funding (many proposals were successful). This included training and mentoring in proposal preparation, how to gather back ground information, and feedback and editing of proposals (capacity element 5). Support from VSO volunteers in proposal writing was mentioned frequently by the PCA team.

Because they provided capacity developing support in most of the capacity elements of PCA, VSO volunteers played an important role in strengthening PCA’s overall sustainability (overarching capacity element 1). This included strengthening PCA’s financial capacity. PCA reported that their ‘sustainability’ remained stable at a score of 7 (out of 10) between 2005 and 2014 (Figure 2). There was a slight dip to scores of 5 and 6 between 2009 and 2010. This must be set in the context of the loss of funding support from their main donor-partner in 2005, a change in context to national peace, and reduction in donor-funding support to Sri Lanka more recently. VSO volunteers’ particular contributions were to support PCA to transform from a primarily ‘relief-focussed approach’ to a community owned and led social transformation model. This entailed organisation development alongside an ideology, way of thinking and approach (as mentioned above).

VSO volunteers also worked directly with PCA’s local partners to develop capacity in aspects such as finance and training. VSO volunteers also directly facilitated workshops with communities.

A self-assessment of skills development supported by two VSO volunteers (2011-2014), for four PCA staff members was carried out. The PCA staff scored their skills levels before and after working with VSO volunteers (scoring 1 to 10, where 1 = low and 10 = high skills levels). The average score for the four PCA increased from 4.6 to 6.3 (a 27% improvement), as a result of the training and mentoring support of the two VSO volunteers. The particular skill areas developed included: baseline survey, monitoring, data analysis, report writing, proposal preparation, forming relationships with government, and project planning. No further assessments could be carried out because these staff did not work with any other VSO volunteers, and other PCA staff had not worked with VSO volunteers at all.

Table 2: Summary of main capacity development contributions by VSO volunteers 2006 - 2014, in relation to PCA's definition of 'capacity to achieve their goals and strategic priorities, and deliver community-based projects for social change'

(Source: FGDs with PCA staff; self-assessment of change in skills by PCA staff; SSI's with PCA staff; review of PCA documents; VSO volunteers' final reports).

Capacity elements and indicators	Situation prior to VSO support	Contributions to capacity development by VSO volunteers
1. Sustainability of PCA		
PCA is operational	PCA was heavily reliant on their founders QPSW for core funding, and faced a crisis when QPSW closed.	VSO volunteers have contributed to the overall sustainability of PCA in terms of developments of other capacity elements (see below and text of this report). PCA reported that their 'sustainability' remained stable at a score of 7 (out of 10) between 2005 and 2014.
Level of the other 8 capacity elements		
2. Local structures		
Presence of local structures that enables PCA to work with all 3 communities	Previously PCA had a 'relief model' to development.	The meaning of 'community building', and a community development model based on ownership, partnership and facilitation. How to identify people to work with in communities (2006 - 2010).
3. Relationships		
Range of working relationships.	PCA worked with a range of donor-partners; with lesser developed relationships with stakeholders such as government and community structures, and friends and supporters.	Connecting to and working with government staff (2006 - 2010).
		Supporting PCA to forming links with some donor partners (2006 - 2014).
Quality of working relationships.		VSO volunteers supported PCA to develop a 'professional approach' working relationships, including formal communication, and how to address relationship issues with other organisations professionally.

4. Finance and OD systems		
Financial systems	Financial systems were in place, although needed further development.	Further development of financial systems, planning, and skills of the finance officer, and focussed on the EIDHR project (2010 - 2011).
	Senior management were unfamiliar with details of financial and budget management.	Created budget review process every three months (senior management meetings) and at the PCA board of directors' meetings (2010 - 2011).
Organisation development and management	No formal OD manual covering all operational procedures.	An OD manual written, with detailed procedures and templates – in collaboration with the PCA senior management team (2009 - 2010). The OD manual was last updated in 2013, when a section on 'conflict sensitivity policy' was added.
		Organisation capacity assessment carried out 2012, covering M&E and project management, governance, organisation management, service delivery, HR, financial management, external relations, and sustainability. Findings used by VSO volunteer to provide capacity development in all these areas (2012 - 2014).
		The 'senior management team' of PCA established to coordinate PCA's organisation development and management. Meetings were every two months, particularly because there were several PCA offices in different locations (2009 – 2010).
5. Proposal writing and funding		
Successful donor-funded proposals	PCA was heavily reliant on QPSW for core funding.	Supported capacity to obtain funding, including writing funding proposals, by 4 VSO volunteers (2006 - 2014). Included support in forming links with some new donor partners.
	PCA had less capacity in securing donor funding.	How to write proposals (2006 - 2009)
PCA income	PCA received funding support from a small range of donors, though mainly reliant to QPSW.	Obtained small grants from VSO, by 4 VSO volunteers for capacity development (2006 - 2014), e.g. for 'senior team management meetings', training.
6. Project management documentation, and skills to use documents and processes		
Reporting	No consistent reporting format	Several common reporting templates were created, that may be adapted for any organisation. All VSO volunteers provide support and mentoring in report writing (2006 - 2014).
		How to write monthly reports using analysed monitoring data using 'survey monkey' (2012 - 2014).
Project management	Skills and documents in project management not sufficient to support PCA's growth and change; and to work with new donor-partners.	Skills development in project management, design, planning, setting objectives. How to manage projects more professionally (2006 - 2009). How to use 'naomie' planning system (needs, aim, objectives, methodology, implementation, evaluation), (2009 - 2010).
		Developing capacity of women staff in project management (all aspects), (2009 - 2010).
		Support in providing evidence of the impact of PCA's work (M&E) and how to measure outcomes (2009 - 2010). Developing M&E systems and skills of the M&E officer, including 'most significant change' approach (2012 - 2014).

		How to carry out a baseline survey, including attitudinal change of stakeholders. A questionnaire developed with 32 questions, to be carried out with all new communities that PCA works with. The questionnaire is repeated at the end of the project (2012 - 2014).
		How to analyse monitoring data using on-line analysis tool 'survey monkey', and create graphics to include in monitoring reports, and show the impact of PCA's work (2012 - 2014).
Training materials	Limited training manuals and materials	Developed 'coalition writing handbook' in collaboration with PCA staff and other VSO volunteers (2012 - 2014).
		Developed the 'PCA training manual' in peace building in close collaboration with PCA staff, including testing and modifying (manual later published in 2012 with support of VSO volunteer after volunteer's departure).
Website		Website developed (2012 - 2014).
7. Hosting events		
Range of events	PCA held a limited range of events.	The range of events and range of stakeholders these events are organised with has expanded with the support of VSO volunteers. Events include training, conflict resolution, learning and cultural exchange between different communities (Tamil, Sinhalese, Muslim) and stakeholders (communities, CBOs and groups, leaders, government, NGOs).
Skills, knowledge, way of thinking	Limited capacity to design and facilitate interactive training.	How to design and deliver interactive training; how to design workshops and participatory activities (2006 - 2010).
	Ways of thinking and approach to peace building and transformation less broad	Training in participation and empowerment, a particular methodology for working with partners (2009 - 2010)
		An ideology of community-owned process of social change, participation, facilitating role of PCA. Introduced 'conflict sensitivity' and 'analysis of the wider context' to PCA's peace-building work. Debate and exploration of PCA's approach based on non-violent communication (2009 - 2010).
8. Representing PCA		
Ability to represent PCA at all levels.		VSO volunteers supported staff in skills and confidence to represent PCA at local, district, and national levels, and with wide ranging stakeholders and actors. This was through specific mentoring with VSO volunteers, and the overall capacity development of PCA (see capacity elements 3 and 9 for examples).
9. Challenging INGOs		
Successful challenging of INGOs by PCA	PCA less able to challenge INGOs.	How to present PCA to INGOs in a way that is professional and technically strong; for example to a national INGO consortium (see text of this report).

Outcomes and impact of PCA's capacity development supported by VSO volunteers

The links between the capacity developing support of VSO volunteers and subsequent contributions to outcomes and impact for PCA's direct and ultimate beneficiaries were explored to some extent. The PCA team provided some examples from their experiences, discussed below.

One example is that as a result of PCA becoming a member of the national consortium (described above) with VSO's support, PCA then successfully piloted a 'conflict sensitivity approach' in Matara (south Sri Lanka). A second example illustrates how a baseline survey highlighted issues of power and an antagonistic relationship between a village leader and village members. This enabled PCA to identify the needs of that situation. PCA arranged an awareness-raising event for the leader and community to build mutual understanding. The leader now listens to people and helps them to obtain important documents and services, such as birth certificates and pension money. The leader also helps families resolve problems and conflict. A third example shows how exploring how and why activities were achieved or not enables PCA to fine tune their project plans and activities. The aim is to focus on those activities that are most important to the lives of the ultimate beneficiaries, are realistic, implemented on time, and budgeted for correctly. An example is a conflict resolution event, which directly affected the relationship between a community and leaders, and the ability of families to obtain documents from local government.

Further evidence of links between the capacity developing support of VSO volunteers and the outcomes and impact for PCA's direct and ultimate beneficiaries could possibly be provided through the monitoring and evaluation reports (not available for the VSO post-closure evaluation).

3.3 Alternative explanations for capacity developments in PCA

3.3.1 Focus of this section

The question explored in this section is:

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

The section covers the period of VSO volunteers support to PCA from 2006 to 2014.

This question will be answered by setting the capacity development contributions of VSO volunteers in the context of the overall capacity development of PCA (very broadly). As already discussed, Figure 2 (in 3.2.2 above) illustrates the changes in each of PCA's capacity elements between 2005 and 2014. This includes contributions by VSO. This section explores the *relative* contribution of VSO to PCA's capacity development compared to other PCA partners, and other factors influencing capacity development.

3.3.2 VSO volunteers' relative contribution to overall PCA capacity development

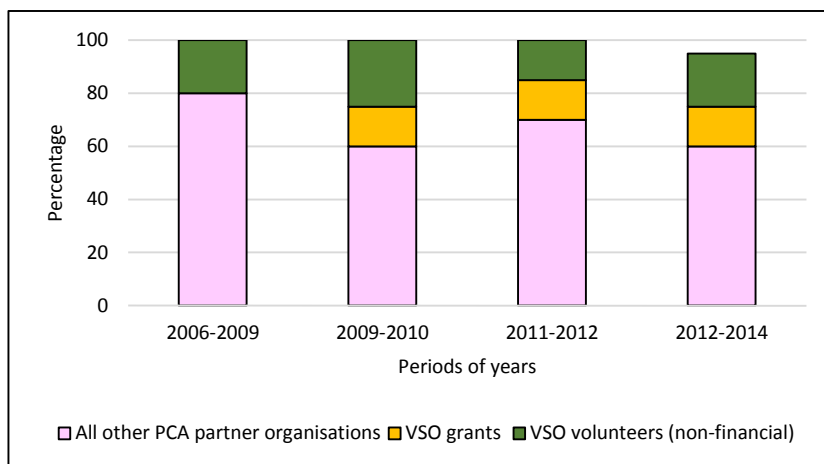
Although VSO has played a very significant role in the capacity development of PCA, other partners have also supported PCA's development at the same time. The PCA team estimated the proportion of VSO's contributions to PCA's capacity development relative to PCA's other partners. This was carried out through a FGD using matrix scoring. The results are shown in Figure 3. It is important to note that these percentages are qualitative estimations by the PCA team, and are not based on quantitative data and analysis.

Overall, PCA estimated that VSO volunteers' direct contributions represented about **one-third (30%)** of all the capacity developments by all of PCA's partners between 2006 and 2014. Of this, approximately a third was in the form of grants from VSO to support PCA's capacity development. However, the *value* of VSO volunteers' contributions to PCA was more than a third because of the interplay between the VSO volunteers' and other partner organisations' capacity developing work (discussed later in this section; and further in Section 3.6).

Figure 3:

Overall increase in PCA's capacity between 2006 and 2014: estimated percentage (vertical axis) of total capacity supported by VSO volunteers (non-financial), VSO grants, and all other PCA partners.

(Source: FGD with proportioning technique).



VSO's relative contribution to PCA's income and links to donor-partners

Data on PCA's annual income is limited. PCA's income increased from SR10.8 million to SR18.9 million from 2011 to 2013 respectively¹⁴. Although VSO contributed little to PCA's income, the PCA team stated that VSO volunteers work contributed to PCA's capacity to secure donor funding.

The amount of funds (monetary value) contributed by VSO to PCA is unknown (data unavailable). The PCA team estimated that VSO's financial contribution to PCA's capacity was approximately 15% of the all capacity contributions (funds, training, materials etc.) by all partners of PCA, between 2006 and 2014.

Volunteers played an important role in supporting PCA with preparing four successful funding proposals. VSO grants were used to support capacity developing work such as training and creating manuals. This strengthened PCA's overall capacity, making PCA more likely to obtain donor funding.

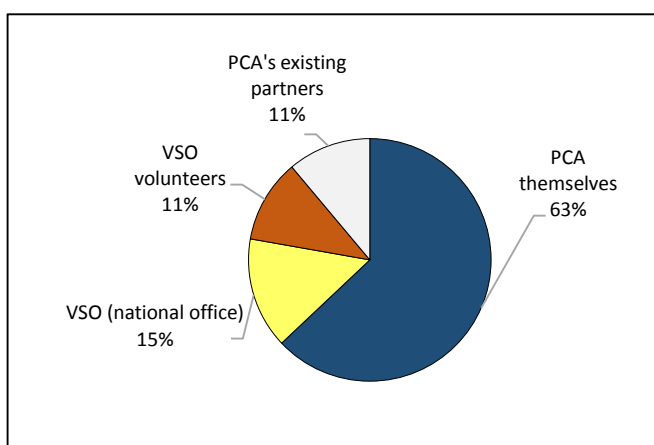
VSO volunteers played a relatively small role in forming links between PCA donor-partners (Figure 4). Of all the donor-partnerships PCA has had, about 11% were created VSO volunteers. These were made through personal contacts. The majority of donor-partner links (63%) were made by PCA staff themselves. PCA staff explained that they have the skills and networks to do this. The number PCA's partners remained fairly stable at between 8 and 9 from 201 to 2013, and then dropped to 5 by early 2014¹⁵. PCA inked this to the change in funding climate, with fewer donors and INGOs working in Sri Lanka.

Figure 4:

Actors who made connections for PCA with donor-partners: connections to donor partners made by each actor-group, as a percentage of all connections made, (from approx. 2002 to 2014).

(n = 27 connections with PCA partners/ donor partners)

(Source: FGD with flow diagram).



¹⁴ PCA annual reports April 2011 to March 2012, and April 2012 to March 2013.

¹⁵ Three of PCA annual reports April 2011 to March 2014.

PCA's training materials

Other partners working with PCA also created training materials that PCA draws on for their learning events, in addition to those developed with VSO volunteers. One example is the 'Community Peace Building Skills Training: a manual for interactive participation' (undated, partner organisation not stated). This can be found on PCA's website¹⁶. Another example is the 'Empowering people handbook' developed by PCA based on workshops in 2008, funded by the Commonwealth Foundation and Quaker Peace Social Witness (QPSW), found on PCA's website¹⁷. The training materials developed by other PCA's partners also continue to be used by PCA in their workshops and events.

Approach of PCA's other partners

Another factor supporting capacity development of PCA was the capacity developing approach of their other partner organisations. The PCA team explained the approach of one of their key donor-partners for the last five years:

"... [the partner] gives us enough room to develop capacity and flexibility with the budget. They help us to focus more on our own thinking about community needs and practical organisation values. PCA can practice their own values, with the freedom on *how* we do our work, as long as funds are handled in an appropriate way. The partner only wants to see community needs met. The partner is an important support for capacity development of 'working relationships', because this is the main work of PCA".

Interplay of capacity developing support by VSO volunteers and other partners of PCA

The capacity developing support of VSO volunteers included not only what VSO volunteers did themselves with PCA directly, but the interplay between VSO volunteers' work and other PCA partners' capacity support. This interplay manifested in several ways.

First, PCA argued that although VSO provided little funding to PCA, VSO volunteers played an instrumental role in supporting PCA to secure funding from four major donor partners. Second, VSO volunteers strengthening capacity of PCA to form and sustain relationships with donor partners. As a result of the organisation capacity developing support work of VSO volunteers donor partners have more confidence in PCA to manage and use funds effectively. Examples included, a strengthened relationship with CAFOD, and new funding and partnership with USAID.

Finally, VSO volunteers brought much 'added value' to the capacity support of PCA's other partners. This was through volunteers working with PCA staff on projects funded by PCA partners. Between 2006 and 2014, VSO volunteers provided developing support for over half of PCA's donor funded project (11 out of 19 PCA partner organisations, mentioned by the PCA team). This illustrated in Figure 5.

¹⁶ http://www.pcasl.org/Publications/Community_Peachbuilding-handbook.pdf

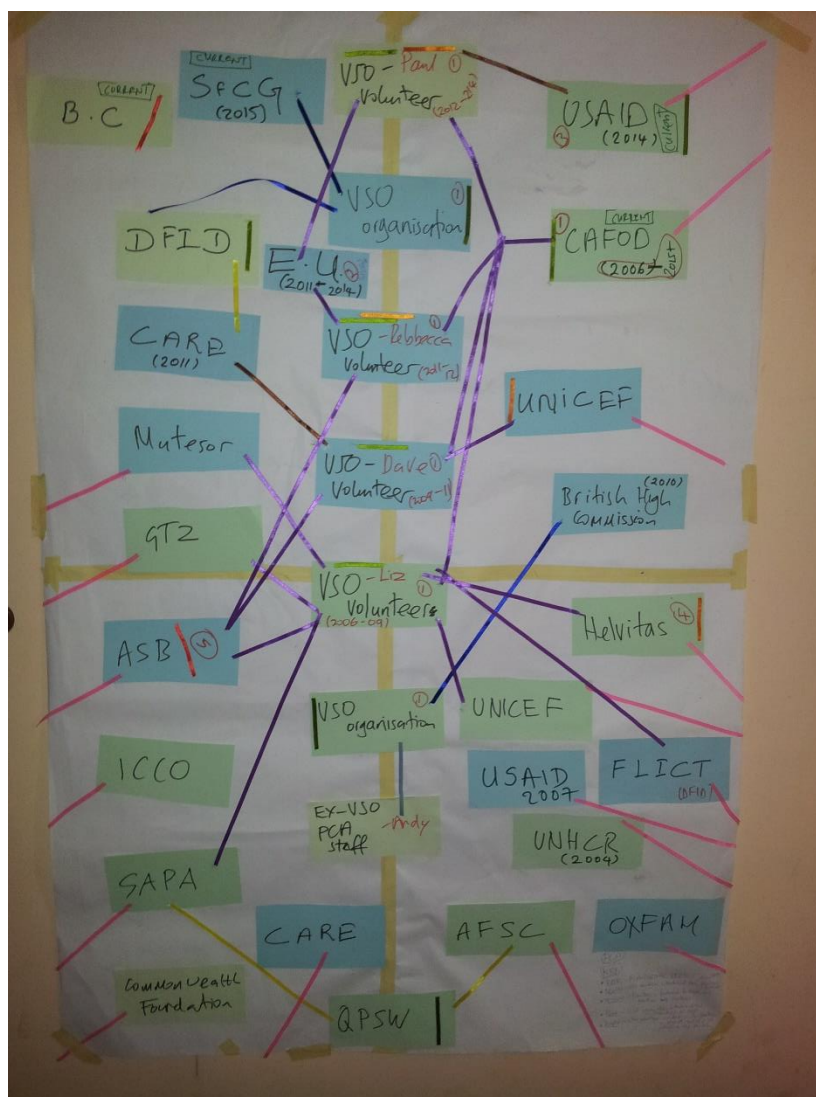
¹⁷ <http://www.pcasl.org/publications.html>

Figure 5:

Number of connections made between PCA and partners, by different actors; and the number of PCA donor-funded projects that VSO volunteers supported in capacity development.

(n = 37 connections mentioned)

(Source: FGD with flow diagram)



Key:

Colour of strand	Explanation	Number of connections
Pink	Connections to PCA donor partners made by PCA themselves	17
Blue	Connections made between PCA and donor partners by the national VSO office.	3
Yellow	Connections made between PCA and to new donor partners by PCA's existing partners	3
Brown	Connections made between PCA and donor partners by VSO volunteers	3
Purple	PCA partners/donor funded projects) who VSO volunteers worked with in capacity development for PCA.	11

Internal and external factors supporting capacity development overall

The capacity developing work of VSO and other partners of PCA was also influenced by internal and external contextual factors (Figure 6).

Figure 6: Internal and external factors supporting capacity development in PCA

(source: FGDs and SSIs with PCA staff)

Internal PCA factors supporting capacity development	External contextual factors supporting capacity development
<ul style="list-style-type: none"> ▪ Cooperation between PCA staff, working together ▪ PCA systems (training, reporting, meetings) ▪ PCA staff skills and knowledge ▪ PCA staff confidence ▪ Skills of PCA staff in proposal design 	<ul style="list-style-type: none"> ▪ More connections with INGOs and local networks developed through different PCA partners (not all through VSO), e.g. a donor partner for PCA initiated a local initiative for conflict transformation ▪ Support of CBOs and government officers

3.4 How change in capacity happens

3.4.1 Focus of this section (2006 - 2014)

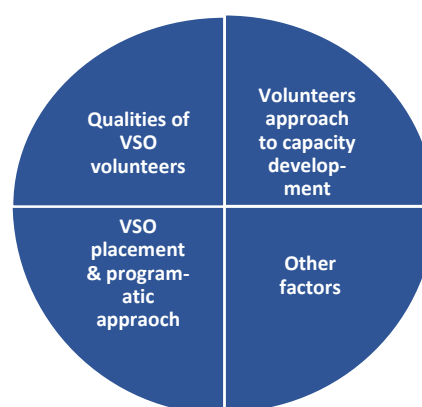
This section explores the question:

What are the key factors in whether or not capacity development was initially successful?

This focusses on the capacity developing work of VSO volunteers with PCA for the period 2006 to 2014 (shortly after the VSO program in Sri Lanka closed in 2013). The factors that enable and present challenges in capacity development are interlinked. For clarity these are separated out below.

3.4.2 Factors enabling PCA's capacity development with VSO volunteers

The PCA team identified several factors that enabled the successful capacity developing work with VSO. These have been grouped into four areas, shown in the diagram. Each of these are explored in detail below.



Qualities of VSO volunteers

“Volunteers have a helping mind – always willing to support others, visit the field, and help design workshops”

(PCA staff member)

The qualities of the four VSO volunteers that were valued by the PCA team are illustrated in Figure 7. All four categories of qualities are important, although the qualities most emphasised include: way of thinking about and debating what peace building means and how PCA may contribute to this, setting PCA's work in an understanding of the wider context. Maturity and many years of working experience, an openness and willingness to support others, and the way that volunteers interacted with other was seen as very important for the PCA team.

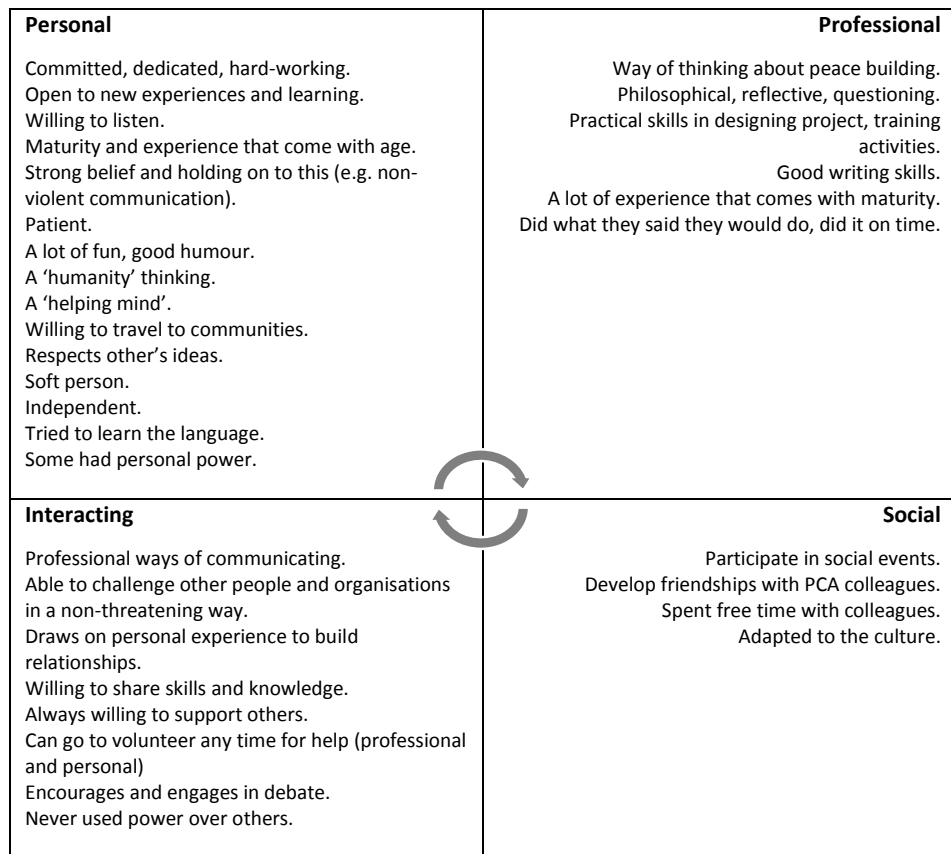
The PCA team frequently mentioned how VSO volunteers and staff from the VSO office did not ‘use power over PCA’; the relationship was one of mutual respect.

“The volunteer respects everyone, is calm and cool, never uses power, never said no, and always came back to me when I asked for help. Always assessed the situation before taking steps, such as talking to the community”.
(PCA staff member)

“The volunteer was a great human being, had a simple life style, adapted to the culture but did not try to change himself”
(PCA staff member)

Figure 7:
Qualities of VSO volunteers that enable capacity development

(Source: FGDs and SSIs with PCA staff)



Capacity developing approaches of VSO volunteers with PCA

Figure 8 illustrates eleven broad approaches used by VSO volunteers that according to the PCA team supported effective capacity development. The ‘approach’ includes *what* VSO volunteers do, which are the strategies they use; and *how* they use all these strategies. The latter includes the qualities of interactions between volunteers and PCA staff, as well as other stakeholders.

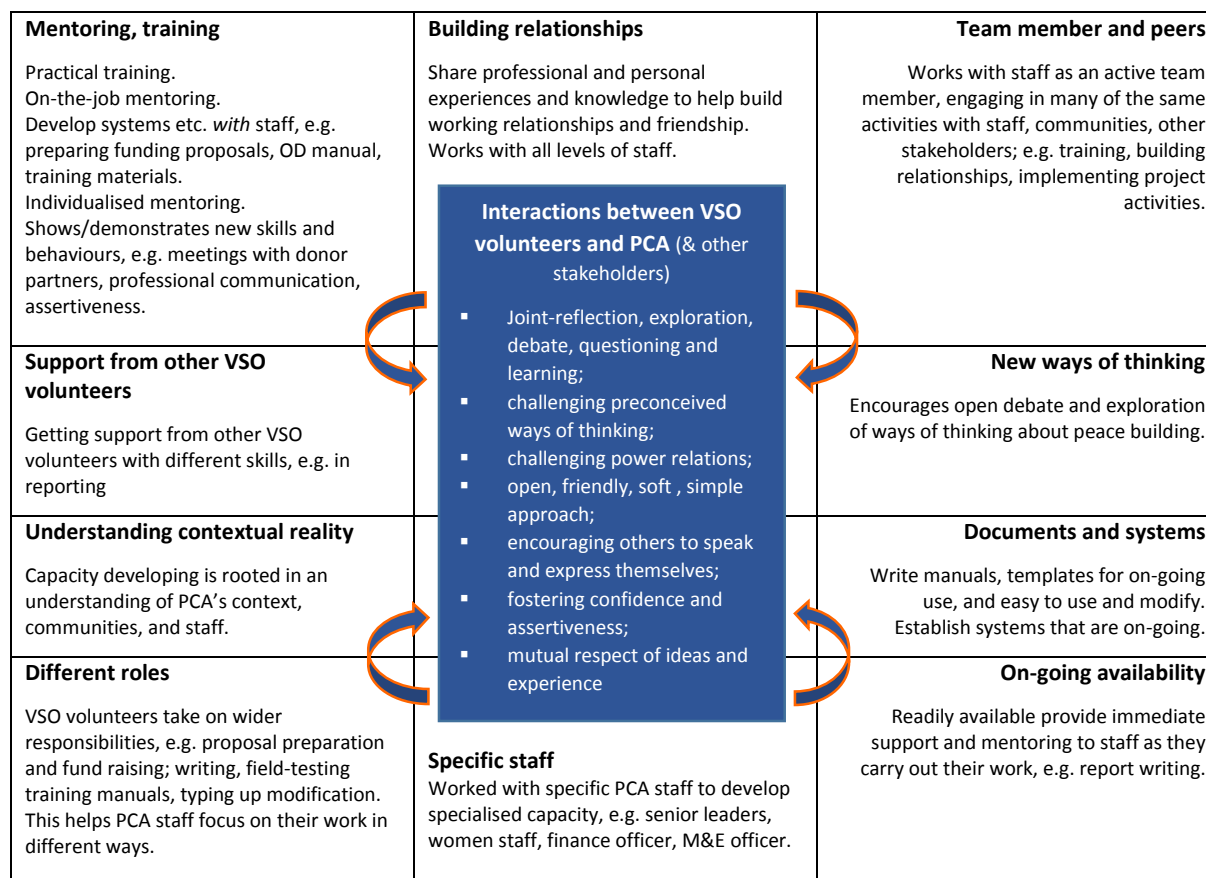
“We don’t see VSO volunteers as separate, but as part of the organisation of PCA”.
(PCA staff member)

“There is someone to help. If I make a mistake or don’t know what to do, I can get help and advice”.
(PCA staff member)

The ten approaches are interlinked. Central to their approach is the particular ways that VSO volunteers interact with other people (see also qualities of VSO volunteers, above). This enables VSO volunteers to build good working relationships that underpin the capacity developing process, and especially make mentoring more effective. The on-going presence of VSO volunteers as team-members who can participate in mutual learning, and provide mentoring on the job is especially valued.

Figure 8: Eleven broad approaches used by VSO volunteers working with PCA that enabled successful capacity developments

(Source: FGDs and SSIs with the OCA team)



VSO placements and programmatic approach

The PCA team reported that VSO’s approach of placing a volunteer as a team member in the organisation is a major supporting factor in capacity development. Both long and short term placements are valuable for capacity development. What is crucial for both is to carry out a good capacity assessment with the partner so that the role of the volunteer what he/she is expected to contribute is clear. PCA has worked with VSO volunteers with short and medium term placements and found their support extremely valuable because their roles and specific skills needed were very clearly defined (e.g. financial systems, M&E systems and reporting, website building). A placement should be at least one year because in all cases (short, medium, long term) effective capacity development needs mentoring, which takes time. However, overall long-term placements are most preferred by PCA in cases where volunteers bring new ideas and ways of thinking. These must be demonstrated, explored, tested, modified and developed, where the volunteer and PCA learn together. This takes times. Enough time is also needed to build good working relationships that are essential for mutual learning and close mentoring.

“Volunteers know the community, context and staff ... there is no gap between them”.
(PCA staff member)

Without a good partner assessment, a volunteer’s capacity developing support is seriously hindered. This has not happened in PCA, but the team knew of several cases where this did arise.

The programmatic approach of VSO also provided opportunities for PCA:

- To participate in exchange visits and study tours, e.g. to Ireland and to other VSO partner organisations in Sri Lanka;
- Participate in coalitions and networks in peace building;

- Draw on the skills of VSO volunteers in other placements, e.g. developing the ‘coalition handbook’, and report writing.

PCA greatly valued the ‘genuine partnership approach’ of VSO.

“Working with VSO and volunteers was a great opportunity for us ... a sense of partnership. They never used power over us. When VSO wanted volunteers to do other work, they asked us first. VSO saw volunteers as belonging to PCA”.

(PCA staff member)

Other factors supporting capacity development overall

In addition to the approach used by VSO volunteers, other factors that supported capacity development are listed in Figure 6 in section 3.2.3 above, and already discussed.

3.4.3 Challenges in PCA’s capacity development

The key challenges to capacity development are illustrated in Figure 9. These challenges relate to VSO volunteers, PCA internally, and the wider context. The major challenges were ‘PCA internal’ and ‘external context’, of which both were equally important. The challenges of working with VSO volunteers had relatively small effect on hindering capacity development of PCA. The main hindering factors were ‘external context’.

Figure 9: Key challenges in developing capacity in PCA

(Source: FGDs and SSIs with PCA staff)

VSO volunteers	PCA internally	External Context
<ul style="list-style-type: none"> ▪ Language barrier, ▪ Sometimes an individual with a boundary around themselves, sharing little personal things about themselves. Limits building of relationships, but in PCA’s case this did not seriously limit capacity developing work of the volunteer, ▪ Expecting ‘perfect professionalism’ that PCA staff cannot meet, lead to frustration and tension. Problem stemmed from inadequate understanding by volunteer of local context and reality of staff’s situation. 	<ul style="list-style-type: none"> ▪ Limited skills of some non-core staff, that VSO volunteers could not develop due to geographically dispersed offices ▪ Frustration stemming from external restrictions ▪ No space to talk 	<ul style="list-style-type: none"> ▪ Insufficient core funding for PCA due to donor funding policies (linked to change in Sri Lanka status to middle income country, and peace). ▪ Restrictions on INGOs working in Sri Lanka ▪ Restrictions on PCA’s work ▪ Cultural biases making community participation in projects difficult

3.5 Sustainability of capacity gains (2014 - 2015)

3.5.1 Focus of this section

The focus purpose is to explore the questions:

- **To what extent have capacity development gains been sustained since VSO's departure?**
- **What are the key factors in whether or not capacity development was subsequently sustained?**

'Capacity gains' refers the contributions made by VSO volunteers to the capacity development of PCA between 2006 and 2014.

These 'capacity gains' have been illustrated above in Table 2 (section 3.2.2.). The purpose of section 3.4 is to explore the extent to which these 'capacity gains' for PCA have been sustained between the closure of the VSO program in 2014 and March 2015.

It is important to note that this section is not an assessment of PCA's current capacity or organisational performance. The focus is on the *sustainability* of VSO volunteers' work. We also explore the factors affecting the sustainability of VSO volunteers' contributions.

3.5.2 Sustainability of capacity development for PCA overall

This sub-section briefly explores the extent to which the capacity developments support by all of PCA partners (including VSO) have been sustained to March 2015.

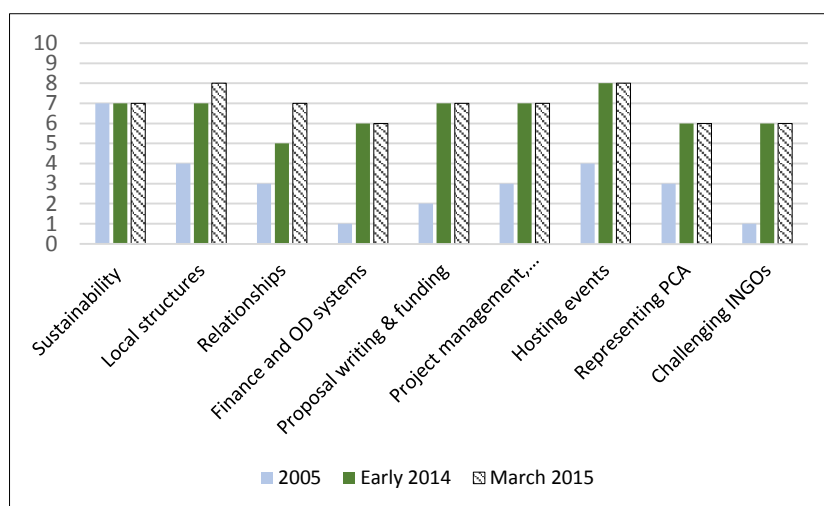
Figure 10 is an extension of the FGD with matrix scoring discussed in sub-section 3.2.2 (Figure 2) above. The PCA assessed overall change in capacity of PCA between 2005 and 2015 through a FGD using matrix scoring. The PCA team assigned a score of 1 to 10 to each of the nine capacity elements (10 = high/ full capacity, and 1 = low capacity). The overall results are illustrated in Figure 10. The capacity of PCA for most of the capacity elements has remained stable between 201 and 2015.

Figure 10:

Capacity developments of PCA supported by all PCA partners including VSO, for all nine capacity elements, in the periods 2005, early 2014, and March 2015.

Each capacity element scored between 1 and 10 (vertical axis), where 1 = low, 10 = high.

(Source: FGD-Matrix scoring).



3.5.3 Extent to which VSO volunteers' contributions to PCA's capacity development have been sustained 2014 - 2015: overall

This sub-section explores the sustainability of VSO volunteers' contributions to PCA's capacity development.

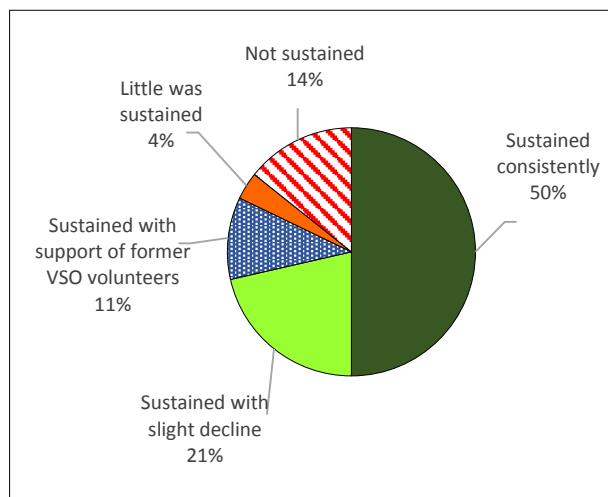
Overall, of the capacity gains in PCA that were achieved by the end of the VSO program in 2013, approximately two-thirds (61%) have been sustained to March 2015 (Figure 10). Approximately a tenth of capacity gains were sustained through the on-going support of former VSO volunteers.

There is a wide range of 'degree of sustainability' of the different elements of capacity in PCA. These are discussed next.

Figure 11:
Sustainability of all capacity gains supported by VSO for PCA:

Degree to which the capacity gains for PCA supported by VSO have been sustained to 2015, as a percentage of all capacity development gains with by 4 VSO volunteers. (n = 26 'capacity gains').

(Source: collated from FGDs, SSIs, PCA documents)



3.5.4 Extent to which VSO volunteers' contributions to PCA's capacity development have been sustained 2014 - 2015: each capacity element

This sub-section presents the findings on the sustainability of each of the elements of PCA's capacity to achieve their goals, manage their organisation and deliver projects in peace-building. Details of the extent to which the elements of capacity have been sustained are illustrated in Figure 12 and Table 3.

Figure 12 illustrates the degree to which all capacity gains supported by VSO volunteers, for each of PCA's eight capacity elements, have been sustained to March 2015. Table 3 illustrated the degree to which each 'capacity gain' (supported by VSO volunteers) for each capacity element, has been sustained to March 2015.

Figure 12: Sustainability of capacity gains supported by VSO, for each capacity element in PCA. Degree to which the capacity gains developed with VSO for PCA have been sustained to March 2015, as a percentage of all capacity development gains/ capacity element supported by VSO. (n = 26 'capacity gains' achieved with the support of 4 VSO volunteers). (Source: collated from FGDs, SSIs, PCA documents).

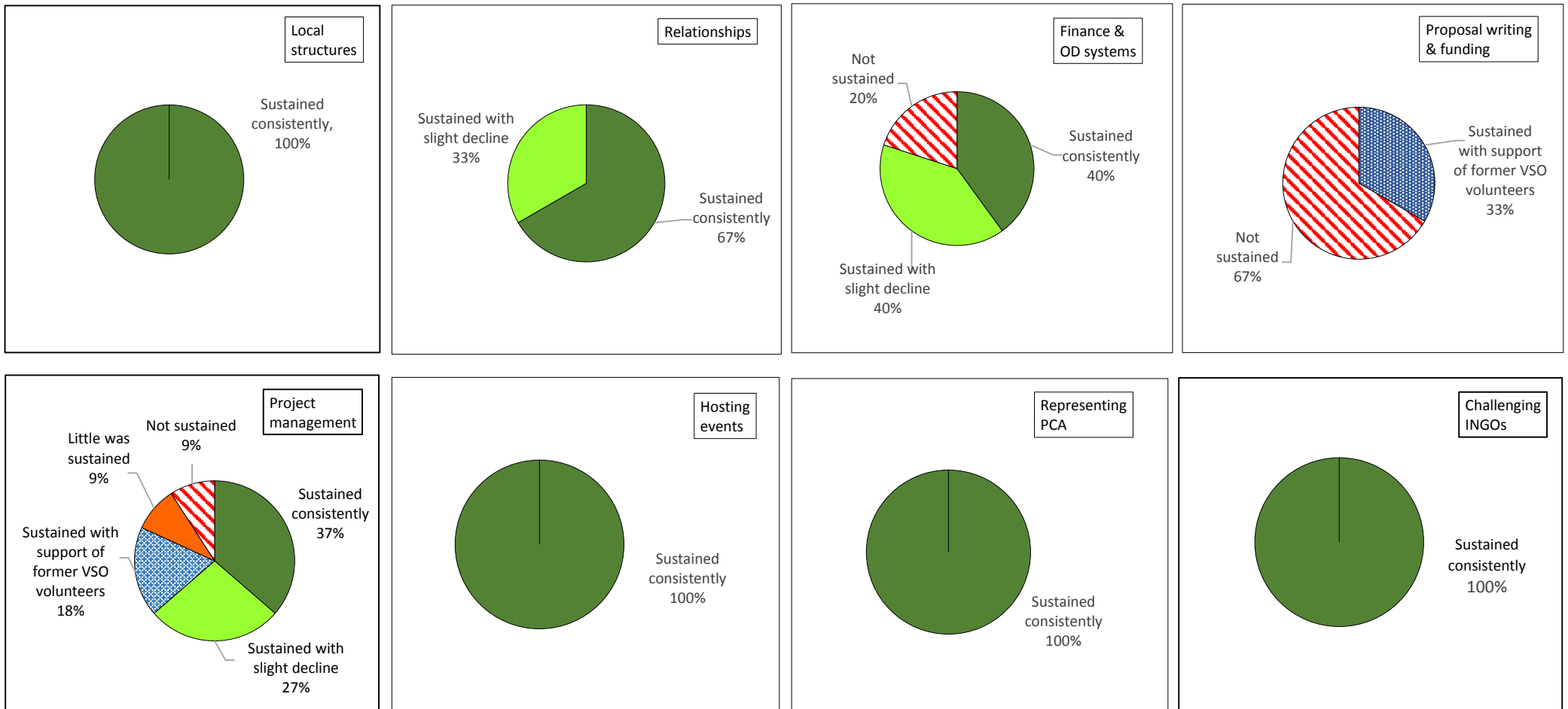
































Table 3: Sustainability of capacity gains supported by VSO volunteers working with PCA, as at March 2015.







(Source: FGDs with PCA staff (matrix scoring, flow diagram); SSI's with PCA staff; review of PCA documents).

Key:	 Sustained consistently	 Sustained with slight decline	 Sustained with external support	 Little was sustained	 Not sustained	 Unknown if sustained
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Capacity elements and indicators	Contributions to capacity development by VSO volunteers	Extent to which capacity gains contributed by VSO volunteers have been sustained to 2015	Degree of sustainability
1. Sustainability of PCA			
PCA is operational	VSO volunteers have contributed to the overall sustainability of PCA in terms of developments of other capacity elements.	Compilation of the other eight capacity elements is the overall sustainability of PCA.	
Level of the other 8 capacity elements		The extent to which the capacity developments with VSO volunteers overall (8 capacity elements) have been 'consistently sustained' and 'sustained with slight decline' is approximately 71% (Figure x).	
2. Local structures			
Presence of local structures that enables PCA to work with all 3 communities	The meaning of 'community building'. How to identify people to work with in communities (2006 - 2010).	PCA continues to identify and build working relationships through community structures, which continues to be funded by their current donor-partners.	
3. Relationships			
Range of working relationships.	Connecting to and working with government staff (2006 - 2010).	PCA staff report on-going and developing working relationships with government departments and staff.	
	Supporting PCA to forming links with some donor partners (2006 - 2014).	PCA continue to use their skills and to sustain and create new donor-partner relationships. The number of donor-partners has reduced, due to a decrease in number of INGOs and donor partners nationally. PCA currently works with 2 donor-partners (CAFOD, USAID).	
Quality of working relationships.	VSO volunteers supported PCA to develop a 'professional approach' working relationships with other organisations professionally.	PCA senior management continue to use skills learnt in building professional relationships, .e.g. donor partners. Recent example, PCA negotiated a working relationships based on mutual agreement, rather than donor-led project activities.	
4. Finance and OD systems			

Financial systems	Further development of financial systems, planning, and skills of the finance officer (2010 - 2011).	Financial systems and skills still being used, with some updates and modifications by the finance officer.	
	Budget review process at 3 monthly meetings, and Board meetings (2010 - 2011).	Continue to use the budget review process at board meetings, although in a modified form. Most recently used at end of year board of directors meeting December 2014.	
Organisation development and management	An OD manual written (2009 - 2010). The OD manual was last updated in 2013.	Most of the OD manual is still importance to PCA and continues to be used (apart from some parts such as finance). All new PCA staff are asked to read the OD manual.	
	Organisation capacity assessment carried out 2012. Findings used for further provide capacity development (20012 - 2014).	No further organisation capacity assessments were reported to have been carried out by PCA.	
	The 'senior management team' of PCA established to coordinate PCA's organisation development and management (2009 – 2010).	'Senior management team' of PCA meets less frequently because most staff are now located in one office; and PCA has fewer projects (due to fewer partners, linked to fewer INGOs). The management team last met for the 'end of year meeting' in December 2014.	
5. Proposal writing and funding			
Successful donor-funded proposals	Supported capacity to obtain funding, including writing funding proposals (2006 - 2014).	Continued support provided by former VSO volunteers for proposal preparation, in particular ex-VSO volunteer who became a PCA staff member prior to 2005 (as 'Friends and supporters') who also formed a group to support PCA that is still functioning and developing further.	
	How to write proposals (2006 - 2009)	No training in proposal writing provided by PCA to staff internally.	
PCA income	Obtained small grants from VSO, by 4 VSO volunteers (2006 - 2014)	VSO grants no longer available.	

6. Project management documentation, and skills to use documents and processes			
Reporting	Several common reporting templates were created, that may be adapted for any organisation. All VSO volunteers provided support and mentoring in report writing (2006 - 2014).	PCA staff reported they still use the monthly reporting formats and skills from 2009 - 2014, most recent report was February 2015 (although no examples of monthly reports were provided for this VSO post-closure evaluation in 2015).	
		Some PCA staff reported that they send their reports to former VSO volunteers for feedback, e.g. in July 2014.	
	How to write monthly reports using analysed monitoring data using 'survey monkey' (2012 - 2014).	PCA staff reported they are presenting analysed monitoring data in monthly reports, using Excel to analyse data rather than 'survey monkey'.	
Project management	Skills development in project management. (2009 - 2010).	PCA staff report that they still draw on these processes and skills. All donor partners require these, and so PCA has sustained their skills and regular use of these systems.	
	Developing capacity of women staff in project management (2009 - 2010).	Most of the capacity developing mentoring and work was with women staff who have since left PCA; therefore skills of these particular staff were 'lost' to PCA. These staff still use skills to obtain new work, and apply skills learnt in their new jobs.	
	Developing M&E systems and skills (2009 - 2014).	With turn-over of staff M&E officer left PCA, and with this some M&E skills for PCA. However, Current M&E officer reported to still be carrying out M&E of PCA work learnt in 2012-2014; findings are written up in monthly monitoring reports, (no monitoring reports were provided as examples).	
	Developing baseline survey process and skills (2012 - 2014).	Skills and format still used for new projects/ areas where PCA works. Most recent baseline data most recently collected was in Sept 2014 and Jan 2015, in 2 communities (Anamalai and Central Camp). (Examples of baseline study provided).	
	How to analyse monitoring data 'survey monkey' (2012 - 2014).	'Survey monkey' is no longer being used. It was last used in February 2014. Reasons are insufficient skills, absence of VSO volunteer to provide support, and lack of funds to pay for the on-line service.	
Training materials	Developed 'coalition writing handbook' (2012 - 2014).	'Coalition writing handbook' reported by PCA staff as still being used and circulated in learning/ awareness events.	
	Developed the 'PCA training manual'.	'PCA training manual' in peace building still being used. Sessions are adapted for specific workshops. Most recently used in early 2015.	
		The 'PCA training manual' was later published in 2012 with the support of a former VSO volunteer.	
Website	Website developed (2012 - 2014).	Website is still functioning although some information is not current.	

7. Hosting events			
Range of events	The range of events and range of stakeholders these events are organised with has expanded with the support of VSO volunteers. Events include training, conflict resolution, learning and cultural exchange between different communities (Tamil, Sinhalese, Muslim) and stakeholders (communities, CBOs and groups, leaders, government, NGOs).	PCA continues to host a range of events. A recent example is an exchange visit between local communities from Matara (south) and those in Jaffna (north) in March 2015.	
Skills, knowledge, way of thinking	How to design and deliver interactive training; how to design workshops and participatory activities (2006 - 2010).	Interactive training skills still being used for training with communities and other stakeholders; last used in early 2015. New PCA staff are trained in interactive training skills.	
	Training in participation and empowerment, a particular methodology for working with partners (2009 - 2010)	Participation and empowerment skills still being used; last used in training delivered for a youth group Feb 2015.	
	An ideology of community-owned process of social change, participation, facilitating role of PCA. Introduced 'conflict sensitivity' and 'analysis of the wider context' to PCA's peace-building work. Debate and exploration of PCA's approach based on non-violent communication (2009 - 2010).	Ideology of community-owned process of social change, conflict sensitivity, contextual understanding, non-violent communication, remain at the heart of PCA's work. Debate and discussions with several VSO volunteers continues.	
8. Representing PCA			
Ability to represent PCA at all levels.	VSO volunteers supported staff in skills and confidence to represent PCA at local, district, and national levels, and with wide ranging stakeholders and actors.	PCA staff report that they continue to represent PCA well at all levels, in their on-going project work.	
9. Challenging INGOs			
Successful challenging of INGOs by PCA	How to present PCA to INGOs in a way that is professional and technically strong; for example to a national INGO consortium (see text of this report).	PCA senior staff report they continue to use skills and confidence learnt from VSO to negotiate PCA's position with INGOs and donor partners. Two recent examples were cited for a bilateral donor and INGO.	

Capacity gains (made with VSO support) that were sustained in PCA

Recall that PCA's most important capacity element – 'sustainability of PCA' – is a compilation of the other eight capacity elements. As such, Figure 11 above also represents the degree to which 'sustainability' of PCA has been sustained.

The capacity gains of PCA supported by VSO volunteers' work that have been mostly sustained for five of PCA's capacity elements: local structures, relationships, hosting events, representing PCA, and challenging INGOs. Approximately 80% of the capacity gains supported by VSO volunteers in 'finance and OD systems' were sustained.

"The OD manual reflects our values and beliefs, who we are and what we do. It was created by PCA even though it's generic. It helps us, it's really useful".

(PCA staff member)

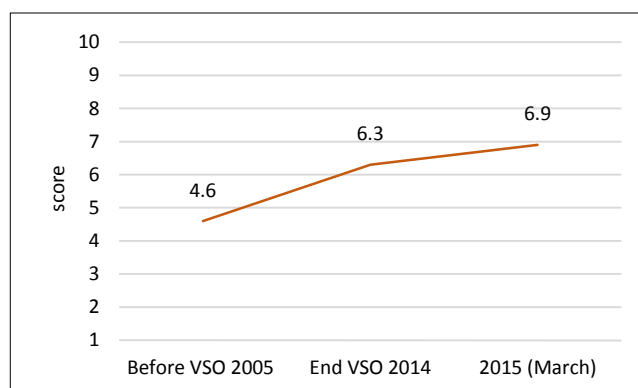
A self-assessment of skills development with VSO volunteers with a small samples of PCA staff suggested that skills across several of PCA's capacity elements have also been sustained, with a slight increase of 9% (Figure 13).

Figure 13:

Levels of skills of a small sample of PCA staff supported by VSO volunteers:

Average score of skills before and at the end volunteers' placement, and in March 2015. Scores: 1 = low, 10 = high.

(Source: Self-assessment by questionnaires completed by 4 PCA staff for 2 VSO volunteers 2011 – 2014. Five questionnaires were completed.)



Capacity gains (made with VSO support) that were not sustained

The capacity gains that were supported by the work of VSO volunteers that were not sustained (see Figure 12), are linked to the capacity elements 'finance and OD systems', 'proposal writing and funding', and project management'. The specific capacity gains not sustained (see Table 3) include:

- Organisation capacity assessments,
- Training by PCA for their staff in how to write funding proposals,
- VSO grants,
- Use of the analytical tool 'survey monkey'.

The reasons for the sustainability of some capacity gains and the decline in others is discussed next.

3.5.5 Factors enabling and hindering the sustainability of capacity gains in PCA created with VSO volunteers

The focus section is to explore the question:

What are the key factors in whether or not capacity development was subsequently sustained?

This section explores the factors that have enabled and hindered the sustainability of capacity gains of PCA that were supported by VSO. The period explored is from 2014 to March 2015, following the closure of the VSO program in Sri Lanka.

Factors enabling capacity gains (made with VSO support) to be sustained

The key factors enabling the capacity gains created with the VSO volunteers, according to PCA staff, are shown in Figure 14. These factors are interlinked.

“PCA is a learning organisation, so we’re always adapting ... from the support of VSO volunteers”.
(PCA staff member)

VSO volunteers’ approach to capacity development (see Figure 8, sub-section 3.4.2 above) plays an important role in the sustainability of capacity gains. A key example is the use of on-the-job mentoring. Mentoring helps integrate new skills, ways of thinking, and use of systems and documents into the regular work and daily routines of PCA staff. This enables staff to become proficient and able to continue using their skills, ways of thinking, systems and documents after the VSO volunteers leave PCA. Other aspects of VSO volunteers’ approach are also crucial, such as basing capacity development support on a deep understanding of PCA and their context. This ensure capacity developments are directly relevant, useful, and within the realistic for PCA.

The formalisation of certain capacity gains into PCA’s formal policies, systems, procedures, and even mission, often represents a ‘structural change’ in that these gains become embedded in the way PCA works and operates. Formalisation also helps ensure that new staff learn about and use the capacity gains, and he latter are not lost when staff leave PCA.

Figure 14: Factors supporting the sustainability of capacity gains created with VSO volunteers 2014 – 2015
(Source: FGDs and SSI’s with PCA staff)

<p>Integrated into regular work</p> <p>New ways of thinking and skills, documents (e.g. reporting formats, training manuals, baseline questionnaires) and systems (e.g. finance, monitoring) - were integrated into the daily routines of staff for organisation and project management.</p>	<p>Leadership</p> <p>PCA leadership was actively involved in capacity development with VSO volunteers and PCA staff.</p>	<p>Other partner organisations</p> <p>PCA’s other partners continue to provide capacity developing support, e.g. USAID and CAFOD.</p>
<p>VSO approach to capacity development</p> <p>Capacity developments (e.g. skills, documents, systems) created through on-the-job mentoring, so that capacities were directly relevant to and integrated into work of staff as capacity was being explored and developed.</p>	<p>Formalised</p> <p>Capacity developments, such as ideology and approaches to peace building and social change, and interactive training – are formalised into organisation policies and processes, e.g. the OD manual; e.g. procedures to train new staff in interactive training methods.</p>	<p>Useful documents</p> <p>Templates, e.g. reports and monitoring data analysis; training manuals; OD manual, developed with VSI volunteers, are easy to use and can easily be modified.</p>
<p>Learning Organisation</p> <p>PCA have learnt how to constantly test and modify approaches and materials.</p>	<p>Demonstrating impact</p> <p>Easy to use process for analysing and reporting monitoring information enables PCA to demonstrate the impact of their work. Has directly enabled PCA to obtain further donor support, and expand into new areas, e.g. Ampara (Equal and Active Voices project, CAFOD).</p>	<p>On-going relationships</p> <p>PCA remains in touch with former VSO volunteers who continue to provide support to PCA, in particular with funding proposals (see main text in this report).</p>
<p>Working experience</p> <p>Skills are sustained through on-going use of the skills in work, and increasing experience.</p>		

On-going relationships with former VSO volunteers and VSO staff.

The experiences of PCA present an interesting and complex perspective in terms of the ‘sustainability’ of certain capacity gains developed with VSO volunteers. This experience relates in particular to the continued involvement of former VSO volunteers in the work and life of PCA. These professional and friendship-based relationships were reported to be very significant, and mutually beneficial. PCA is still in touch with all four of the former VSO volunteers, and the volunteer who became a PCA staff member.

One key area of on-going support is in proposal preparation. PCA writes their own proposals and then calls on support for feedback and editing of the proposal. This includes support by a group established by a VSO volunteers in UK, which involves visits to PCA offices in Sri Lanka. Another former VSO volunteer provided feedback on some of PCA’s funding proposals.

Senior PCA staff also continue to work with VSO volunteers overseas, for example a recent visit to Myanmar in 2015 to provide training in non-violent communication. ‘Friends and supporters’ (of capacity element ‘relationships’) include three former VSO volunteers who have worked with PCA¹⁸. PCA’s current board of directors includes a former VSO volunteer and former VSO staff member¹⁹.

“The PCA Training Manual is still used and adapted ... it’s a living document, and is easy for new staff to use”.
(PCA staff member)

A former VSO volunteer working with PCA provided support in finalising the ‘PCA Training Manual’ which was published in 2012, and continues to be used in PCA’s learning events and community-based workshops.

Another area of continued relationship is in debate on PCA’s approach and philosophy of non-violent communication. VSO volunteers also continue to provide important moral support to PCA.

A key point to note is that the PCA team did not view the continued support from former VSO volunteers as a dependency-type relationship. Rather it is seen as one that is mutually supportive, as illustrated for example by PCA contributing to training in Myanmar (see above). PCA also hosted three interns in 2014 sent to PCA by a former VSO volunteer.

PCA said they would like another VSO volunteer to work with them, to provide support in proposal writing.

Factors linked to decline in capacity gains developed with VSO volunteers’ support

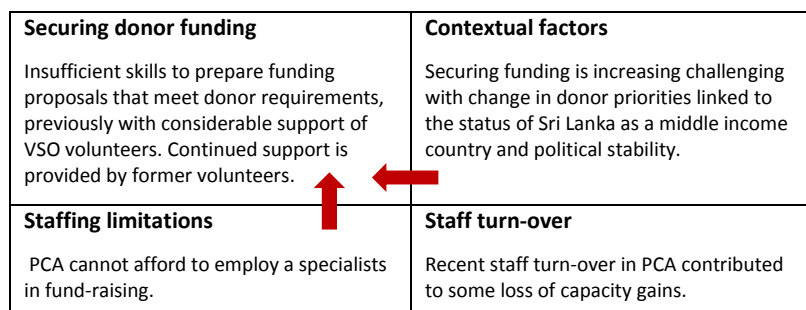
Figure 15 illustrates the key challenges faced by PCA in sustaining capacity gains developed with the support of VSO volunteers. These challenges are interlinked.

A key challenge has been securing funding. A key factor here is the change in the funding context. This is partly reflected in the decline in the number of PCA’s donor-partners between 2012 and 2015 (Figure 16). The close links that PCA fosters with ‘friends and supporters’ is one way in which PCA deals with the challenge of obtaining sufficient funding/income.

Although there has been recent staff turn-over some ‘loss’ of capacity gains (e.g. from women in leadership positions; e.g. analysing monitoring data). However, the loss of capacity gains from the departure of staff is also limited because many capacity gains have been ‘embedded’ into PCA’s way of working, approach, ideology, systems and procedures.

Figure 15:
Challenges faced by PCA in sustaining capacity gains developed with VSO volunteers.

(Source: FGDs and SSIs with PCA staff).



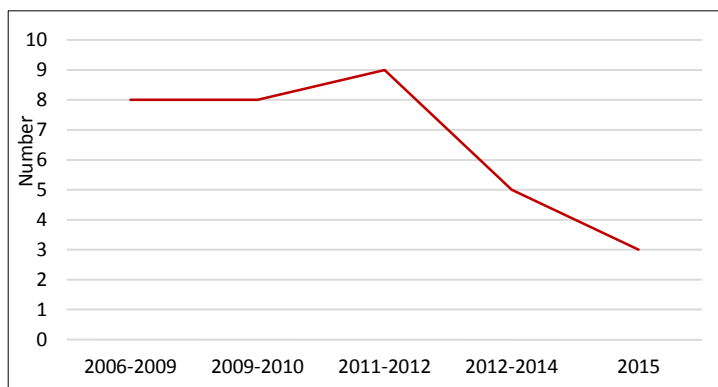
¹⁸ <http://www.pcasl.org/Friends-pca.html>

¹⁹ <http://www.pcasl.org/directors.html>

Figure 16:

Number of PCA partners, including VSO, (vertical axis) in each of five periods of time (between 2006 and 2015)

(n = 33, number of times PCA partners were mentioned).



3.6 Unique effectiveness of VSO's approach

3.6.1 Focus

The focus of this section is to explore the question:

What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?


This was explored through a FGD using matrix scoring, a FGD using flow diagram, and SSIs with individuals.

3.6.2 VSO's approach compared to other organisations

To explore the uniqueness and effectiveness of VSO's approach to capacity development approach of VSO, a FGD using matrix scoring a facilitated with the PCA team. The team first drew up a list of criteria that they would use to compare the various capacity developing approaches of PCA's partners. These criteria are interlinked. They are illustrated in Figure 17.

Figure 17: Approaches and effectiveness of capacity development: criteria used to compare all PCA partners' approaches to capacity development, and the position of VSO.

(Source: FGD with matrix scoring)

Criteria to compare the approaches of PCA's partners to capacity development	Ranking of VSO
<p>3. Making relationships</p> <ul style="list-style-type: none"> Quality of relationship the partner forms with PCA, and power dynamics (see Figure 19). <p>4. Working together</p> <ul style="list-style-type: none"> Extent to which the partner seeks to work <i>with</i> and support PCA, relative flexibility and decision-making in project and capacity development, <p>5. Content of capacity development approach</p> <ul style="list-style-type: none"> Extent to which capacity development focusses on PCA's core business (peace building); whether capacity development is 'internal' (e.g. organisation development) and/or 'external' (e.g. providing funding for projects, core costs), <p>6. Methodology of capacity development approach</p> <ul style="list-style-type: none"> Placement within PCA, short-term inputs, approach to skills & systems development (e.g. training, mentoring); extent to which partner supports PCA to work with communities, <p>7. Outcomes for beneficiaries</p> <ul style="list-style-type: none"> Extent to which the outcomes of capacity developments are for PCA as direct beneficiaries and/or the communities that PCA works with as ultimate beneficiaries. 	 <p>VSO ranked 2nd out of 19 partner organisations</p>

VSO compared to other partners

In a FGD using matrix scoring, the PCA team allocated a score of between 1 and 20 (where 1 is low, 20 is high) to each of the 19 partner organisations who have worked with PCA over the past 10 years. Overall, VSO was ranked second out of 19 of PCA's partners, in terms of effectiveness of capacity developing approach. CAFOD was ranked as first. The scores for CAFOD and VSO are summarised in Figure 18.

Figure 18: Effectiveness of capacity developing approaches of CAFOD and VSO, based on five criteria. Scores were allocated of between 1 and 20 (where 1 is low, 20 is high)

(Source: FGD with matrix scoring)

	Five criteria to compare the approaches of PCA's partners to capacity development					Total score
	Making relationships	Working together	Content	Methodology	Outcomes for beneficiaries	
CAFOD	10	15	16	18	18	77
VSO	15	15	10	15	15	70

The main differences between CAFOD and VSO are in the criteria 'content' and 'making relationships'.

CAFOD was ranked as first for several reasons. One reason is the long term commitment, where CAFOD has been working with PCA for over seven years. CAFOD scored higher for the criteria 'content' compared to VSO (and all other partners) because CAFOD provided both external and internal capacity development. External

capacity development was in the form of major funding support that, crucially, included core costs as well as project funds, as well as materials and equipment for PCA offices. CAFOD’s internal capacity development was for skills development for PCA staff and CBOs that PCA works with. In comparison, VSO mainly supported internal capacity development only.

For the criteria ‘content’ CAFOD was given a score of 16 compared to 10 for VSO because CAFOD’s capacity developing support focusses primarily on PCA’s core business of peace-building and transformation. VSO’s capacity development, on the other hand, is split between peace-building and organisation development. Organisation development is relatively less important than peace-building, although the former is still important to PCA.

For the criteria ‘working together’ both CAFOD and VSO gave freedom and space to PCA to practice their values of non-violence. PCA also decided what capacity developing support they wanted, rather than this being donor-led. In addition, CAFOD provided a great deal of flexibility to PCA on how they planned, budgeted and implemented projects (through ‘external’ funding) compared to most other partners. VSO scored slightly lower for ‘outcomes for beneficiaries’ because VSO’s beneficiaries of capacity development is PCA, whereas CAFOD’s beneficiaries are communities and CAFOD focussed more directly on the latter.

The criteria which VSO scored the highest compared to all other partner organisations including CAFOD was in ‘making relationships’.

Uniqueness of VSO

The high score of VSO in ‘making relationships’ was important to PCA because it forms the basis of the working-partnership between PCA and their partners, and is closely linked to the other criteria. The specific features that makes VSO uniquely effective and distinct from most of PCA’s other partners is as follows: -

“VSO is a partnership of working together ... respecting our ideas, expertise, skills ... and we theirs”
(PCA staff member)

- **Making relationships.** VSO volunteers are unique in the way they work; they put considerable effort in building good quality relationships. The difference between good and poor quality relationships are illustrated in Figure 19 below, and emphasised differences in power dynamics in particular;
- **Making relationships.** The professional relationships developed with VSO volunteers have the qualities in particular of what PCA calls ‘**real partnership**’ where there is deep mutual respect, understanding and trust in each other; in particular VSO accepts PCA’s mission and vision; does not force any ideas on PCA, power is equal between PCA and VSO volunteers,
- **Methodology.** VSO’s approach where volunteers are engaged in **placements** as team members. VSO volunteers are seen part of PCA, and it is this that enables them to form good quality working relationships,
- **Methodology.** Being in placements as team members enables VSO volunteers to develop skills and confidence through **mentoring** as PCA staff carry out their work, and work together with volunteers. For the PCA team, short term training such as that provided by consultants is less effective than VSO’s placement approach because the learning process is interrupted when the consultant leaves. A VSO volunteer in a placement within PCA can provides mentoring that is on-going;
- **Methodology.** VSO volunteers’ training is **participatory**, learning together rather than ‘teaching’; volunteers localise theoretical aspects of work/ideas and make them **practical** for the local context,
- **Methodology.** Being a team members enables VSO volunteers to gain a deep **understanding** of PCA and PCA’s context, and base capacity development on this understanding,
- **Working together.** VSO and PCA explored issues, challenges and capacity development together, through a mutual learning process, over time.

“The volunteer spoke of ‘humanity’ rather than a program approach. This is great thinking ... has impacted on how staff approach the communities”.
(PCA staff member)

“Rather than a short training ... need to be with people all the time to build relationships that are essential to learning and capacity building”.
(PCA staff member)

“We gave VSO volunteers space to work in PCA and not be restricted”.
(PCA staff member)

The other 3 most important partners to PCA, aside from VSO, also had good quality working relationships with PCA. This included understanding of what PCA is trying to achieve, mutual respect and trust.

Figure 19: Qualities of good, medium, and poor working relationships between PCA and their partner organisations

(Source: FGD with flow diagram)

Type of relationship (good, medium, poor) and features of each type		
Good	Medium	Poor
<ul style="list-style-type: none"> ▪ Equal power ▪ Mutual respect of expertise ▪ Trust ▪ Mutual understanding of what PCA is trying to achieve, ▪ Belief in people development to change attitudes and behaviour ▪ Partner accepts what is needed on the ground by communities, ▪ Long term funding ▪ Flexible budget 	<ul style="list-style-type: none"> ▪ Some power imbalance, e.g. partner attempts to put their own ideas into PCA's programs, used PCA as their own staff, ▪ Power imbalance damages relationship between PCA and donor partner. 	<ul style="list-style-type: none"> ▪ Donor partner attempts to move power balance in their favour ▪ Says that there is an equal partnership but this is not what happens in practice ▪ Dictates what to do in projects, give orders ▪ Do not listen ▪ Does not believe in peace-building, people approaches ▪ Results in a power struggle, which is unproductive ▪ In such cases PCA seeks to end the relationship.

Annex 6.A: Participants who took part in the VSO evaluation with PCA

Name	Position in PCA/ in relation to PCA
Mr. Thayaparan	National coordinator, PCA
M. M. Sameer	Project officer, PCA
T. Rajendran	Team leader, PCA
C. Nandakuman	Project managers, PCA
M. G. Randima Lankani	Project officer, PCA
Finance officer	Finance officer PCA
4 Leaders from CBOs	CBOs working with PCA (direct beneficiaries).
Ms. Sureka	Former PCA staff member.

**ANNEX 7: Jaffna Social Action Centre (JSAC)
VSO post closure evaluation, 2015.
Report**

1. Jaffna Social Action Centre (JSAC)

This section presents the background to Jaffna Social Action Centre (JSAC).

1.2 Background to JSAC

JSAC is an NGO working in the Jaffna Peninsula and across the Northern Province. JSAC works with the most vulnerable member of society.

JSAC was founded in 2001, and became an NGO in 2003 under the auspices of UNHCR. During the final stages of the twenty-six year conflict in Sri Lanka, JSAC's the focus of JSAC's work was in relief and rehabilitation, much of which was with IDPs (internally displaced persons) in welfare centres. Following the end of the conflict in 2009, JSAC focus of work evolved from "responding to crisis situations to strategically addressing deep underlying development problems in a post-conflict scenario" (JSAC profile 2014).²⁰ JSAC currently has 23 staff members.

JSAC's vision

For communities to work together for a positive change: creating a future where rights are protected and socio-economic needs are met.

JSAC's mission

To work in partnership with communities to enable them to take responsibility for their socio-economic needs, to understand and claim their rights, and to ensure the protection of women and children.

1.2 JSAC's themes, goals and strategies

The following information is drawn from JSAC's strategic plan 2013-2016.

Themes. The core themes of JSAC's work include: Basic needs, Wellbeing, Livelihoods, SGBV response and protection, Child protection, Youth development, Participation and governance, and Non-violence and conflict transformation.

Strategic Goals. JSAC's strategic goals (2013-2016) include:

1. The well-being of every individual as they rebuild and revitalise their communities.
2. Communities to have access to sustainable livelihoods and to take responsibility for their own socio-economic development.
3. Women to be equal participants in society, able to access their rights and protected from SGBV.
4. Children to be protected from violence and abuse, and their rights upheld.
5. Communities to work cohesively to access their rights and participate in the local governance processes.
6. Communities to engage in the long-term process of conflict transformation, constructively addressing the root causes of conflict, such as inequality and social injustice

Strategies to achieve the goals. JSAC's strategies include:

- Rebuilding infrastructure & social structures;
- Revolving Livelihood Funds (RLF);
- Community based protection mechanisms;
- Community mobilisation;
- Capacity building;
- Cultural exchange;
- Advocacy;
- Adaptation to climate change.

²⁰ <http://jsacsrilanka.org/>

2. Evaluation methods

2.1 Key methods

The key methods used were:

- Focus group discussions (FGD),
- FGD's used with other tools: Matrix scoring, Flow diagram, Proportioning technique
- Semi-structured interviews with individuals (SSI),
- Self-assessment of skills development - questionnaire (by small sample of staff),
- Ranking,
- Review of Partners' documents and systems,
- JSAC's reports (secondary data),
- VSO volunteers' reports.

The methods used to explore VSO's key questions are listed in Figure A.

Figure A: Key methods used to explore the key questions in the Sri Lanka post-closure evaluation with JSAC

Terms of Reference questions	Sub-questions	Methods
1. How have local partners in Sri Lanka defined 'capacity'?	What does 'capacity to deliver services /project mean to you/ your organisation?	FGD + SSIs
	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 in order (1 = most important)
2. What contribution do partners think VSO made to developing capacity?	What was the situation (of each capacity element) <i>before</i> support from VSO volunteers?	FGD + SSI
	What capacity developing activities were carried out by individuals VSO volunteers?	Self-assessment questionnaire by Partner staff on skills development
	What capacity developments were left with the Partner at the end of each VSO volunteers' placement?	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?	FGD with Flow diagram
	What were the qualities of relationships with external partners?	
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 March 2015)?	FGD with Matrix scoring,
	What was the relative contribution of VSO volunteers' contributions compared to other organisations supporting Partners?	FGD 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?	
	What are the <i>most important</i> 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 functioning of systems, documents, reports, guidelines, website,
		JSAC's monitoring data.
5. What were unanticipated consequences of VSO's capacity development work?	What were unanticipated consequences of VSO's capacity development work?	SSIs with Partners
6. 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?	FGDs
	What were the factors that supported and hindered this process?	SSIs with Partners
		FGD with proportioning technique
	What were the qualities of individual VSO volunteers and the way they worked?	FGD + SSIs
7. What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?	How do the approaches used by VSO and other organisations differ?	FGD with matrix scoring
	What makes VSO's approach unique and effective relative to other organisations working with Partners?	SSI

2.2 VSO international volunteers who worked with JSAC

There were three VSO volunteers who worked with JSAC between 2005 and 2014. Just one volunteer was in a long terms placement. This was for 2.5 years from 2011 to 2014. The volunteer then remained working with JSAC. The previous two volunteers worked with JSAC in medium and short term placements. The first volunteer worked with JSAC between 2005 and 2006. The second volunteer worked with JSAC for approximately 3 weeks in 2008 to explore the possibilities of a VSO placement with JSAC following the cessation of civil conflict in Sri Lanka.

The most recent VSO volunteer to work with JSAC and supported most of VSO's capacity developing support over all, was still working for JSAC at the time of the post-closure evaluation. On the one hand, this had the advantage of providing very valuable insights into the capacity development processes of JSAC. The former-volunteer was very generous in this regard. However, the fact the fact that the volunteer was a current a JSAC staff member made it problematic to assess the extent to which capacity developments supported by VSO had been sustained. As such, the question of sustainability could not be explored in the same way as for the other case-study partners participating in the post-closure evaluation. The other key questions were explored with the JSAC team in what was an extremely valuable and creative process, providing important learning for VSO.

3. Key Findings: Jaffna Social Action Centre (JSAC)

Part 3 presents a summary of the key findings of the VSO post-closure evaluation with JSAC in March 2015.

3.1 What is ‘capacity to achieve goals and deliver projects’?

3.1.1 Focus of this section

The question explored in this section is:

How have local partners in Sri Lanka defined ‘capacity’? (- in the context of VSO’s organisational capacity-development interventions).

3.1.2 JSAC’s definitions of capacity

JASAC’s definition of ‘capacity to achieve their goals and strategic priorities, and to deliver community-based projects for social change’ are illustrated in Figure 1. JSAC’s definition of capacity consists of six ‘capacity elements’. These capacity elements are compound indicators, some of which have been further divided into ‘specific indicators’ where appropriate. These are illustrated and explained in Table 1. JSAC’s capacity elements are all interlinked.

Figure 1:

JSAC’s six ‘elements of capacity’ to achieve their goals and strategic priorities, and to deliver community-based projects for social change.

(Source: FGD, SSIs with JSAC staff).



Table 1: JSAC's definition of capacity to achieve their goals and strategic priorities, and deliver Community based projects for change: key elements of capacity, description of each element, and indicators to assess change in each capacity element. (Source: FGD, SSIs with JSAC staff).

Capacity element (compound indicators)	Specific indicators	Description
1. Number staff trained	Number staff trained	Number of staff trained in technical and management skills
	Skills of staff	Skills and knowledge of staff
2. Documents (+ systems)	Availability of documents electronically or paper-based	Documents include: policies, reports, manuals, guideline, templates, leaflets, procedures; and systems that went along with these documents.
3. Strategies for JSAC's sustainability	Income	
	Sustainability strategy	Availability of a 'sustainability strategy' and extent to which JSAC shares this strategy with donor-partners.
	Assets	Land, equipment, materials, building, vehicles.
4. Projects successfully implemented	Number of projects successfully implemented	'Successfully' means the project is completed according to plans.
	Impact for intended beneficiaries	Has a beneficial impact on the lives of ultimate beneficiaries
5. Scale of JSAC's reputation	Number new donors who approach JSAC to become partners.	'Reputation' means how well JSAC is known amongst stakeholders, e.g. INGOs, donors, government, networks. New partners who seek to work with JSAC.
	Number of letters of appreciation.	Letter of appreciation from partners, beneficiaries, other stakeholders.
6. Networking	Number of networks JSAC is a member of.	Number of different networks.

3.2 VSO Volunteers' contributions to JSAC's capacity development (2005 - 2014)

3.2.1 Focus of this section

The question explored in this Section is:

What contribution do partners think VSO made to developing capacity (as defined by JSAC themselves)?

The section covers the period before VSO volunteers support to JSAC (2005) to the time of VSO volunteers' support to JSAC (2006 to 2014).

3.2.2 JSAC capacity development: contributions by VSO volunteers 2005 - 2014

Overall change in JSAC's capacity from 2005 to 2014

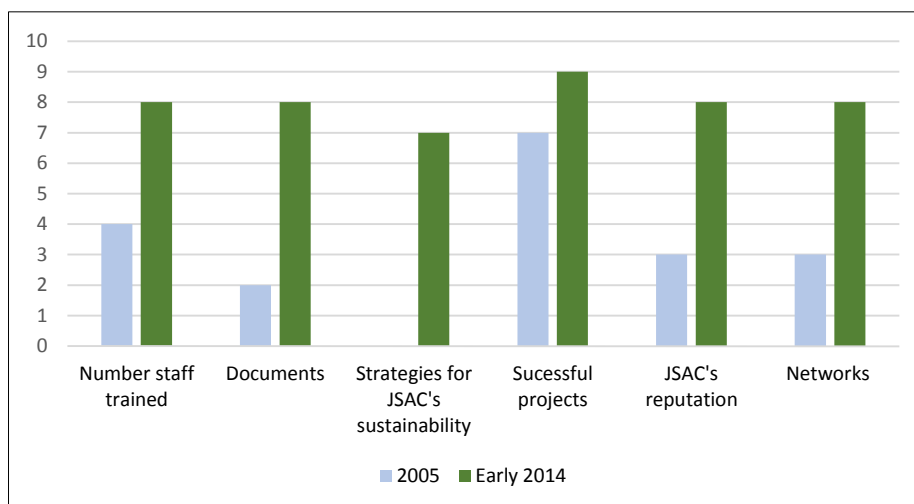
The JSAC team assessed the overall change in capacity of JSAC between 2005 and 2014 through a FGD using matrix scoring. The JSAC team assigned a score of 1 to 10 to each of the six capacity elements (10 = high/ full capacity, and 1 = low capacity). The overall results are illustrated in Figure 2.

The JSAC team reported a gradual increase in the capacity of JSAC over this time period, with average score of all capacity elements increasing from 3.2 in 2005 to 8 by March 2014.

However, it is essential to note that these scores include capacity developments supported by other partner organisations of JSAC, and not only that of VSO and VSO volunteers. The *relative* contribution of VSO compared to JSAC’s other partner organisations will be explored later in sub-section 3.2.3 below.

Figure 2: Broad improvement in the six capacity elements of JSAC: capacity before VSO support (2004) compared to the capacity by the closure of the VSO program in 2014. (Note: this data includes capacity developments supported by all of JSAC’s partners, not only VSO).

Scores 1, where 1 = low capacity, and 10 = high capacity. (Source: FGD-matrix scoring, with 4 JSAC staff).



Sub-section 3.2.2 continues with an overview of the specific contributions of VSO volunteers to the capacity development of JSAC.

Capacity developments supported by VSO volunteers

The capacity developments supported by VSO volunteers in the six ‘elements of capacity’ as defined by JSAC are illustrated in Table 2. The majority of support was provided by the most recent volunteer who was in a long-term placements (2011 - 2014), compared to the other volunteers in shorter placements. However, the volunteer placements (2005 - 2006; and 3-4 weeks in 2008) were essential to JSAC’s capacity development, providing a foundation on which JSAC’s subsequent capacity development was built.

Table 2: Summary of the main capacity development contributions by VSO volunteers 2005 - 2014, in relation to JSAC's definition of 'capacity to achieve their goals and strategic priorities, and deliver community-based projects for social change'

(Source: FGDs with JSAC staff; self-assessment of change in skills by JSAC staff; SSI's with JSAC staff; review of JSAC documents; VSO volunteers' final reports).

Capacity element (compound indicators and specific indicators)	Situation prior to VSO support (prior to 2005)	Capacity developing support provided by VSO volunteers to JSAC (2005 - 2014)
1. Number staff trained		
Number staff trained	Relatively less structured training of staff.	Focus on structured training and mentoring of staff based on job roles; numbers of staff trained in specific topics related to their job roles increased (2011 - 2014).
Skills of staff	Skills of staff primarily in delivering emergency relief limited to work of ICNR (2005).	Skills developed to identify community emergency relief needs, plan and manage activities; ensure these activities were appropriate, e.g. type of housing built. Skills development also in team building, leadership, communications. PRA (participatory rural appraisal). 'Bridge Model' to assess past, present, future needs. Training and facilitation skills (2005 - 2006). Specific focus on developing skills of the current director of JSAC (2005 - 2006).
	As the context and JSAC's focus changed with move from a relief to community development context (e.g. resettlement, livelihoods) – further skills were needed (2011 - 2014)	Skills developed in (2011 - 2014)
2. Documents (+ systems + skills)		
Availability of documents electronically or paper-based (+ associated systems)	JSAC's 'documents & systems' set up to manage emergency relief only with partners such as ICNR. Following tsunami, INGO-donors seeking to work in partnership with national NGOs such as JSAC. JSAC lacked the 'documents & systems' to work effectively in such partnerships. JSAC overwhelmed by donors wanting to work with them.	Organisation assessment and capacity development, how to do an organisation audit including assets, long-term capital (2008).
		Created a new JSAC vision and mission, finance, reporting, planning, project management (2005 - 2006). Modified and updates JSAC's visions and mission (2011-2014).
		Carried out an organisation capacity assessment (workshop), (2001-2014).
		Contributed to organisation capacity and capacity building handbooks. Created several management documents and processes: staff competences, training needs assessment grid, HR policies, branding and marking, organisation profile, (2011-2014).
		Project management and development (skills and processes): M&E, planning, objectives, theory of change. (2011-2014)
		Developed communications capacity (skills and processes): JSAC's website, use of PowerPoint, letter writing, communications strategy, case studies, photography (2011-2014).
		VSO volunteer facilitated learning exchanges, tours, conferences, action-research workshops (part of the EIDHR project), to support skills development and knowledge sharing for JSAC staff (2011-2014).

3. Strategies for JSAC's sustainability		
Income	Income levels in period 2001 – 2005 was SR 156.3 million.	How to develop funding proposals (2005 - 2006; 2011 - 2014). Support to change in income SR327.2 million in (2006-2010); followed by a decline from 2011 to 2013 (see Figure 4). This was linked to a change in JSAC's strategic focus from providing relief materials (e.g. housing) to community development requiring less funds.
	JSAC had two donor-partners.	Making links to new donor partners proposals, through meetings, and learning donor processes (e.g. how to register JSAC for European Union funding). Substantial increase in number of donors supporting JSAC (2005 - 2014), (see Figure 4). Approximately three-quarters of JSAC's current donor-partnerships were created with support of VSO volunteers (see Figure 7 in Section 3.3).
Sustainability strategy	In 2005 JSAC as heavily reliant on two donor-partners. JSAC's vision and mission needed revising as JSAC's adapting to meet the changing context of emergency relief (e.g. support communities affected by the tsunami).	When UNICEF ceased funding in 2006, the VSO volunteer introduced the concept of sustainability (2005 - 2006). A subsequent VSO volunteer supported JSAC to develop a strategy for sustainability, documented in a strategy paper by 2014 (2011 - 2014).
		Improved ability of JSAC to negotiate with donor-partners for partnership agreements that are aligned with JSAC's vision and mission, and remain so during project implementation, with joint decision-making (2005 - 2006; 2011 - 2014).
Assets		Support to obtain donor-funding support enabled JSAC to build their assets (office, equipment, funds).
4. Projects successfully implemented		
Number of projects successfully implemented		Organisation development (OD) and project management capacity developing support of VSO volunteers (especially 2011-2014) enabled JSAC to successfully implement their projects, according to the JSAC team (see text in this report).
Impact for intended beneficiaries		Monitoring of number of beneficiaries engaged with JSAC projects (as part of support to developing project management systems, documents, skills), (2011-2014).
5. Scale of JSAC's reputation		
Number new donors who approach JSAC to become partners.	JSAC had a reputation amongst donors as a viable potential partner.	According to JSAC, the Organisation development (OD) support of VSO volunteers enabled JSAC to success deliver projects, which improved JSAC's reputation amongst donor, government, communities and other actors. 24% of JSAC's donor-partners (2001-2014) approached JSAC directly (see Figure 7).
Number of letters of appreciation.	No data.	The JSAC team reported they had letters of appreciation (although no examples provided).
6. Networking		
Number of networks JSAC is a member of.		The EIDHR project of VSO supported JSAC's work with some networks, such as taking community concerns to national forums.

Capacity development support of VSO most valued by JSAC

The capacity developments supported by VSO volunteers there were most valued by the JSAC team include:

- Revision of JSAC's vision, mission and organisation strategy as JSAC grew and evolved;
- Negotiating and managing donor-partnerships;
- JSAC's organisation-wide documents and systems for organisation development and project management;
- Proposal development for funding and making links with donor-partners;
- Skills development of staff;
- Strengthening JSAC's overall sustainability.

Many of the capacity developments supported by VSO volunteers are interlinked, where developments in one capacity element improves another capacity element. Key examples are discussed below.

The JSAC team reported that a valuable contributions of VSO volunteers between 2005 and 2014 was their support in modifying and revising JSAC's vision, mission and strategy. This in turn supported JSAC to evolve and grow in response to changing context in several important ways. One way included JSAC's capacity to respond to the changing community needs initially for emergency relief following the tsunami, for example, to community development and resettlement in more recent years. JSAC has responded through an evolution in the nature of their strategies and project activities (e.g. SGBV response and protection, supporting livelihoods, participation and governance).

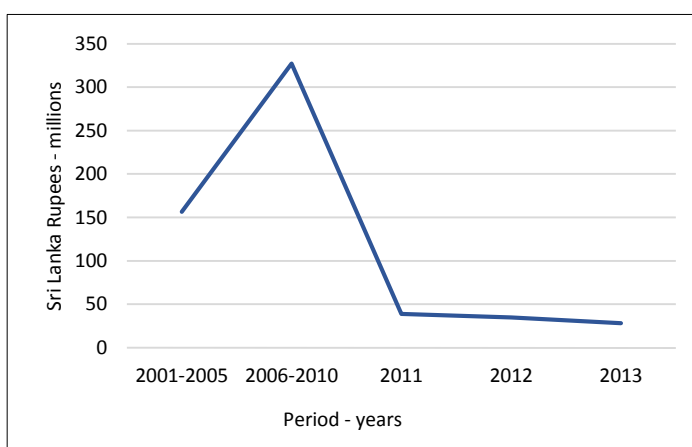
A key contribution of VSO volunteers' capacity developing support that was valued by the JSAC team, was their improved ability to negotiate partnership arrangements with donor-partners that were in line with JSAC's vision, mission and strategies. JSAC donor-partnerships were based on a more equal more balance where JSAC was not simply the 'implementing partner' of the donor. This stemmed from volunteers' support to JSAC's organisation development (OD), in particular development of 'documents and systems' (capacity element 2), and their leadership capacity and skills in negotiation, confidence and communication (capacity element 1). These capacity developments also made JSAC a more attractive partner for donor organisations for funding support (capacity element 3); as well as contributing to improving JSAC's reputation (capacity element 5).

Linked to developments in OD and project management another key contribution valued by JSAC was the support of VSO volunteers in funding proposal preparation and income sources for JSAC. JSAC's income increased from SR156.3 million (Sri Lanka rupees) in the period 2001-2005, to SR327.2 million in 2006-2010 (Figure 3). Between 2011 and 2013, JSAC's income dropped from SR 38.9 million to SR 28.1 million. This reflects a change in JSAC's strategic focus from emergency relief to community development, rather than problems in securing donor funding. The reason is that community development projects require much less funding than emergency relief which involves considerable materials and equipment.

Figure 3:

JSAC's income from donor-partners between 2001 and 2013, in millions of Sri Lanka Rupees.

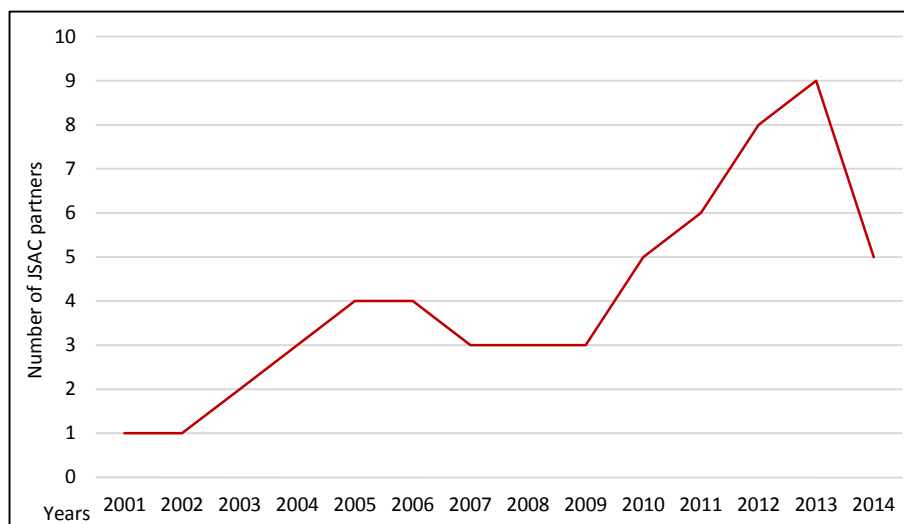
(Source: JSAC's records)



Over time, JSAC's income has been provided from a wider range of donor partner partners. The number of donor-partner working with JSAC rose steadily from 1 in 2011, to 9 by 2013 (Figure 4). Three of these partnerships have been for over 10 years, and more recent partnerships of 3 to 5 years²¹. For the JSAC team, the increase in the number of donor partners contributed to improving their sustainability because they were less reliant on a few donor-partners. (VSO's *relative* contributions to JSAC's income-generating processes are discussed further in Section 3.3 below). In 2014, the number of donor partners had fallen to 5.

Figure 4:
Number of donor partners supporting JSAC's capacity development between 2001 and 2014, including VSO.

(Source: JSAC Profile 2014).



The JSAC team reported that the successful delivery of their projects has improved from a score of 7 to 9 between 2005 and 2014 (Figure 2), (capacity element 4). Much of this was due to the capacity developing support of VSO volunteers in project management (documentation processes, systems, skills, (capacity element 2).

The JSAC team said that the increase in JSAC's 'reputation' (capacity element 5) from a score of 3 in 2005 to 8 in 2014 (Figure 2), was due in largely to the capacity developing support of VSO volunteers; in particular, the quality of JSAC's documents (capacity element 2) such as reports to donors, JSAC's strategic plan 2013-2016, JSAC's website, and the quality of email communications.

Outcomes and impact of JSAC's capacity development supported by VSO volunteers

The links between the capacity developing support of VSO volunteers and subsequent contributions to outcomes and impact for JSAC's direct and ultimate beneficiaries were explored to some extent. The JSAC team provided some examples from their experiences. A key example is that through the improvements in project management, JSAC has been better able to identify community needs and design and deliver projects to meet these needs. An example is the fishing project to improve livelihoods, where family-groups are provided with fishing equipment²².

JSAC provided numerous case studies and examples of how their work has impacted on the lives of the people they work with (ultimate beneficiaries)²³.

²¹ JSAC records: 'JSAC Profile 2014'.

²² <http://jsacsrilanka.org/wordpress/portfolio/murugesu-jeyarasafisherman/>

²³ <http://jsacsrilanka.org/wordpress/case-studies/>

3.3 Alternative explanations for capacity developments in JSAC

3.3.1 Focus of this section

The question explored in this section is:

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

The section covers the period of VSO volunteers support to JSAC from 2005 to 2014.

This question will be answered by setting the capacity development contributions of VSO volunteers in the context of the overall capacity development of JSAC (very broadly). As already discussed, Figure 2 (in 3.2.2 above) illustrates the changes in each of JSAC's capacity elements between 2005 and 2014. This includes contributions by VSO. This section explores the *relative* contribution of VSO to JSAC's capacity development compared to other JSAC partners, and other factors influencing capacity development.

3.3.2 VSO volunteers' relative contribution to overall JSAC capacity development

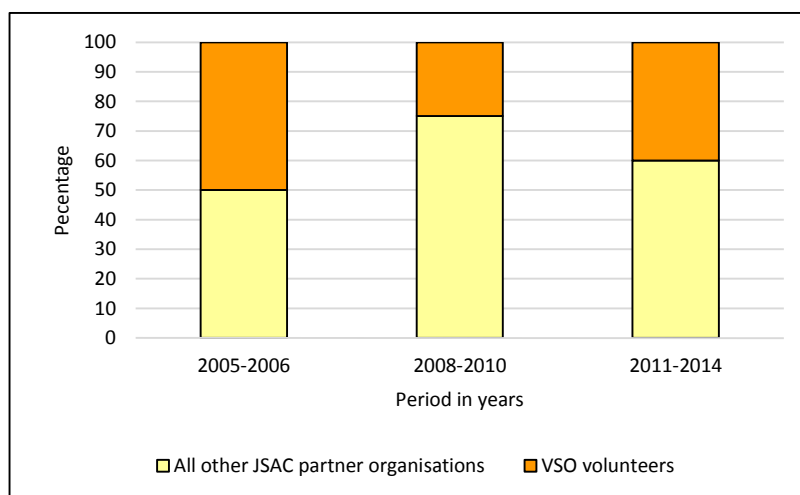
Although VSO has played a very significant role in the capacity development of JSAC, other partners have also supported JSAC's development at the same time. The JSAC team estimated the proportion of VSO's contributions to JSAC's capacity development relative to JSAC's other partners. This was carried out through a FGD using matrix scoring, and proportioning technique. The results are shown in Figure 5. It is important to note that these percentages are qualitative estimations by the JSAC team, and are not based on quantitative data and analysis. The 'periods of time in years' are linked to the VSO volunteer placements. The reason for this is so that the *relative* contributions of VSO volunteers work can be explored.

Overall, the JSAC team attributed between 25% and 50% of JSAC's capacity development to the support of VSO volunteers. The *relative* contribution of VSO volunteers links to all six of JSAC's capacity elements, and includes the 'added value' of VSO's contributions. These are discussed below.

Figure 5:

Relative contribution (percentage) of VSO volunteers and all other JSAC partners, to JSAC's capacity development 2005 and 2014.

(Source: FGD with proportioning technique).



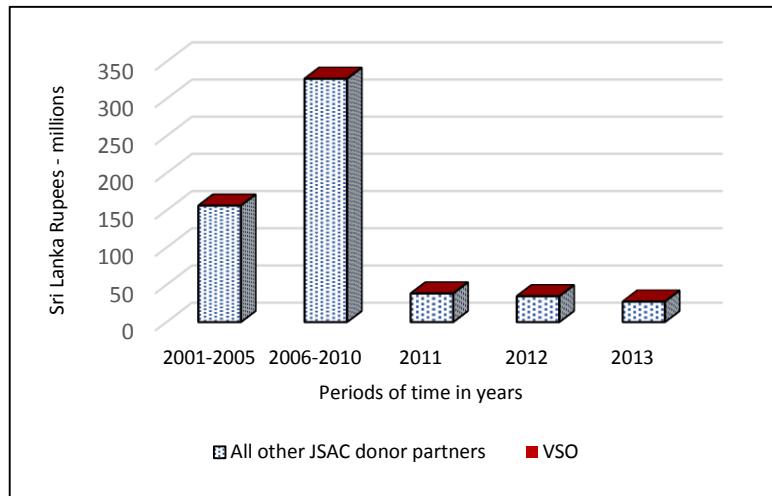
Interplay of capacity developing support by VSO volunteers and other partners of JSAC

Overall, VSO contributed directly to just 2% of JSAC’s income, through VSO grants (Figure 6).

Figure 6:

Income provided to JSAC by VSO and all of JSAC’s other partners (Sri Lankan Rupees, millions), between the periods 2001 to 2013.

(Source: JSAC’s records)



However, the JSAC team explained that VSO volunteers’ contributions to JSAC income went far beyond VSO grants. VSO volunteers played an instrumental role in developing JSAC’s capacity to prepare successful funding proposals. VSO volunteers also played a key role in forming links with new donor-partners (Figure 7). Of all the donor-partnerships between 2001 and 2014, three-quarters were created by VSO volunteers. Given this, JSAC argued that VSO volunteers made a major contribution to JSAC’s income.

Donor links created by VSO volunteers were mainly created through the personal contacts of the volunteers.

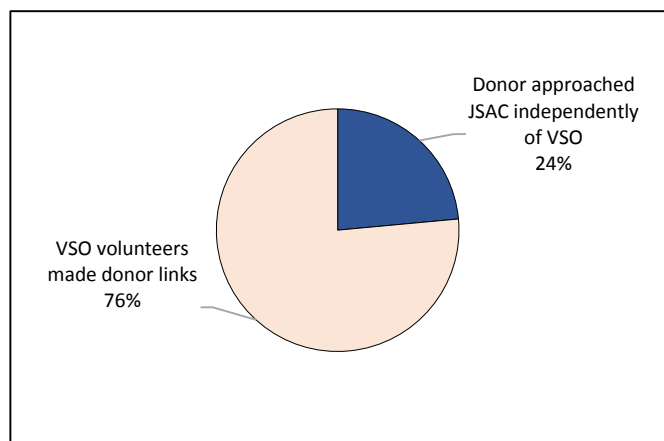
VSO volunteers’ capacity developing support in OD and project management also made JSAC a viable and attractive partner for donor-agencies. This is evidenced by the fact that (according to the JSAC team) a quarter of their donor-partners approached JSAC to form Partnerships (rather than JSAC approach the donors), (Figure 7).

Figure 7:

Actors who made connections for JSAC with donor-partners: connections to donor partners made by each actor-group, as a percentage of all connections made, (from 2001 to 2014).

(n = 20 connections between JSAC and partners/ donor partners)

(Source: FGD with flow diagram).



VSO volunteers brought much ‘added value’ to the capacity support of JSAC’s other donor-partners. This was through volunteers working with JSAC staff on projects funded by JSAC’s donor-partners. The contributions JSAC’s other partners are also made more effective by JSAC’s improved project management skills, systems and processes, and on-going mentoring support by VSO volunteers.

Training provided by other organisations

JSAC's development in skills and systems was also supported by other partners, who provided in training in some similar areas to VSO. Examples include training in project management, gender, and participatory rural appraisal (PRA), (2004-2006). Other partners also organised learning and exchange visits for JSAC staff to other projects, for example in organisation development, and disaster mitigation. Another partner provided training in proposal writing, how to evaluate projects, and project planning using the logical framework approach (20013-2014).

Long term support

For JSAC, the long term support of some of their donor-partners, such as USAID (working with VSO), enabled JSAC to achieve impact on the lives of ultimate beneficiaries.

3.3 Internal and external factors supporting capacity development in JSAC

Another explanation for the capacity development gains supported by VSO volunteers are factors internal to JSAC and the external context (Figure 8). These factors, according to JSAC's perceptions, accounted for about 20% of JSAC's capacity developments, and support by JSAC partners including VSO accounted for 80% (FDG with proportioning technique).

Figure 8: Internal and external factors supporting capacity development in JSAC

(source: FGDs and SSIs with JSAC staff)

Internal JSAC factors supporting capacity development	External contextual factors supporting capacity development
<ul style="list-style-type: none"> ▪ JSAC staff commitment ▪ Talented staff ▪ New JSAC office 	<ul style="list-style-type: none"> ▪ Following the tsunami in 2005, substantial donor funding was available. JSAC was one of a few NGOs at the time with the capacity to work with INGOs to manage and deliver relief projects. ▪ Government regulations supported project work. ▪ Ceasefire and peace/ political situation ▪ New government in 2015

A key external factor supporting the capacity development of JSAC was that JSAC had many opportunities to work with donor-partners and INGOs, because few other national NGOs based in Jaffna had the capacity of JSAC, at the time. It was easier to obtain funding because of the increase in international donor funding. Another key factor was the end of civil conflict, and support of government regulations.

3.4 How change in capacity happens

3.4.1 Focus of this section (2006 - 2014)

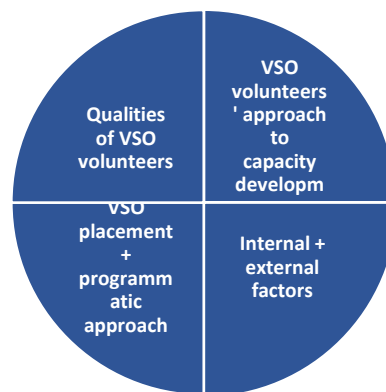
This section explores the question:

What are the key factors in whether or not capacity development was initially successful?

This focusses on the capacity developing work of VSO volunteers with JSAC for the period 2006 to 2014 (when the VSO program in Sri Lanka closed in March 2014). The factors that enable and present challenges in capacity development are interlinked. For clarity these are separated out below.

3.4.2 Factors enabling JSAC’s capacity development with VSO volunteers

The JSAC team identified several factors that enabled the successful capacity developing work with VSO. These have been grouped into four areas, shown in the diagram. Each of these are explored in detail below.



Qualities of VSO volunteers

The qualities of the VSO volunteers that were valued by the JSAC team are illustrated in Figure 9. For JSAC, all four categories are important and together was what enabled volunteers to form good working relationships.

Figure 9:

Qualities of VSO volunteers that enable capacity development

(Source: FGDs and SSIs with JSAC staff)

<p>Personal</p> <ul style="list-style-type: none"> Patient Friendly, open Does not scold Willingness to help colleagues Committed and hard working See him/herself a member of the team 	<p>Professional</p> <ul style="list-style-type: none"> Well qualified in areas of expertise Experienced Bringing new ideas and ways of doing things
<p>Interacting</p> <ul style="list-style-type: none"> Asking questions Exploring ideas deeply with colleagues Encouraging others to express their views Encouraging others to think through problems or challenges and find their own solutions Treating everyone the same way Get immediate response (e.g. for mentoring), no delay. Acts according to our culture 	<p>Social</p> <ul style="list-style-type: none"> Participate in social events Form friendships with colleagues Get to know colleagues families

VSO volunteers approach to capacity development with JSAC

Figure 10 illustrates the approach used by VSO volunteers that according to the JSAC team supported effective capacity development. The ‘approach’ includes *what* VSO volunteers do, which are the strategies they use; and *how* they use all these strategies. The latter includes the qualities of interactions between volunteers and JSAC staff, as well as other stakeholders. The approaches are interlinked.

“The VSO volunteer talks deeply and exposes ideas freely”.
(JSAC staff member)

For the JSAC team, VSO volunteers’ a key strategy to capacity development can be encapsulated as a ‘**coiling mechanism**’. VSO volunteers do not simply give one-off trainings in how to develop systems, for example.

Rather, they develop capacity for individuals (skills) and organisation (systems, documents, procedures, strategy) at the same time, so that change is happening at both the organisation and individual levels. VSO volunteers create new systems (documents, procedures etc.,) *with* JSAC staff and train them *how to use* these systems. This is through training courses and mentoring-on-the-job. Over time there is a gradual development for individuals and the organisation as upward moving coil.

For the JSAC team, the focus of successive VSO volunteers on JSAC’s organisation development (OD) was extremely effective in developing the JSAC’s capacity, and “making JSAC a stronger organisation” (JSAC staff member). Organisation development enabled JSAC to design and deliver projects more effectively for ultimate beneficiaries, as evidenced by the many case studies and stories from beneficiaries²⁴. OD also increased the sustainability of JSAC, through being able to form relationships with a range of donor-partners.

“VSO volunteers are a part of us, of JSAC, they understand our operational context”.
(JSAC staff member)

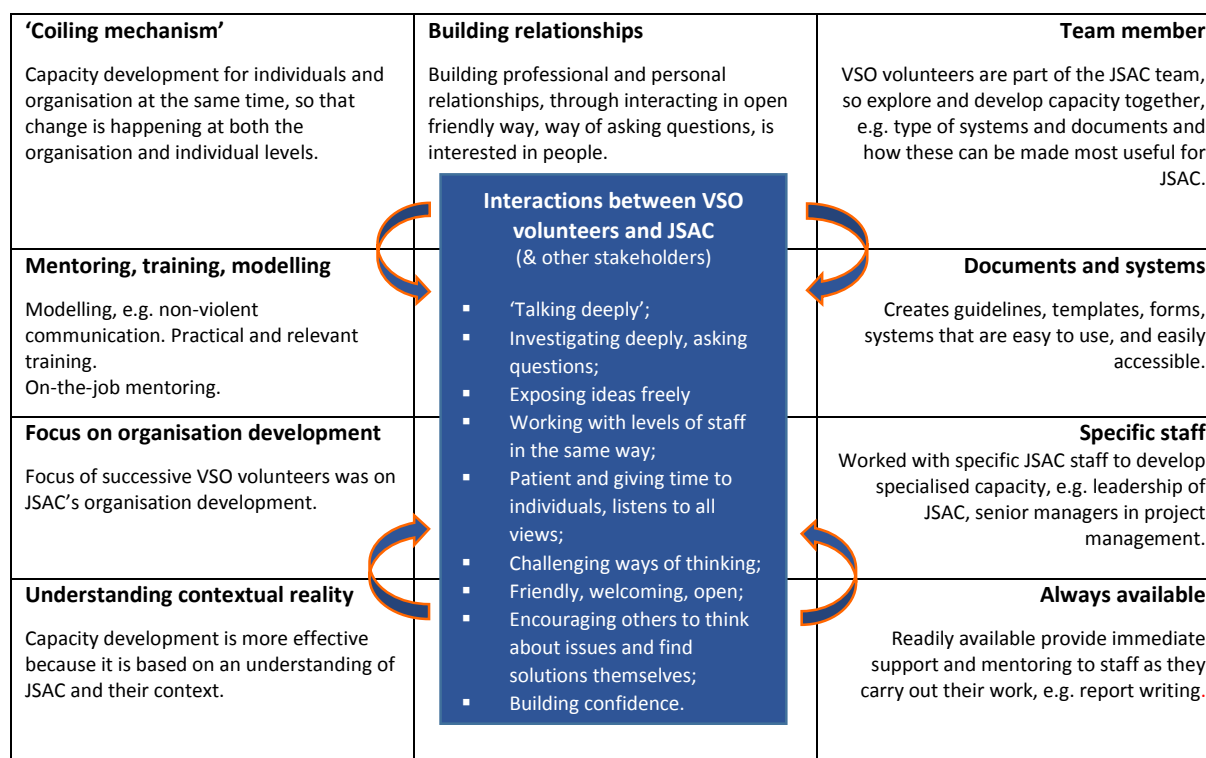
“The VSO volunteer acts according to our culture. For example, she absorbed our culture into the JSAC website”
(JSAC staff member)

The fundamental essence of VSO volunteers’ approach is the way volunteers formed working relationships with and interacted with colleagues in JSAC. The team valued the way volunteers ‘talked deeply’, through asking questions. This enabled ideas to be ‘exposed’ and explored. The volunteers helped the team find gaps and weaknesses in JSAC, and to move forward easily from this understanding. This way of exploring also enabled VSO volunteers to

understand JSAC and their context, which better enabled them to address capacity. Good working relationships and the presence of VSO volunteers as team-members enabled them to mentor individuals as they were working. This made skills development more effective because individuals could get immediate support from the volunteer. For example, when writing reports or case studies, staff can show these to the volunteer and get immediate feedback and improve the report/case study straightaway. This enables people to *learn as they are working*. Also, volunteers asked staff to do activities first, e.g. write reports, after which she/he gives feedback.

Figure 10: Approach used by VSO volunteers working with JSAC that enabled successful capacity developments

(Source: FGDs and SSIs with the JSAC team)



²⁴ <http://jsacsrilanka.org/wordpress/case-studies/>

VSO’s placement and programmatic approach

Although the work of the short-term volunteer was very useful, for JSAC, long term volunteer placements are most useful. This is because of the time it takes to understand JSAC, the context, form good working relationships. Organisation development (OD also takes time; in terms of creating and systems and documents *with* staff, and the time needed for mentoring as staff learn how to use these systems and documents in their daily work. Also, successive volunteers can build on developments of previous volunteers, for example JSAC’s strategic plan, vision and mission.

“The VSO volunteer is external but also within JSAC and internal”.
(JSAC staff member)

The programmatic approach of VSO, such as activities supported by the EIDHR project, enabled JSAC to be part of the ‘National Advocacy Program’. In this example, JSAC supported a process of taking community concerns into national policy making processes.

Internal and external factors supporting capacity development overall

The capacity developing work of VSO and other partners of JSAC was also influenced by internal and external contextual factors. These have already been discussed in section 3.3 above (Figure 8).

Overall, the JSAC team estimated that the relative contributions to JSAC’s capacity development (in terms of importance) was approximately: -

- Capacity developing support by **JSAC’s partners** (donors, VSO) = 65%
- Internal (to JSAC) and external **supporting factors** = 15%
- Internal (to JSAC) and external **hindering/challenging factors** = 20%

3.4.3 Challenges to JSAC’s capacity development

The key challenge or factors hindering JSAC’s capacity development including that supported by VSO volunteers, are illustrated in Figure 11. These challenges relate to JSAC internally, and the wider context.

‘Challenging factors’ were particularly important in the period 2006-2009 and accounted for about a third of all factors affecting JSAC’s capacity to deliver projects and achieve their goals (staff perceptions, FGD with proportioning technique). The challenges were linked to the civil conflict and the political situation. Government regulations limited the work of agencies such as INGOs. This meant that JSAC could not develop or implement projects in the most effective way possible to meet community needs. JSAC did not lose donor-partners, but projects were delayed. JSAC also received less capacity developing support.

Another more recent challenge has been the reduction in available donor funding due to the change in Sri Lanka’s status to a middle-income country; and change in donor thematic priorities.

Figure 11: Key challenges in developing capacity with JSAC

(Source: FGDs and SSIs with JSAC staff)

JSAC internally	External Context
<ul style="list-style-type: none"> ▪ High staff turnover (2004-2006) 	<ul style="list-style-type: none"> ▪ Civil conflict. ▪ Government regulations limiting the work of agencies such as INGOs ▪ Difficulties with travel and transportation, linked to the civil conflict ▪ Change in donor funding climate ▪ Close of VSO program in 2014.

3.5 Sustainability of capacity gains (2014 - 2015), (including VSO)

3.5.1 Focus of this section

VSO's questions related to sustainability were:

- **To what extent have capacity development gains been sustained since VSO's departure?**
- **What are the key factors in whether or not capacity development was subsequently sustained?**

'Capacity gains' refers the contributions made by VSO volunteers to the capacity development of JSAC between 2005 and 2014 (closure of the VSO program in Sri Lanka). These 'capacity gains' have been illustrated above in Table 2 (sub-section 3.2.2.).

However, as already explained above, it was difficult to assess the sustainability of the capacity development gains supported by VSO was problematic for JSAC because the most recent VSO volunteer was still working with JSAC (as a consultant, staff member). Areas of sustainability were explored as far as was possible with JSAC, given this situation. These are discussed below.

3.5.2 Sustainability of capacity development for JSAC overall

This sub-section briefly explores the extent to which the capacity developments support by all of JSAC's partners (including VSO) have been sustained between the closure of the VSO program in March 2014 and March 2015 (time of the VSO post-closure evaluation).

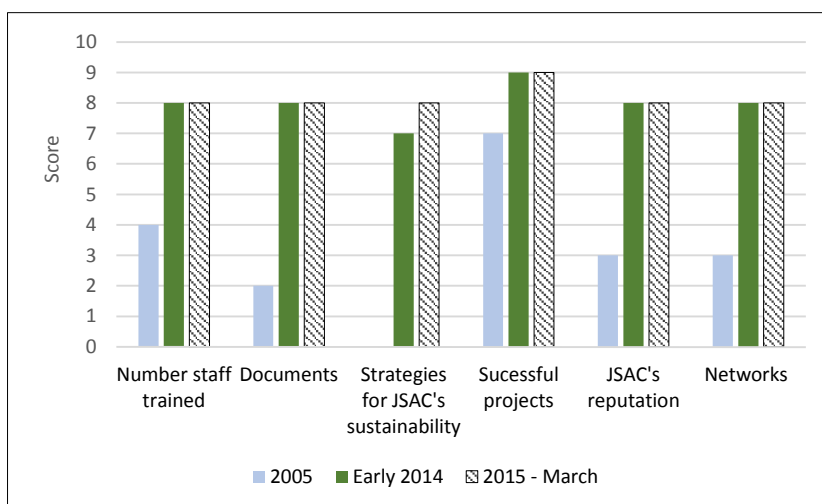
Figure 12 is an extension of the FGD with matrix scoring discussed in sub-section 3.2.2 (Figure 2) above. The JSAC team assessed overall change in capacity of JSAC between 2005 and 2015 through a FGD using matrix scoring. The JSAC team assigned a score of 1 to 10 to each of the nine capacity elements (10 = high/ full capacity, and 1 = low capacity). The capacity of JSAC for most of the capacity elements has remained stable between 2014 (closure of the VSO program) and March 2015 (time of the post-closure evaluation).

Figure 12:

Capacity developments of JSAC supported by all JSAC's partners including VSO, for all six capacity elements, in the periods 2005 (before VSO), early 2014 (closure of VSO program), and March 2015.

Each capacity element is scored between 1 and 10 (vertical axis), where 1 = low, 10 = high.

(Source: FGD with matrix scoring).



3.5.2 Exploration of sustainability of some of VSO volunteers' contributions to JSAC's capacity development since the closure of the VSO program in March 2014

Notes on JSAC's views on the sustainability of some of the capacity development gains supported by VSO volunteers, are illustrated in Table 3.

Sub-section 3.2.2 above (Figure 4) highlighted a decline in the number of donor-partners of JSAC (from 9 in 2013 to 5 in 2014). By March 2015, JSAC said the situation had stabilised, where JSAC was working with 6 donor partners²⁵. There is evidence that the capacity of JSAC to sustain donor-links because many of the meetings with donors are carried out by JSAC's director (this was taking place during the post-closure evaluation). No new donor-partnerships have been formed since March 2014.

Donor-relationships was also to a challenge faced by JSAC for funding/income in the near future. Currently, JSAC has funding-support until 2016, and sufficient funds for their project work. JSAC is currently exploring ways of diversifying their source of funding. The former VSO volunteer (now consultant), is providing support in this area, as well as in developing funding proposals.

There was evidence that the capacity gains in OD and 'documents and systems' are being sustained. When certain staff members were asked to provide a random sample of documents (during the post-closure evaluation), these were readily found on the JSAC systems.

The JSAC website continues to be maintained by the former VSO volunteer (now consultant), who is currently training another JSAC staff member to take over the management of the website.

JSAC staff reported that projects delivered with communities, and capacity development of CBOs was carried out entirely by the JSAC team.

²⁵ <http://jsacsrilanka.org/wordpress/our-projects/>

Table 3: Estimated sustainability of some of JSAC's capacity development gains supported by VSO, as at March 2015

(Source: FGDs with JSAC staff; self-assessment of change in skills by JSAC staff; SSI's with JSAC staff; review of JSAC documents).

Capacity element (compound indicators and specific indicators)	Capacity developing support provided by VSO volunteers to JSAC (2005 - 2014)	Situation by March 2015
1. Number staff trained		
Number staff trained	Focus on structured training and mentoring of staff based on job roles; numbers of staff trained in specific topics related to their job roles increased (2011 - 2014).	Staff continue to be trained in areas, as required. Much of this training is carried out by JSAC staff who worked with former VSO volunteer.
Skills of staff	Skills developed to identify community emergency relief needs, plan and manage activities; ensure these activities were appropriate, e.g. type of housing built. Skills development also in team building, leadership, communications. PRA (participatory rural appraisal). 'Bridge Model' to assess past, present, future needs. Training and facilitation skills (2005 - 2006). Specific focus on developing skills of the current director of JSAC (2005 - 2006).	PRA tools to explore development needs with communities are still being used. Team building & problem solving skills still being used, last used in 2014. 'Bridge model' still being used. Communication, leadership, training skills still being use although were adapted and developed further. The former VSO volunteer who became a JSAC staff member continues to provide mentoring support to staff.
	Skills developed in project management and organisation management, in various other capacity elements below (2011 - 2014)	Staff reported skills have been sustained, through regular use of these skills, which remain relevant to work practices and JSAC's goals and strategies.
2. Documents (+ systems)		
Availability of documents electronically or paper-based (+ associated systems)	Organisation assessment and capacity development, how to do an organisation audit including assets, long-term capital (2008).	JSAC team reported they still use the concepts of how to carry out an organisation audit including assets, long-term capital
	Created a new JSAC vision and mission, finance, reporting, planning, project management (2005 - 2006). Modified and updates JSAC's visions and mission; and developed JSAC's strategic plan 2013-2016, (2011-2014).	Vision and mission developed with support of VSO volunteer is still use by JSAC. When certain staff members were asked to provide a random sample of documents, these were readily found on the JSAC systems.
	Carried out an organisation capacity assessment (workshop), (2001-2014).	Organisation capacity assessment not carried out since the original one, not needed.
	Contributed to organisation capacity and capacity building handbooks. Created several management documents and processes: staff competences, training needs assessment grid, HR policies, branding and marking, organisation profile, (2011-2014).	The JSAC team report they are still using these documents and processes. When certain staff members were asked to provide a random sample of documents, these were readily found on the JSAC systems.
	Project management and development (skills and processes): M&E, planning, objectives, theory of change. (2011-2014)	The JSAC team report they are still using these documents and processes.

	Developed communications capacity (skills and processes): JSAC's website, use of PowerPoint, letter writing, communications strategy, case studies, photography (2011-2014).	The JSAC team report they are still using these documents and processes.
	VSO volunteer facilitated learning exchanges, tours, conferences, action-research workshops (part of the EIDHR project), to support skills development and knowledge sharing for JSAC staff (2011-2014).	No longer happening due to the closure of the VSO program.
3. Strategies for JSAC's sustainability		
Income	How to develop funding proposals (2005 - 2006; 2011 - 2014). Support to change in income SR327.2 million in (2006-2010); followed by a decline from 2011 to 2013 (see Figure 4). This was linked to a change in JSAC's strategic focus from providing relief materials (e.g. housing) to community development requiring less funds.	JSAC continue to develop funding proposal with the support of the former-VSO volunteer.
	Making links to new donor partners proposals, through meetings, and learning donor processes (e.g. how to register JSAC for European Union funding). Substantial increase in number of donors supporting JSAC (2005 - 2014), (see Figure 4). Approximately three-quarters of JSAC's current donor-partnerships were created with support of VSO volunteers (see Figure 7 in Section 3.3).	JSAC report they are able to form new donor partnerships through their existing networks. In March 2015, JSAC had 6 donor partners.
Sustainability strategy	When UNICEF ceased funding in 2006, the VSO volunteer introduced the concept of sustainability (2005 - 2006). A subsequent VSO volunteer supported JSAC to develop a strategy for sustainability, documented in a strategy paper by 2014 (2011 - 2014).	Sustainability strategy developed further since end of VSO program with support of former-VSO volunteer, but not yet implemented, due partly to a changing donor-funding context.
	Improved ability of JSAC to negotiate with donor-partners for partnership agreements that are aligned with JSAC's vision and mission, and remain so during project implementation, with joint decision-making (2005 - 2006; 2011 - 2014).	JSAC reported they are still able to negotiate more equal partnership agreements (balanced power relations) with donor-partners; most of this being done by JSAC's director, for example most recent meeting were in March 2015.
Assets	Support to obtain donor-funding support enabled JSAC to build their assets (office, equipment, funds).	JSAC's assets reported to be stable.

4. Projects successfully implemented		
Number of projects successfully implemented	Organisation development (OD) and project management capacity developing support of VSO volunteers (especially 2011-2014) enabled JSAC to successfully implement their projects, according to the JSAC team (see text in this report).	The JSAC team reported that they continue to complete projects successfully. The completed projects are documented in their website (http://jsacsrilanka.org/wordpress/recently-completed-projects/), and archives.
Impact for intended beneficiaries	Monitoring of number of beneficiaries engaged with JSAC projects (as part of support to developing project management systems, documents, skills), (2011-2014).	Monitoring of projects and collection of case studies and examples continues (see JSAC website - http://jsacsrilanka.org/wordpress/2015/03/)
5. Scale of JSAC's reputation		
Number new donors who approach JSAC to become partners.	According to JSAC, the Organisation development (OD) support of VSO volunteers enabled JSAC to success deliver projects, which improved JSAC's reputation amongst donor, government, communities and other actors. 25% of JSAC's donor-partners (2001-2014) approached JSAC directly (see Figure 7).	JSAC has obtained donor funding support for 3 new projects since March 2014 (http://jsacsrilanka.org/wordpress/our-projects/). Of these, one was a new donor that JSAC has not worked with before (CARE).
Number of letters of appreciation.	The JSAC team reported they had letters of appreciation (although no examples provided).	The JSAC team reported they continue to receive letters of appreciation (although no examples provided).
6. Networking		
Number of networks JSAC is a member of.	The EIDHR project of VSO supported JSAC's work with some networks, such as taking community concerns to national forums.	JSAC's membership of 9 district and national networks has remained stable over the past 5 years (approx.), (listed in JSAC Profile 2014).

3.5.5 Factors enabling and hindering the sustainability of capacity gains created with VSO volunteers

The focus section is to explore the question:

What are the key factors in whether or not capacity development was subsequently sustained?

This section explores the factors that have enabled and hindered the sustainability of capacity gains of JSAC that were supported by VSO – as far as is possible, given that sustainability could not be fully assessed. The period explored is from 2014 to March 2015, following the closure of the VSO program in Sri Lanka.

Factors enabling capacity gains developed with VSO’s support, to be sustained

The key factors enabling the capacity gains created with the VSO volunteers, according to JSAC staff, are shown in Figure 13. These factors are interlinked.

VSO volunteers’ approach to capacity development (see Figure 10, sub-section 3.4.2 above) plays an important role in the sustainability of capacity gains. A key example is the ‘coiling mechanism’ where individual and organisation capacity was developed at the same time. This meant overall capacity development for JSAC was integrated. On-the-job mentoring was important because this helps integrate new skills and the use of systems and documents into the regular work of staff.

The VSO volunteers’ approach that was based on an understanding of JSAC and their context, helped ensure that capacity developments were realistic and directly relevant for JSAC.

The formalisation of capacity gains into JSAC’s formal procedures embedded new skills, systems, documents.

Figure 13: Factors supporting the sustainability of capacity gains created with VSO volunteers 2014 – 2015
(Source: FGDs and SSI’s with JSAC staff)

<p>‘Coiling mechanism’ – integration individual work & organisation-wide</p> <p>Capacity developed at same time for individuals AND organisation-wide (skills, documents, systems, processes, e.g. reporting formats, project planning, HR forms, templates, monitoring) - were integrated into the working routines of staff for organisation and project management.</p>	<p>Leadership</p> <p>JSAC leadership supported OD development; and takes the lead in fostering donor-partner relationships, as well as with other stakeholders and networks.</p>	<p>On-going support former VSO volunteer</p> <p>The most recent VSO volunteer continue to provide support to JSAC, and remained a consultant/staff member.</p>
<p>VSO volunteers’ approach and on-the-job mentoring</p> <p>Capacity developments (e.g. skills, documents, systems) created through on-the-job mentoring. This ensured capacities were directly relevant to and integrated into work of staff as capacity was being explored and developed.</p>	<p>Key focus on formalising processes</p> <p>Capacity developments, such as documents, systems, skills development, communications - were formalised into JSAC’s procedures. JSAC’s ways of working were formalised into vision and mission statements.</p>	<p>Documents easy to use and access</p> <p>Documents and systems designed for easy use and accessing electronically or in hard copies</p> <p>JSAC staff</p> <p>Commitment, ownership and talent of staff to continue building capacity of JSAC.</p>
<p>Working experience</p> <p>Skills are sustained through on-going use of the skills in work, and increasing experience.</p>	<p>Demonstrating impact</p> <p>JSAC’s ability to demonstrate the impact of their work for ultimate beneficiareis, enabled JSAC to obtain further donor suport.</p>	<p>Other partner organisations</p> <p>JSAC’s other partners continue to provide capacity developing support in skills, project management, , e.g. USAID, Unicef</p>

On-going relationship with VSO volunteers

The most recent VSO volunteer working with JSAC stayed on as a consultant and staff member (supported by one of JSAC's donor partners). The JSAC team estimated that the consultant contributed about 45% to JSAC's capacity development, compared to their five donor-partners, between 2014 and March 2015 (FGD with proportioning technique). This is clearly a significant level of support, according to JSAC.

This raising interesting questions about sustainability and possible 'reliance' and dependency on VSO volunteers. However, the JSAC team did not view this way. JSAC regarded this person as an integral member of the team, as was always the case. For JSAC, employing her as a consultant staff-member was a way of ensuring they maintained a high quality of staff in the organisation.

Factors linked to decline in capacity gains developed with VSO's support

A key challenge facing JSAC in the near future is securing donor funding, or income from other sources. A key factor here is the change in the availability of donor priorities, linked to the change in status of Sri Lanka as a middle income country, and the end of civil conflict. JSAC is currently exploring alternative sources of funding-support.

Another factor was the high staff turnover during the period 2009-2011 and the subsequent loss to JSAC of some skills.

3.6 Unique effectiveness of VSO's approach

3.6.1 Focus

The focus of this section is to explore the question:

What is uniquely and demonstrably effective about capacity development through the placement of international volunteers?

This was explored through a FGD using matrix scoring, a FGD using flow diagram, and SSIs with individuals.

3.6.2 VSO's approach compared to other organisations


To explore the uniqueness and effectiveness of VSO's approach to capacity development approach of VSO, a FGD using matrix scoring a facilitated with the JSAC team. The team first drew up a list of criteria that they would use to compare the various capacity developing approaches of JSAC's partners. These criteria are interlinked. They are illustrated in Figure 14.

"The volunteer's [VSO] approach is a continuous while other organisations it is once in a while, so I can't get clarity. With VSO I get further explanation and follow up".

(JSAC staff member)

Figure 14: Approaches and effectiveness of capacity development: criteria used to compare all JSAC partners' approaches to capacity development, and the position of VSO.

(Source: FGD with matrix scoring)

Criteria to compare the approaches of JSAC's partners to capacity development	Ranking of VSO
<p>8. Approach to skills and development</p> <ul style="list-style-type: none"> ▪ Methodology for training, curriculum, length of training, whether within JSAC's office/working environment, or at external venues. <p>9. Impact for ultimate beneficiaries</p> <ul style="list-style-type: none"> ▪ Extent to which the partner's capacity developing support helps JSAC achieve impact for communities they work with. <p>10. Range of capacity developments linked to JSAC's vision and mission</p> <ul style="list-style-type: none"> ▪ Extent to which capacity development is holistic; and covers a range of topics/ areas relevant to JSAC's context, and goals. <p>11. Assets</p> <ul style="list-style-type: none"> ▪ Extent to which the partner adds to JSAC's assets. 	 <p>VSO ranked 3rd out of 11 partner organisations</p>

VSO compared to other partners

In a FGD using matrix scoring, the JSAC team allocated a score of between 1 and 20 (where 1 is low, 20 is high) to 11 partner organisations who have worked with JSAC over the past 10 years. Overall, VSO was ranked third out of 11 of JSAC's partners, in terms of effectiveness of capacity developing approach. UNHCR and USAID were ranked first and second respectively. The scores for UNHCR, USAID and VSO are summarised in Figure 15.

Figure 15: Effectiveness of capacity developing approaches of UNHCR, USAID and VSO, based on four criteria. Scores were allocated of between 1 and 20 (where 1 is low, 20 is high)

(Source: FGD with matrix scoring)

	Four criteria to compare the approaches of JSAC's partners to capacity development				Total score
	Approach to skills & knowledge	Impact for ultimate beneficiaries	Range of capacity developments linked to JSAC's vision and mission	Value of assets	
UNHCR	8	8	7	10	33
USAID	9	8	8	7	32
VSO	10	9	8	0	26

A key difference between UNHCR and UNSAID compared to VSO was the criteria of 'assets'. Because VSO contributed little *directly* to JSAC's assets, a score of zero was given. UNHCR was ranked first because of the contributions to JSAC's assets, such as equipment, materials and for JSAC's field-offices, and for projects, e.g. for providing water and sanitation services, and housing. USAID also provided vehicles and core funding.

USAID was given a score of 9 for the criteria 'approach to skills & knowledge' because USAID has very experienced trainers, who also bring new and different techniques to JSAC. Their training is incorporated into Sri Lankan culture. Training is carried out for all members of JSAC staff. VSO was given a score of 10 because VSO volunteers have similarities with USAID's approach but are also working with JSAC on a continuous basis. Other JSAC partners were given lower scores because they mainly gave one-off trainings. However, other partners who were not so effective in training also arranged learning-visits for JSAC staff to other countries (India, USA, Ireland), which was useful for JSAC.

Both USAID were allocated a score of 8 for the criteria of ‘impact for ultimate beneficiaries’. For example, in the USAID-funded livelihoods project, USAID provided training for JSAC staff in how to carry out baseline studies, from which JSAC was able to design the fishing project to meet families’ needs. JSAC staff also learnt how to develop indicators to measure changes in families’ livelihoods. This enables JSAC to demonstrate the impact of the fishing-projects (early stages) of a change in income from SR 800-1000 (baseline) to over SR30,000, from fishing using the equipment and training provided by JSAC.

Uniqueness of VSO

The specific features that makes VSO uniquely effective and distinct from JSAC’s other partners is as follows: -

- **VSO volunteers are JSAC team members.** Enables all JSAC staff to learn from the VSO volunteers. It enables VSO volunteers to give mentoring support to staff, because volunteers are available to give *immediate* feedback, answer questions/help staff as the questions during the day-to-day work. It enables volunteers with work with staff in all areas of staffs’ work, including accompanying staff on field-work. None of JSAC’s other partners work in this way.
- **Long-term placements.** Working with JSAC over a long period of time enables an in-depth understanding of JSAC and from this a good capacity development plan to be created, based on individuals and organisation needs.
- **Diverse VSO volunteers.** Different VSO volunteers brings a different range of skills, that all add to – and is essential to - different aspects of JSAC’s development; including project management, business, and organisation development (OD) and strategic planning. For example, one VSO volunteer’s background in entrepreneurship supported JSAC to explore the economic factors affecting community-members livelihoods.
- **Organisation-wide capacity development.** VSO’s approach to OD focussing on developing the whole of JSAC, across all aspects/departments of JSAC – including projects and organisation, at organisation and individual levels, and a wide range of capacities, e.g. systems, documents, skills, funding, communications and website, and management. This greatly strengthens the overall capacity of JSAC to deliver projects and achieve their goals. It also enables JSAC to have an impact on the lives of ultimate beneficiaries.
- **Added value.** The JSAC team emphasised that many of the capacity developments supported by USAID could not have happened without the support of VSO volunteers. Also, although VSO scored zero for the criteria of ‘assets’, VSO nevertheless supported JSAC to build their assets through supporting proposal preparation and making links with donors. This once again iterates the ‘added value’ that VSO brings to the work of other partner-organisations supporting JSAC (see Section 3.3 above).
- **Quality of relationships.** VSO volunteers were particularly able to form ‘good quality’ working relationships, compared to some other of JSAC’s partners. This was in part due to VSO volunteers’ approach to capacity development (see Figure 10, sub-section 3.4.2), and the VSO volunteers are integrated into JSAC as team members, and are in long-term placements.

A feature of a good quality relationship - “The donor *enables* us. For example, if we put in a proposal they don’t say this is wrong or bad, but they give good feedback”.

(JSAC staff member)

JSAC’s definitions of ‘quality of relationships’ is shown in Figure 16.

These mainly refer to the relationships between JSAC and donor-partners. The quality of the relationship depend as much on JSAC as others, such as donor-partners (e.g. their culture of working).

Figure 16: Qualities of good, medium, and poor working relationships between JSAC and their partner organisations

(Source: FGD with flow diagram)

Type of relationship (good, medium, poor) and features of each type		
Good	Medium	Poor
<ul style="list-style-type: none"> ▪ Mutual partnership – equal power dynamics ▪ Mutual respect between JSAC and partner ▪ Meetings are ‘equal’ where we can both say what we think ▪ Clear understanding of each other (JSAC and partner-organisation) ▪ The donor <i>enables</i> us. ▪ JASC not frightened of the donor. ▪ Clear communication between JSAC and partner ▪ Flexibility, for example if either party has urgent work that has come up at the last minute, then it is possible to reschedule a planned meeting. ▪ Give and take on both sides. ▪ Genuine partnership – we learn from each other. ▪ Do not judge each other. 	<ul style="list-style-type: none"> ▪ Stable on-going, working OK, for example with a donor ▪ Donor-partner mainly focused on their own projects ▪ Relationship is Ok, but not dynamic and creative (compared to a ‘good’ quality relationship) 	<ul style="list-style-type: none"> ▪ People are bossy, e.g. donor tries to impose ideas and decisions on JSAC ▪ They tell us what to do and how to carry out project activities ▪ Deliberately attack and undermine ▪ Rude and offensive ▪ Changing the goal posts ▪ Cut budgets ▪ Power dynamics over JSAC

Annex 7.A: Participants who took part in the VSO evaluation with JSAC

Name	Position in JSAC
Nadarajah Sukitharaj	Coordinator of JSAC
Methuna Poshparaah	Program Manager
Prashanthi Rathavel	Administration Officer
Kandhar Ramanaskanda	Programme Officer UNHCR project
Spelmana	Programme Officer USAID project
Pirishanth	Project Officer USAID project
Sutharson	Safe House
Sukanya	Safe House
Mary Cuttle	Consultant