



## More than the sum of its parts

Understanding the quality of VSO's  
evidence, global impact and what  
it means for future programming

Meta-Evaluation and Synthesis Review report

July 2016



<b>Project</b>	Meta-evaluation and Synthesis Review report
<b>Context</b>	Aims to assess the quality of 26 VSO evaluation reports using an external, sector-wide assessment tool from BOND and to review and synthesise the evidence gathered from the reports
<b>Scope</b>	26 evaluation reports, VSO globally
<b>Authors</b>	Caroline Guinard, Barbara Trapani and Nicholas Zhang
<b>Collaboration</b>	Janet Clark, Daniel Burwood, Simon Lewis, Alfred Kuma, Joseph Orem, Natalie Agboeze, Anup Kumar, Arlene Mahinay, Cesar Urquizo, Daniel Burwood, Georgina Richards, Hannah Ross, Julia Mensink, Ramel Sangalang, Miriam Karim, Clive Ingleby, Purna Shrestha, Ruth Unstead-Joss, Maria Vlahakis, Tracey Martin, Tomos Wilding
<b>Contact Person</b>	Caroline Guinard
<b>Date</b>	July 2016
<b>Photos</b>	Janet Clark, VSO, Jigsaw Consult

## Table of Contents:

List of Acronyms.....	4
Executive Summary.....	5
Introduction.....	10
Part 1: Meta-evaluation: assessing the quality of VSO’s evidence.....	12
Methodology.....	12
Evidence principle assessment.....	12
Evidence principle scoring.....	13
Limitations.....	14
Summary of findings.....	15
Internal vs external authors.....	15
Report theme.....	16
Findings by report type.....	17
Detailed findings by core evidence principles and sub-principles.....	18
Recommendations and next steps.....	24
Part 2: Synthesis Review: overall consolidation of evidence.....	25
Methodology.....	25
The role of volunteers in bringing about change.....	26
Capacity building of partners.....	30
Improvements in the quality of services.....	34
Increased access to services.....	38
Policy development and implementation.....	42
Impact on people’s lives.....	43
Enhancing factors that contribute to sustainability.....	47
Conclusion.....	49
Appendices.....	50



## List of Acronyms

ALOA	Achieving Learning Outcomes for All
CASH	Commercial Agriculture for Smallholder Farmers in Horticulture
CBO	Community Based Organisation
CPD	Continuing Professional Development
DPO	Disabled People's Organisations
EBCS	Evidence based case study
ICS	International Citizen Service
ICU	Intensive Care Unit
IMA4P	Improving Market Access for the Poor
MER	Monitoring, Evaluation and Research
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
PwD	People with Disability
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TENI	Tackling Education Needs Inclusively
THET	Tropical Health & Education Trust
UNCRD	UN Convention on the Rights of People with Disabilities
VfM	Value for Money
VSO	Voluntary Service Overseas

## Executive Summary

### Background, scope and limitations of the meta-evaluation and synthesis

In early 2015, VSO developed a new global evaluation strategy. It identified VSO's evaluation priorities and the need to improve the quality of evidence generated, according to VSO's quality evidence principles. As a first step, VSO decided to conduct a meta-evaluation and a synthesis of 26 evaluation reports completed between 2014 and 2015.

This meta-evaluation and synthesis intends to:

- Review the quality of existing evidence and identify key areas for continued improvement.
- Analyse the collection of the evidence gathered to understand the collective impact of VSO's work.
- Understand and identify trends about impact and sustainability across different contexts, core programme areas (education, health and livelihoods) and core approaches.

VSO embarked on a journey to improve its evidence based programming and to use actively evidence to continuously learn and adapt. Therefore, this exercise was crucial in allowing VSO to reflect, analyse and learn from its development interventions.

The exercise was carried out in two phases by a team of VSO evaluation specialists.

Firstly, the **meta-evaluation** was conducted to assess the quality of VSO's evaluation reports using an external, sector-wide assessment tool from BOND<sup>1</sup>.

Secondly, the **synthesis review** was conducted to review and synthesise the evidence gathered from each report. This was then analysed according to the areas of outcomes of VSO's volunteer relationship approach<sup>2</sup> and VSO Global Theory of Change<sup>3</sup>.

The exercise, drawn from 26 reports, included different programme themes (disability, education, health, livelihoods and youth), different authors (external and internal to VSO), different geographies (Asia-Pacific, Africa and multiple countries), different report commissioners and different evaluation types (case studies, mid-term evaluations, end-of-project evaluations, post-closure evaluations and meta-evaluations). While this diversity generated invaluable findings, it also created some limitation, especially for the meta-evaluation exercise.

In addition to this, this analysis was conducted internally and as part of a learning exercise for VSO and several reviewers took part. In order to mitigate the risk of different understanding of the scoring, a final review of all scoring was conducted by a single reviewer. Finally, over the period during which this meta-evaluation was conducted, VSO increasingly sought to incorporate its evidence principles into project/programme design. The meta-evaluation considered all 26 reports collectively and did not seek to explore changes over time. As such, the findings will demonstrate an average picture and may not reflect VSO's current context. Furthermore, VSO weighs each core principle area differently

---

<sup>1</sup> BOND Evidence Principles and Checklist – see appendices

<sup>2</sup> The **VSO Valuing Volunteering Research** conducted together with the Institute of Development Studies in 2015 shows that volunteerism and its relationship approach can add value to sustainable development outcomes in the following eight interrelated ways: 1) quality and effectiveness; 2) inclusion; 3) innovation; 4) collaboration and networking; 5) ownership and agency; 6) participation; 7) social action and active citizenship; 8) inspiration-socio-cultural norms and values.

<sup>3</sup> VSO's Global Theory of Change, Bringing people together to fight poverty, April 2014

to BOND's as two of BOND's evidence principles map to VSO's 'methodologies' evidence principle as explained later in this report.

Despite these limitations, VSO valued the learning generated by this exercise and continues to focus on ways to improve the quality of all its evidence.

## Key findings

The **meta-evaluation** findings indicate that 58% of VSO evaluation reports (15 in total) met the 'minimum' standard for a credible and robust piece of evidence. Only 4% are considered of 'good' quality (1 report), none are 'gold' and 38% (10 in total) are 'weak', suggesting significant room for improvement.

The 'voice & inclusion' evidence principle area has the highest proportion of reports that are deemed 'weak' (69%). 'Appropriateness', 'triangulation' and 'contribution' scored comparatively better, with at least 75% 'minimum' or higher. 'Transparency' then follows behind with 69% of the reports reaching a minimum standard or higher.

The reviewed evaluations rated fairly well on average (46% of reports scored 'good') in including the perspectives of primary actors in the evidence. However, they were still weak (85%) in involving primary actors from the beginning of the evaluation project in terms of designing of the data collection tools and methodologies.

Scores are high across the sample on the use of relevant and different methodologies with only 8% of reports rated as 'weak'. Evaluations score well in exploring how planned interventions contributed to change. However, 73% of the evaluations did not present disaggregated data, the evaluation team's skills were not always clearly demonstrated and there was a lack of exploration of alternative factors and unintended consequences of the interventions. The meta-evaluation also highlighted that reports performed poorly in being transparent on who collected and analysed the data and explaining any potential biases, 70% are rated as 'weak' in this area.

An interesting finding highlighted, was that internally authored reports were scoring relatively better with 71% meeting the 'minimum' standard compared to the externally authored ones where this stood at 58%.

Score distributions across the evidence principle areas were generally consistent across VSO's key themes (apart from disability, in which only two evaluation reports were reviewed), with the majority of evidence quality ratings classed as 'minimum' overall.

VSO's evidence based case studies reflected BOND's evidence principles better than many other evaluation types. This is believed to be due to clear guidelines being available, a strong commitment from VSO country office staff carrying out the projects and the support and accompaniment from VSO's evaluation specialists.

The **synthesis review** supported the findings from the VSO research on the value of volunteering and highlighted that the overall understanding of its contribution to change is more complex and less linear than suggested by the existing VSO Global Theory of Change.

By reviewing the 26 reports through the lens of VSO's relationship approach and the interlinked eight areas of outcomes (see footnote 2), VSO found additional evidence about the contribution of volunteering to change. Evidence showed that volunteers are particularly effective when working through positive, equal and reciprocal relationships. They are often crucial in fostering collaboration and developing new networks. Additionally, volunteers contribute to inclusion by extending the reach

of services to the poorest and most marginalised. Volunteers also increase the confidence and aspirations of local partners by using peer-to-peer approaches and mentoring which fosters trust and agency. They can also contribute to increasing participation and active citizenship and often inspire new ways of thinking which can in turn, lead to positive impacts on people's lives.

The synthesis also demonstrates that VSO interventions built capacity in an array of individual and organisational aspects, which are often interlinked, indicating that changes in the capacity of individuals is closely connected to changes in organisational capacity. Similarly, there is evidence particularly in the Sri Lanka post-closure evaluation, which suggests that changes in individual and partner capacity and improved outcomes in terms of services, emerged gradually at the same time in a circular relationship, each causing and reinforcing the other. This challenges the linear process suggested by VSO's Global Theory of Change.

These key findings will be instrumental when shaping new evaluations in using appropriate and relevant approaches and designs that are better suited to understand the complexity of this circular relationship and how volunteering contributes to social changes.

The synthesis found evidence of improvements in the quality of services in education (in terms of child centred methodologies applied in schools and by teachers) and in health (in terms of interactions with health staff, access and improved diagnostics). There is also evidence of a strong relationship between the increase in confidence, motivation and job satisfaction amongst partner organisations' staff and the quality of the service they delivered, emerging together and reinforcing each other.

However, there is a clear evidence gap in how VSO contributes to the improvement of livelihoods services.

In term of access to services, there is evidence of VSO increasing access to services for impoverished and marginalised people, particularly in health and education. Another interesting finding is the emergence of the positive unintended outcome of increasing service access within other areas. For example, following the establishment of an intensive care unit (ICU) for newborns in the hospitals partnering with VSO in Ethiopia, ICUs were then set up for critical adults as well as paediatric ICUs for critical children. Thus, VSO contributed to increasing the access of quality health care to a larger scale of service users.

Regarding VSO's contribution to the development and implementation of policy initiatives, there is an overall lack of evidence available in the evaluation reports, apart from one remarkable example in The Gambia. Here, the ratification of the UN Convention on the Rights of People with Disabilities (UNCRD) and the formulation of a National Disability Policy is cited as one of the most significant measures to the long term impact of the VSO Disability Programme.

The absence of evidence in policy development and implementation work may indicate a lack of outcomes for VSO in this area. It does however highlight the lack of focus on policy and advocacy work in evaluations.

Regarding VSO's overall impact, the synthesis reveals two main areas of change in people's lives that VSO contributed to:

- **Positive changes in people's capabilities and increased community awareness of rights and services, leading to their empowerment:** This area relates to changes in people's capabilities and attitude, knowledge of and access to services and their empowerment to act. Evidence of such positive changes in primary actors' lives were found in programmes in Nepal, Vanuatu, The Gambia, Bangladesh, Nigeria and Mongolia.

- **Sectorial improvements in people’s lives as a consequence of VSO’s work in health, education and to some extent in livelihoods:** There is evidence of the reduction of neo-natal mortality reported in Ethiopia and Tanzania and of child mortality in The Gambia as well as improvements in learning outcomes and performance for children in VSO supported schools in Rwanda, Ghana and Nigeria. There are also examples of increased incomes in Tanzania, Nigeria and India and increased food security in India, however, the meta-evaluation highlighted weaknesses in the evaluation reports of these projects.

Finally, the synthesis review generates an interesting body of evidence around the sustainability of VSO’s interventions. There are recurrent factors that are present in many evaluations (Sri Lanka, Cameroon, Vanuatu and Tanzania) which enhanced the sustainability of VSO interventions and its contribution. This was as a result of individual changes (with volunteers, staff and leadership at partner levels), organisational systemic changes and effective VSO programmatic approaches. It is important to note that these factors emerged from the investigations of more traditional VSO volunteering interventions (based on international volunteers placed for longer periods of time with established partner organisations). Further investigation of other volunteering interventions might raise different factors and conditions for sustainability.

## Summary of key recommendations

### From the meta-evaluation

1. VSO needs to **strengthen the inclusion of the voices and perspectives of impoverished and marginalised people** across any evaluation.
2. VSO should ensure that the **following requirements are explicitly included in any terms of references** relating to evaluations:
  - Detailed data disaggregation (by age, gender, disability etc.) are provided
  - Information on appropriate team skills in collating and analysing data are available
  - Alternative factors to change are explored and explained
  - Unintended outcomes and potential negative impacts of VSO activities are investigated and presented
3. VSO should **invest in resources and training** when necessary to help raise the minimum standards in commissioning evaluations across VSO’s portfolio.

### From the synthesis review

#### 1. The role of volunteering in creating sustainable impact

VSO’s programmes are designed around volunteering interventions. It is critical that VSO investigates how different volunteers and volunteering models work through relationships to bring about change. Volunteers do not bring about change on their own; they do it with communities and partner organisations. Understanding these relational dynamics and how VSO’s delivery models can support them to bring about change is an important next step.

In relation to this, VSO should strengthen its analysis of how various areas of impact emerge and how different volunteering interventions might contribute to this (e.g. community volunteering, national volunteering, youth volunteering and long term international volunteering). This will include for example, a further exploration of the connection between community-based volunteering interventions, their access to impoverished and marginalised communities and the resulting increased community access to services.



## **2. Sustainability and innovation**

VSO needs to generate more evidence and investigate further the factors which enhanced the sustainability of VSO's interventions, as detailed in this report. This also needs to be researched in a less traditional programme setting. Related to this, VSO also needs to explore further the concepts of innovation, local ownership and sustainability.

If evaluation reports indicate the risks in which an intervention might not be sustainable, VSO needs to investigate further. This is crucial for learning and adaptive programming.

## **3. Unintended outcomes and negative externalities**

VSO needs to strengthen its evaluations in exploring areas of unintended impacts, including any potential negative impacts on communities.

## **4. Impact of policy and advocacy**

VSO needs to gather more evidence and demonstrate better the role of VSO country offices in supporting the development and implementation of policies at national levels and their impact.

## Introduction

In early 2015, VSO developed a new global evaluation strategy to implement and prioritise two key areas:

- 1) Collectively deciding on global evaluation priorities for VSO programmes.
- 2) Improving the quality of evidence generated of VSO's programmes, according to VSO's quality evidence principles.

In order to identify evaluation priorities, VSO decided to synthesise the evaluation evidence generated across all programmes and projects. VSO's increased capacity in monitoring, evaluation and research (MER) in recent years resulted in gathering a significant body of research and evaluation evidence covering a diverse range of projects. It was recognised however that this had not been systematically reviewed to inform VSO's future programming and there was an organisational need to do so.

Therefore, VSO started conducting a meta-evaluation to assess the current quality of evidence and identify key lessons and priority areas to inform and improve the quality of future evaluations.

This resulted into a two phased exercise, which included the use of 26 evaluations reports:

1. **Meta-evaluation:** assessing the overall quality of VSO evaluation reports
2. **Synthesis review:** overall consolidation of evidence (impact, outcomes, sustainability) from each report<sup>4</sup>.

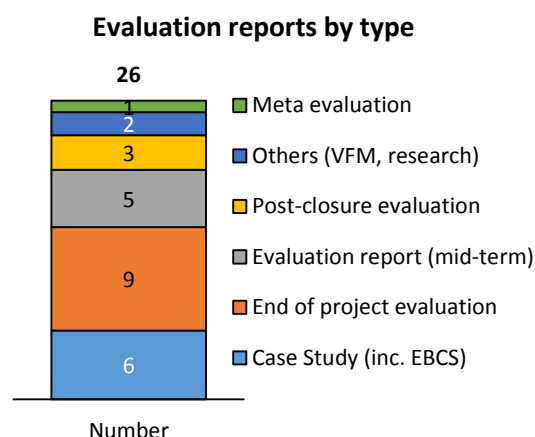
## Scope and Objectives

The meta-evaluation and synthesis aimed to:

- Analyse the sum of the evidence gathered to further understand the collective impact of VSO's work.
- Understand trends about impact and sustainability across different contexts, core programme areas (education, health and livelihoods) and core approaches.
- Review the quality of existing evidence and identify key areas for continued improvement and investment.

The exercise drawn from 26 reports, conducted between 2014 and the end of 2015, included:

- **Different thematic evaluations:** 7 in education, 7 in youth, 5 in health, 5 in livelihoods and 2 in disability.
- **Different authors:** 7 conducted internally by VSO and 19 commissioned externally.
- **Different geographies:** 9 in Asia-Pacific, 13 in Africa, 4 involved multi-countries.



<sup>4</sup> Evidence from two additional evaluation reports completed in early 2016 were also included in the synthesis analysis: i) Post Closure Evaluation of VSO's Work in Cameroon Evaluation Report, Janet Clark and Alfred Kuma, 2015-2016; ii) Evaluation of Approaches to National Volunteering, VSO Nigeria 2016.

- **Different report commissioners:** 12 commissioned by VSO country offices, 14 centrally (including 3 from ICS<sup>5</sup>).
- **Different evaluation types:** Case studies and evidence-based case studies (EBCS), mid-term evaluations, end-of-project evaluations, post-closure evaluations, a meta-evaluation and others (see appendix for more details).

---

<sup>5</sup> International Citizen Service (ICS) is an overseas volunteering programme for 18-25 year olds, funded by the UK Government's Department for International Development. ICS is led by VSO in partnership with other development organisations.

## **Part 1**

Meta-evaluation: assessing  
the quality of VSO's evidence

## Part 1- Meta-evaluation: assessing the quality of VSO’s evidence

### Methodology

The first part of the exercise involved the assessment of the quality of VSO’s evidence. VSO originally reviewed 27 evaluation reports however, one of the reports was discounted from the synthesis due to its poor scoring and evidence quality.

Reviews were conducted over three phases, with the first phase (Oct-Nov 15) covering 11 reports, the second phase (Nov-Dec 15) covering 14 reports and the third (Jan-Mar 16) with one additional report. A total of 13 reviewers<sup>6</sup> were involved in the exercise. For the first phase, two independent reviewers assigned each report a score under each sub-principle category (see 2<sup>nd</sup> table below). Any differences in scores were discussed and a final score was then agreed upon.

For the subsequent phases only one reviewer was assigned to each report.

### Evidence principle assessment

The assessment of evidence quality for each of the 26 reports was conducted by a team of VSO evaluation specialists using an external, sector-wide assessment tool from BOND<sup>7</sup>.

BOND is a UK membership body for non-governmental organisations (NGOs) working in international development. Over the past few years, BOND has supported the sector in improving its effectiveness and transparency and has developed a number of useful tools, including the evidence principles and checklist.

The checklist is organised around 5 core principles: voice & inclusion, appropriateness, triangulation, contribution and transparency. Each principle is defined as a set of 4 sub-principles, which are marked on a linear scale according to the extent to which each sub-principle is reflected in the evidence.

These 5 core principles closely align with VSO’s own internal evidence principles, which were adapted from the BOND tool to better reflect VSO’s internal language, principles (including its People First programming principles) and ways of working. More specifically, VSO aggregated BOND’s ‘appropriateness’ and ‘triangulation’ principles into a single ‘methodologies’ principle in its own evidence principles (see table below):

BOND Evidence Principles	VSO Evidence Principles
<b>1- Voice and Inclusion:</b> perspectives of people living in poverty, including the most marginalised, are included in the evidence.	<b>1 - Voice and Inclusion</b>
<b>2- Appropriateness:</b> the evidence is generated through methods that are justifiable given the nature of the purpose of the assessment.	<b>3 - Methodologies:</b> methods given the nature of the purpose of the assessment, mix of methods, data sources and perspectives.
<b>3 - Triangulation:</b> the evidence has been generated using a mix of methods, data sources and perspectives.	
<b>4 - Contribution:</b> the evidence explores how change happens and the contribution of the intervention and factors outside the intervention in explaining change.	<b>2 - Contribution</b>

<sup>6</sup> List of VSO reviewers – see appendices

<sup>7</sup> BOND Evidence Principles and Checklist –see appendices



<b>5 -Transparency:</b> the evidence discloses the details of the data sources and methods used, the results achieved and any limitations in the data or conclusions.	<b>4 - Transparency</b>
---	-------------------------

VSO decided to use the BOND evidence principles, as opposed to its own evidence principles for the meta-evaluation exercise to enable potential external benchmarking.

### Evidence principle scoring

Using the BOND evidence principle tool and checklist, each sub-principle characteristic (of which there were 4 for each core principle area) was scored between 1 to 4, with 1 being weak and 4 being gold standard depending on how much of the report being reviewed reflected the characteristic (see *appendix for details on scale definitions for each sub-principle*).

This means each principle area (voice & inclusion, appropriateness, triangulation, contribution and transparency) can score a maximum of 16 points with the overall maximum score being 80. ‘Weak’, ‘minimum’, ‘good’ and ‘gold’ standards for core principles and overall scores have been scaled from sub-principles ratings according to the BOND tool guidance<sup>8</sup>.

Core principles	Sub-principles (out of 4)
<b>Voice and Inclusion</b> (out of 16)	1a. Are the perspectives of beneficiaries included in the evidence?
	1b. Are the perspectives of the most excluded and marginalised groups included in the evidence?
	1c. Are findings disaggregated according to sex, disability and other relevant social differences?
	1d. Did beneficiaries play an active role in designing the evidence gathering and analysis process?
<b>Appropriateness</b> (out of 16)	2a. Are the data collection methods relevant to the purpose of the enquiry and do they generate reliable data?
	2b. Is the size and composition of the sample in proportion to the conclusions sought by the enquiry?
	2c. Does the team have the skills and characteristics to deliver high quality data collection and analysis?
	2d. Are the data analysed in a systematic way that leads to convincing conclusions?
<b>Triangulation</b> (out of 16)	3a. Are different data collection methodologies used and different types of data collected?
	3b. Are the perspectives of different stakeholders compared and analysed in establishing if and how change has occurred?
	3c. Are conflicting findings and divergent perspectives presented and explained in the analysis and conclusions?
	3d. Are the findings and conclusions shared with and validated by a range of key stakeholders (e.g. beneficiaries, partners, peers)?
<b>Contribution</b> (out of 16)	4a. Data shows that change has happened?
	4b. Is the explanation of how the intervention contributes to change explored?

<sup>8</sup>BOND does not provide guidance on overall aggregated scores, score brackets core principles out of 16 have been scaled up to overall score ranges as: <35=weak, 35-55=minimum, 55-69=good, 70-80=gold.

	4c. Are alternative factors (e.g. the contribution of other actors) explored to explain the observed result alongside VSO's intervention contribution?
	4d. Are unintended and unexpected changes (positive or negative) identified and explained?
<b>Transparency</b> (out of 16)	5a. Is the size and composition of the group from which data is being collected explained and justified?
	5b. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified?
	5c. Is it clear who has who collected and analysed the data and is any potential bias they may have explained and justified?
	5d. Is there a clear logical link between the conclusions presented and the data collected?

## Limitations

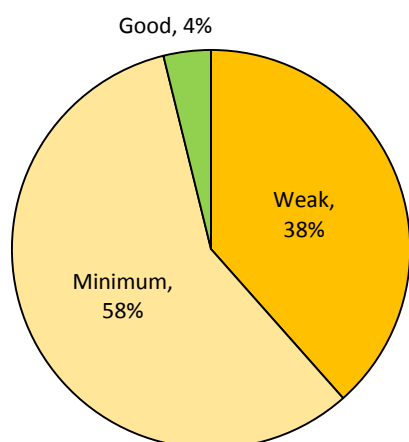
The exercise was conducted over a length of time and included a high number of people. The focus was on the use of the scoring to understand how to improve the quality of VSO's evidence. It was also conducted as a way to increase internal awareness and common understanding of what quality evidence is. Because of these issues with the design and implementation, the following limitations with the scoring and the findings must be taken into consideration:

1. **Scoring variations between reviewers:** As a result of the range of reviewers involved, there was a chance of some variation/non-standardisation in the application of BOND's evidence principles. This was particularly relevant for reports in phase 1 as many reviewers were not yet familiar with the BOND tool at that point.
2. **Possible scoring errors:** It was found that during the synthesis of the reviews there were occasional inconsistencies between a reviewer's comments and the scores given. To mitigate against this inconsistency, corrections were carried out by a single reviewer with prior knowledge of all 26 reports in those specific cases. 37 such scores (out of 520) were changed, mostly by 1 point on the 4-point scale (including changing scores of 0 to the minimum of 1 on BOND's tool), apart from one change which was by 2 points.
3. **VSO's growing emphasis on its evidence principles:** Over the period during which this meta-evaluation was conducted, VSO increasingly sought to incorporate its evidence principles in project/programme design. The meta-evaluation considers all 26 reports collectively and does not seek to explore changes over time. As such, the findings will be an average picture and may not reflect VSO's current context. Furthermore, VSO weighs each core principle area differently to BOND's as two of BOND's evidence principles map to VSO 'methodologies' principle.

These issues will introduce a degree of uncertainty to the results, however, they are anticipated to be relatively minor in scale and not affect the overall validity of the findings of the meta-evaluation exercise. In many cases, the uncertainty involved in low sample sizes (after category grouping) is likely to be greater than the uncertainty introduced by the factors discussed here, nevertheless, VSO will seek to minimise their effects for any potential future meta-evaluations.

## Summary of findings

### Overall ratings distribution

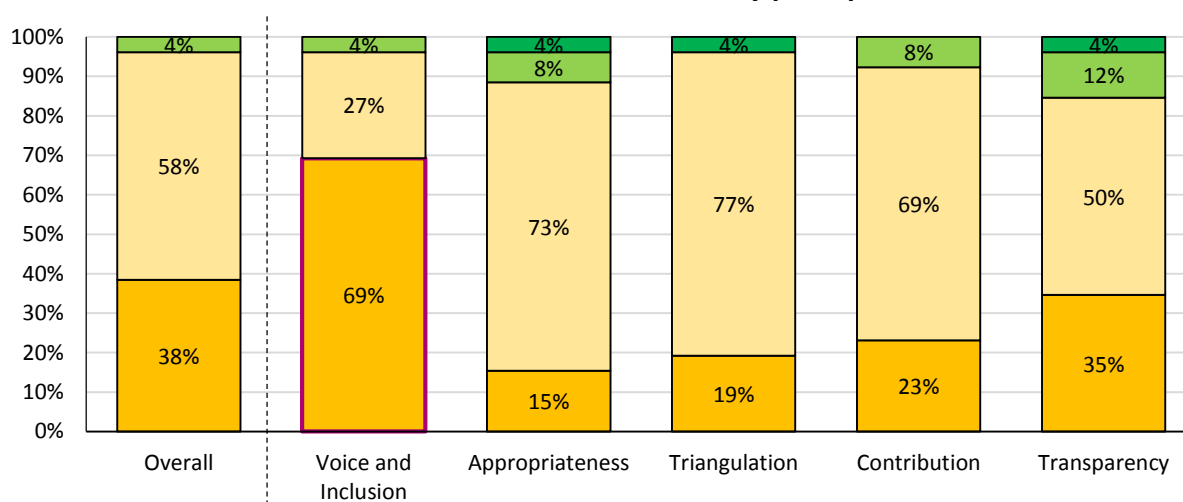


Overall, 58% of VSO evaluation reports (15 in total) met the ‘minimum’ standard for a credible and robust piece of evidence. However, only 4% are considered of ‘good’ quality (1 report), none are ‘gold’ and 38% (10 in total) are ‘weak’, suggesting significant room for improvement.

### Core evidence principles

Voice & inclusion has the highest proportion of reports that were deemed ‘weak’ (69 ‘Appropriateness’, ‘triangulation’ and ‘contribution’ scored comparatively better, with at least 75% ‘minimum’ or higher.

### Meta-evaluation score distribution by principle area



More detailed breakdowns of these scores are explored in the ‘Detailed findings by core evidence principles and sub-principles’ section later.

### Internal vs. external authors

For internally authored reports, 71% of reports are meeting at least ‘minimum’ standards. For externally authored reports, this stands at 58%.

For comparable report types where both internally and externally authored examples are included in the meta-evaluation, namely ‘end of project evaluation’ and ‘case study (incl. EBCS)’, the sample sizes are too small for a comparison.

Author	Post-closure evaluation	End of project evaluation	Evaluation report (mid-term)	Case study (incl. EBCS)	Others (VFM, research)	Meta evaluation	Total
Internal	0	3	0	4	0	0	7
External	3	6	5	2	2	1	19
<b>Total</b>	<b>3</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>26</b>

Nevertheless, the data suggests that internal case studies are of a slightly higher quality than external ones. This is potentially due to previous weaknesses in the quality of VSO's external commissioning coupled with its recent efforts in creating clear evidence guidelines for case studies in particular. Internal end of project evaluations appear slightly inferior.

Case Study (incl. EBCS)	Internal evaluator % (n=4)				External evaluator % (n=2)			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
Voice and Inclusion	50%	50%	0%	0%	50%	50%	0%	0%
Appropriateness	0%	100%	0%	0%	50%	50%	0%	0%
Triangulation	0%	100%	0%	0%	50%	50%	0%	0%
Contribution	25%	50%	25%	0%	0%	100%	0%	0%
Transparency	25%	75%	0%	0%	50%	50%	0%	0%
<b>Overall</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>50%</b>	<b>50%</b>	<b>0%</b>	<b>0%</b>

End of project evaluation	Internal evaluator % (n=3)				External evaluator % (n=6)			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
Voice and Inclusion	100%	0%	0%	0%	83%	17%	0%	0%
Appropriateness	0%	67%	33%	0%	33%	67%	0%	0%
Triangulation	0%	100%	0%	0%	17%	83%	0%	0%
Contribution	67%	33%	0%	0%	17%	83%	0%	0%
Transparency	67%	0%	33%	0%	33%	50%	0%	17%
<b>Overall</b>	<b>67%</b>	<b>33%</b>	<b>0%</b>	<b>0%</b>	<b>33%</b>	<b>67%</b>	<b>0%</b>	<b>0%</b>

VSO plans to continue to increase its internal evaluation and research capacity and transition from relying on external commissioning of consultants to internally design, conduct and/or accompany evaluations. From the data available, there is no suggestion that such a move will lower the evidence quality, indeed, VSO aims to improve its quality more sustainably in future by retaining and growing evaluation and social research skills in-house. This is also expected to lead to some cost savings for evaluation commissioning that VSO can re-invest as necessary.

## Report theme

BOND evidence principles	Disability, n=2				Livelihoods, n=5			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
Voice and Inclusion	50%	50%	0%	0%	80%	20%	0%	0%
Appropriateness	0%	50%	0%	50%	40%	60%	0%	0%
Triangulation	50%	0%	0%	50%	40%	60%	0%	0%
Contribution	0%	50%	50%	0%	20%	80%	0%	0%
Transparency	50%	0%	50%	0%	40%	40%	0%	20%
<b>Overall</b>	<b>50%</b>	<b>0%</b>	<b>50%</b>	<b>0%</b>	<b>40%</b>	<b>60%</b>	<b>0%</b>	<b>0%</b>
	Youth, n=7				Health, n=5			
Voice and Inclusion	71%	14%	14%	0%	60%	40%	0%	0%
Appropriateness	14%	86%	0%	0%	20%	80%	0%	0%
Triangulation	14%	86%	0%	0%	0%	100%	0%	0%
Contribution	29%	57%	14%	0%	0%	100%	0%	0%
Transparency	43%	57%	0%	0%	40%	60%	0%	0%
<b>Overall</b>	<b>29%</b>	<b>71%</b>	<b>0%</b>	<b>0%</b>	<b>40%</b>	<b>60%</b>	<b>0%</b>	<b>0%</b>
	Education, n=7				Overall, n=26			
Voice and Inclusion	71%	29%	0%	0%	69%	27%	4%	0%
Appropriateness	0%	71%	29%	0%	15%	73%	8%	4%
Triangulation	14%	86%	0%	0%	19%	77%	0%	4%
Contribution	43%	57%	0%	0%	23%	69%	8%	0%
Transparency	14%	57%	29%	0%	35%	50%	12%	4%
<b>Overall</b>	<b>43%</b>	<b>57%</b>	<b>0%</b>	<b>0%</b>	<b>38%</b>	<b>58%</b>	<b>4%</b>	<b>0%</b>

Score distribution across the principle areas are generally consistent across VSO's key themes (apart from disability, for which only two evaluation reports were reviewed), with the majority of evidence quality ratings classed as 'minimum' overall.

Livelihoods was the only theme for which all reports included in the meta-evaluation were externally commissioned. Externally authored reports on average score less well on the 'appropriateness' sub-principle of demonstrating the evaluation team's skills and capabilities for data collection and analysis (sub-principle 2c). Historically, this has been due to a lack of VSO explicitly referencing the need for an appropriately skilled, multi-disciplinary team when contracting external consultants.

As a result, 'livelihoods' scores lower on this sub-category than other themes (which may be indicative of a programmatic reliance upon external evaluators in livelihoods). To improve the scores in this sub-principle for livelihoods (and other themes), VSO should ensure that the skills needed by the evaluation teams are always detailed in the terms of reference when engaging with external providers.

Bond evidence principle	External, n=19				Internal, n=7			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
2c Does the team have the skills and characteristics to deliver high quality data collection and analysis?	63%	21%	16%	0%	14%	71%	14%	0%
	Livelihoods, n=5				Overall, n=26			
	80%	20%	0%	0%	50%	35%	15%	0%

## Findings by report type

The only report reviewed that was rated as 'good' overall was a post-closure evaluation report recently completed (in terms of the meta-evaluation sample) in Sri Lanka. As only 3 post-closure evaluations were included, no trend by report type can be established at this stage.

For the Sri Lanka post-closure evaluation which was rated 'good', internal learning was a key objective resulting in a less pressured evaluation timeframe, a more thorough commissioning process and accompaniment support from VSO's evaluation and research specialists. These factors are believed to have contributed positively to the overall quality of the report and should be emulated where possible.

BOND evidence principle	Post-closure evaluation, n=3				End of project evaluation, n=9			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
Voice and Inclusion	33%	67%	0%	0%	89%	11%	0%	0%
Appropriateness	0%	67%	0%	33%	22%	67%	11%	0%
Triangulation	33%	33%	0%	33%	11%	89%	0%	0%
Contribution	0%	67%	33%	0%	33%	67%	0%	0%
Transparency	33%	33%	33%	0%	44%	33%	11%	11%
<b>Overall</b>	<b>33%</b>	<b>33%</b>	<b>33%</b>	<b>0%</b>	<b>44%</b>	<b>56%</b>	<b>0%</b>	<b>0%</b>
	Evaluation report (mid-term), n=5				Case Study, n=6			
Voice and Inclusion	80%	20%	0%	0%	50%	50%	0%	0%
Appropriateness	0%	80%	20%	0%	17%	83%	0%	0%
Triangulation	20%	80%	0%	0%	17%	83%	0%	0%
Contribution	20%	80%	0%	0%	17%	67%	17%	0%
Transparency	20%	60%	20%	0%	33%	67%	0%	0%
<b>Overall</b>	<b>60%</b>	<b>40%</b>	<b>0%</b>	<b>0%</b>	<b>17%</b>	<b>83%</b>	<b>0%</b>	<b>0%</b>
	Others (VFM, research), n=2				Meta evaluation, n=1			
Voice and Inclusion	50%	0%	50%	0%	100%	0%	0%	0%
Appropriateness	50%	50%	0%	0%	0%	100%	0%	0%
Triangulation	50%	50%	0%	0%	0%	100%	0%	0%
Contribution	0%	100%	0%	0%	100%	0%	0%	0%
Transparency	50%	50%	0%	0%	0%	100%	0%	0%
<b>Overall</b>	<b>50%</b>	<b>50%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>



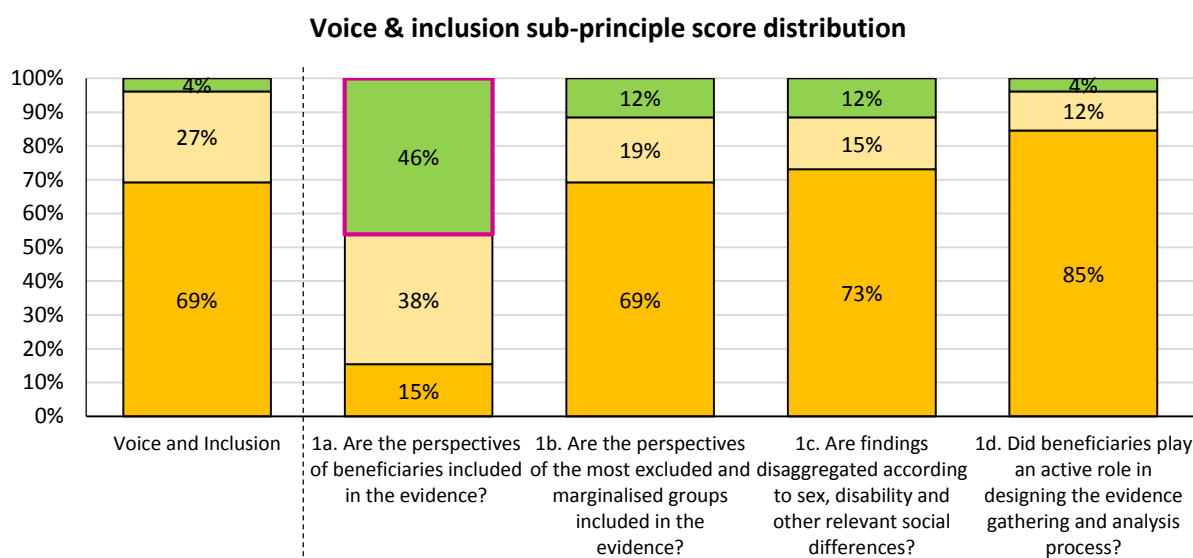
The majority of case studies reached ‘minimum’ standards, more than other report types. As above, this is believed to be as a result of VSO introducing clearer internal guidelines for these.

## Detailed findings by core evidence principles and sub-principles

### 1. Voice & inclusion

BOND’s ‘voice & inclusion’ principle seeks to include the perspectives of impoverished and marginalised people.

Although ‘voice and inclusion’ scores poorly for VSO in general as a core principle, there is variation in the related sub-principles; the sub-category (1a) ‘perspectives of beneficiaries are included in the evidence’ is rated comparatively well on average (46% of reports scored ‘good’).



Case studies are rated particularly highly for the 1a sub-principle. This is believed to be partly due to the fact that evidence based case studies are designed to gather perspectives from a wider range of voices and be more open-ended than other types of evaluation, and partly due to the guidelines and internal support put in place by VSO for internal case studies.

However, the other sub-categories (1b-1d: including the perspectives of the most excluded and marginalised groups, data disaggregation and beneficiaries involved in the evaluation design) are rarely evidenced: roughly 70% or more of reports are rated ‘weak’ in each sub-principle. This is particularly reflective of the poor ratings for end of project evaluations and mid-term evaluations, which account for 14 of the 26 reports (54%) and should be priority areas for VSO to address.

Voice and inclusion	End of project evaluation, n=9				Evaluation report (mid-term), n=5			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
1b. Are the perspectives of the most excluded and marginalised groups included in the evidence?	89%	11%	0%	0%	100%	0%	0%	0%
1c. Are findings disaggregated according to sex, disability and other relevant social differences?	78%	22%	0%	0%	80%	0%	20%	0%
1d. Did beneficiaries play an active role in designing the evidence gathering and analysis process?	89%	11%	0%	0%	100%	0%	0%	0%
<b>1) Voice and Inclusion</b>	<b>89%</b>	<b>11%</b>	<b>0%</b>	<b>0%</b>	<b>80%</b>	<b>20%</b>	<b>0%</b>	<b>0%</b>

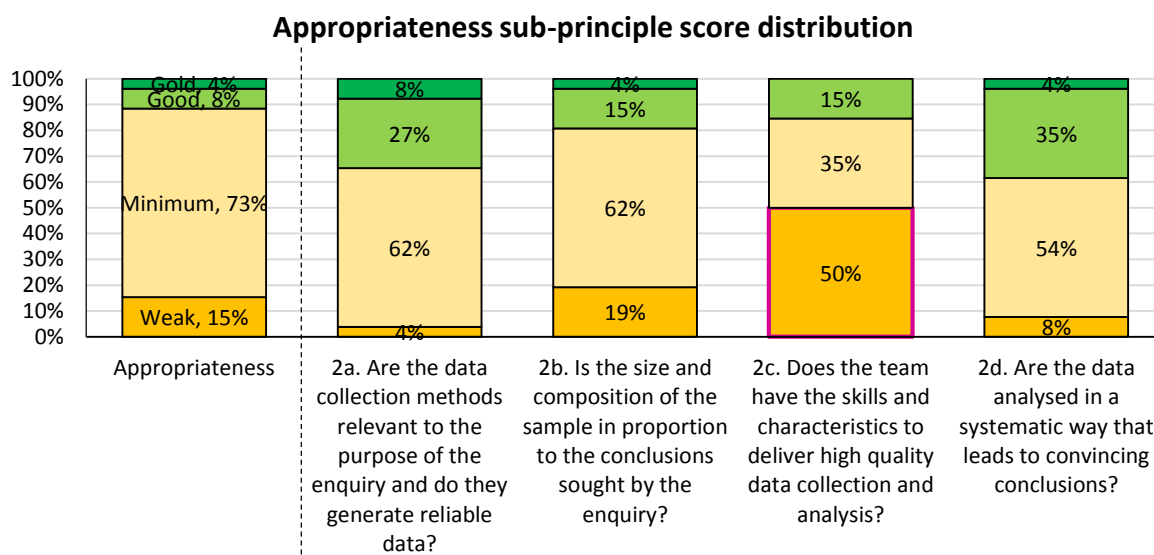
Although data disaggregation by sex, disability and other factors (1c) is poor across the board, none of the 7 internally authored reports demonstrated any evidence of this. VSO will need to ensure that data disaggregation is a key requirement in future terms of references and may need to provide relevant training to internal staff to address this issue.

Involving beneficiaries in the evaluation design (sub-principle 1d) is rare across the sector and is VSO's weakest 'voice & inclusion' sub-principle (85% is 'weak'). Historically, VSO has never explicitly requested beneficiary input in project design but this should be considered for future work.

## 2. Appropriateness

The 'appropriateness' principle is based on the need for data collection and analysis methods used to be justifiable given the nature and purpose of the enquiry, i.e. using the right methods, data source and analysis approach to generate reliable evidence to base conclusions upon.

Within this principle, the need to demonstrate the evaluation team's skills are appropriate for the data collection and analysis methodology is the sub-principle VSO performed poorest in (50% of all reports are 'weak'), with externally-authored reports inferior to internal ones (see section above).

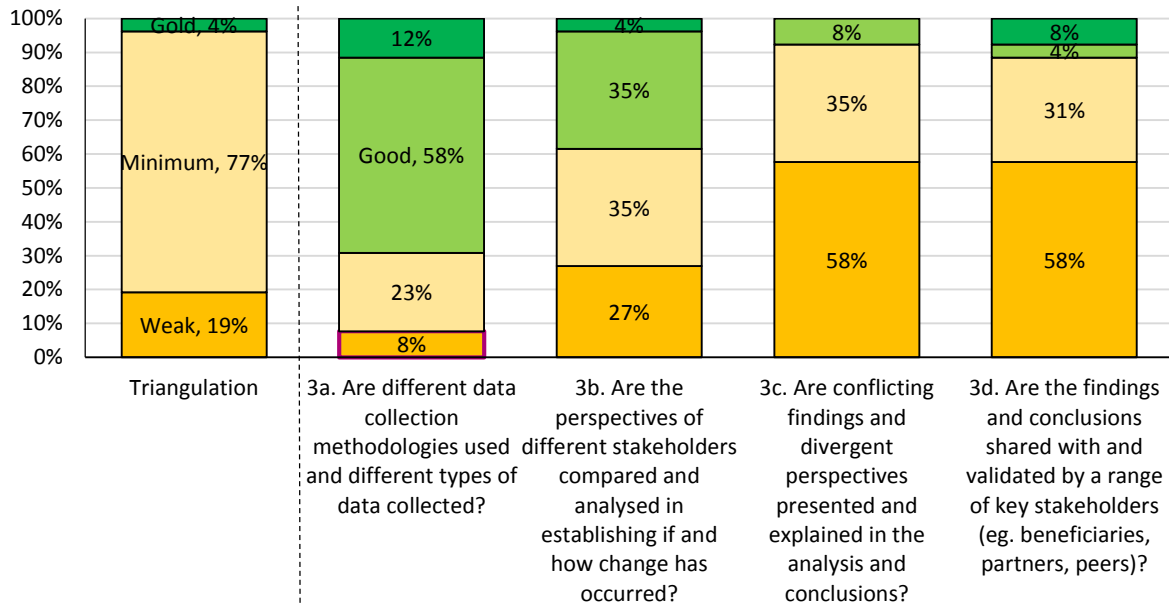


Apart from demonstrating team skills (2c), most of VSO's reports reviewed in the meta-evaluation met the 'minimum' standard (73%); out of the 5 core principles, it performed best in 'appropriateness' (only 15% are classed as 'weak' overall).

## 3. Triangulation

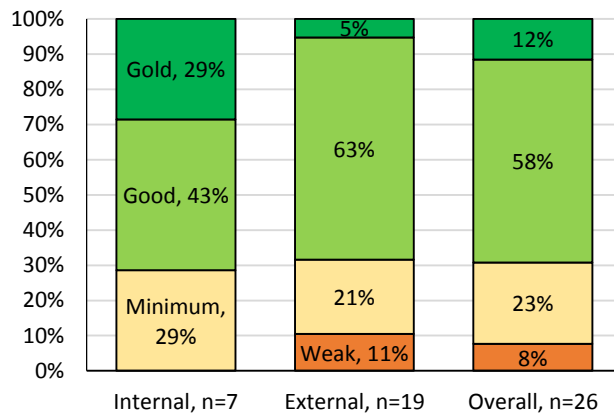
The 'triangulation' principle encourages the use of a mix of methods, data sources and perspectives in the evidence and analysis base. Triangulation helps to build-in checks and test the robustness of the conclusions drawn.

### Triangulation sub-principle score distribution



Using different methodologies (3a) has been well presented across the meta-evaluation sample, with only 8% of reports rated as ‘weak’ in this sub-principle. Additionally, internally authored reports scored better than external ones (although the sample is small), with internal case studies particularly excellent in this: all internal case studies are of a ‘minimum’ standard or above, with 2 out of 4 rated as ‘gold’, this compares with one external case study rated as ‘weak’ and one as ‘good’.

### 3a score distribution by author



However, the presentation of conflicting findings (3c) and findings being validated by a range of stakeholders (3d), are both rated much poorer with 58% as weak.

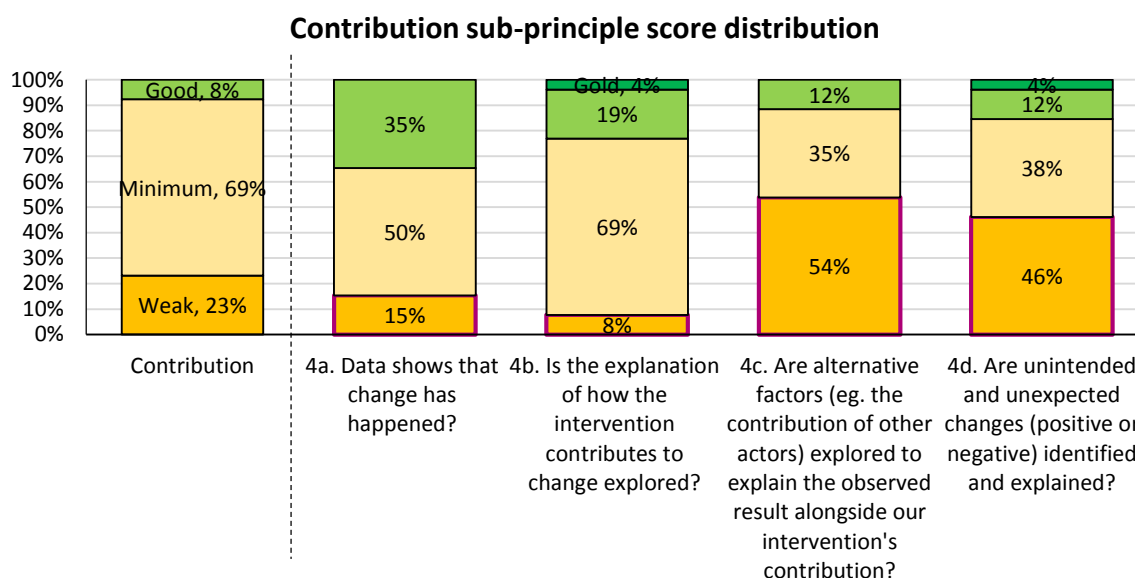
The former (3c) is likely to be directly influenced by VSO’s generally weak performance along the ‘voice & inclusion’ core principle, as a wider range of voices needed for ‘voice & inclusion’ is more likely to lead to presenting conflicting findings in the evidence.

The latter (3d) has been particularly an issue for case studies (83% of case studies are ‘weak’ in this area). This is reflective of the purpose of case studies being to tell a story and provide context for VSO’s work; there has been little methodological need for stakeholder validation to date, such as needing to assess progress to date for future planning as would be necessary for mid-term evaluations. VSO should seek to update its case studies guidelines and support tools to build-in stakeholder validation in future.

#### 4. Contribution

The 'contribution' evidence principle looks to explore and understand how change happens, the contribution of the planned intervention as well other possible, external (non-intervention related) factors that may influence any change outcomes.

Within the 'contribution' principle, showing that change has happened (4a) was relatively well presented (only 15% of reports are rated as 'weak'). VSO also seemed to rate well in exploring how the planned intervention contributed to change (4b) however, there seemed to be a general reluctance or inability to consider alternative factors (4c) and unintended consequences of the intervention (4d).



With regards to demonstrating that change has happened (4a), post-closure evaluations and mid-term evaluations score better than other report types. This is likely to be inherent to the nature of post-closure and mid-term evaluations in that they are designed to explore progress to date and require both baseline and current measurements, demonstrating change more easily. Moreover, for post-closure evaluations, VSO has been able to provide more control and support, due to a less-pressured evaluation timetable. However, surprisingly this is not the case for end of project evaluations, which are similar in purpose to post-closure and mid-term evaluations.

BOND evidence principle	Post-closure evaluation, n=3				End of project evaluation, n=9			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
4a. Data shows that change has happened?	0%	33%	67%	0%	22%	56%	22%	0%
	Evaluation report (mid-term), n=5				Overall, n=26			
	20%	0%	80%	0%	15%	50%	35%	0%
4c. Are alternative factors (e.g. the contribution of other actors) explored to explain the observed result alongside VSO's intervention contribution?	Post-closure evaluation, n=3				End of project evaluation, n=9			
	67%	0%	33%	0%	56%	44%	0%	0%
	Evaluation report (mid-term), n=5				Overall, n=26			
	80%	20%	0%	0%	54%	35%	12%	0%

Post-closure evaluations and mid-term evaluations (along with end of project evaluations) perform significantly less well in exploring and explaining alternative factors to change (4c), with 67% and 80%

rated as ‘weak’ respectively. This was surprising as the sub-principle is a key component of post-closure evaluations for VSO and may need further assessment and strengthening.

One potential explanation may be that some internal studies were conducted by VSO’s programme teams, without support and expertise from VSO’s central MER team, using approaches that have not incorporated the above sub-principles (4c and 4d) in the methodology – the meta-evaluation shows that internal reports were weaker than external ones in these areas.

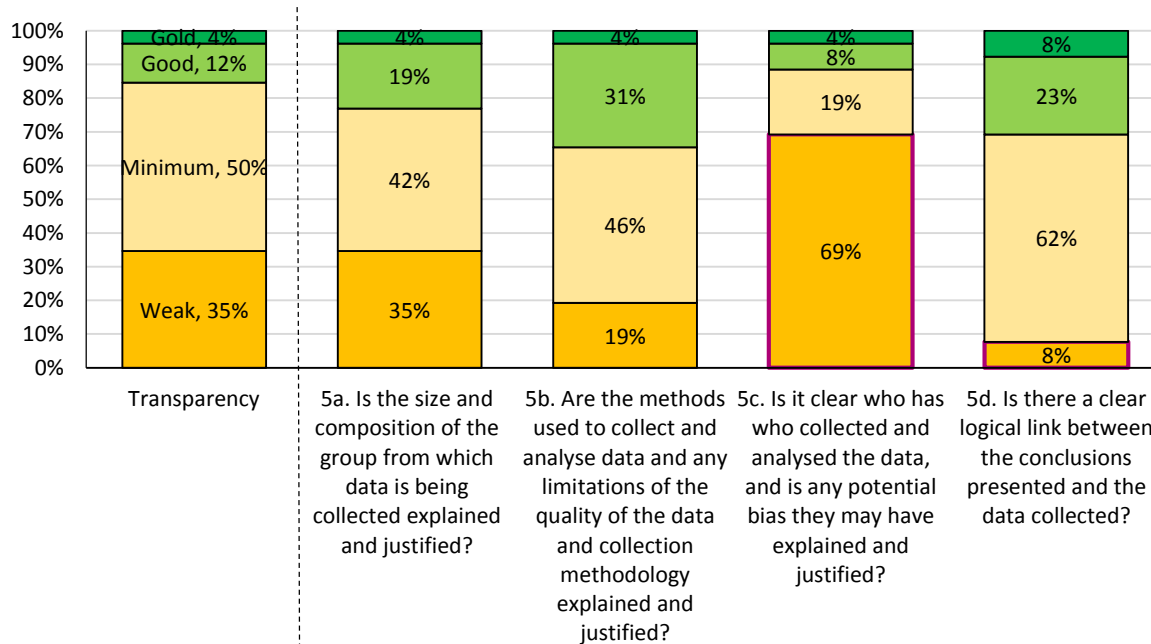
BOND evidence principle	Internal, n=7				External, n=19			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
4c. Are alternative factors (e.g. the contribution of other actors) explored to explain the observed result alongside VSO’s intervention contribution?	71%	0%	29%	0%	47%	47%	5%	0%
4d. Are unintended and unexpected changes (positive or negative) identified and explained?	57%	14%	29%	0%	42%	47%	5%	5%

VSO needs to better support the deep, reflective thinking of factors and outcomes beyond its own interventions that are necessary to gather evidence of other contributing factors and unintended consequences. This is likely to need an organisational change in thinking towards intervention outcomes and will take time and training, but should help to improve VSO’s overall contribution to positive development outcomes in the longer term.

## 5. Transparency

The ‘transparency’ evidence principle revolves around disclosing details of the data sources and methods used in evaluation, the results achieved and limitations that need to be considered. It allows for a more nuanced assessment of gaps, biases or logical validity of the data and conclusions.

**Transparency sub-principle score distribution**





Within ‘transparency’, the meta-evaluation reports performed fairly poorly in being clear on who collected and analysed the data and explaining any potential biases (5c), as c.70% are rated as ‘weak’. Comparatively, linking conclusions with the data presented fared much better, where only 8% of the reports reviewed were ‘weak’.

In terms of themes, education reports were stronger than others in justifying the data sample size and composition (5a) and explaining the quality of the data collected (5b). It is not immediately obvious why this is the case and may be a result of the reports sample rather than reasons inherent to educational programmes.

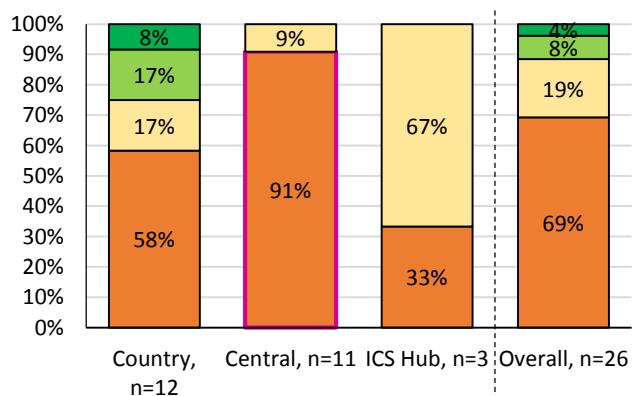
BOND evidence principle	Education, n=7				Overall, n=26			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
5a. Is the size and composition of the group from which data is being collected explained and justified?	14%	57%	29%	0%	35%	42%	19%	4%
5b. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified?	0%	43%	57%	0%	19%	46%	31%	4%

With regards to report types, case studies performed less well than others in exploring the quality of the data collected (5b) and in identifying potential biases in the data collection (5c). This is possibly due to evaluation methodologies having already been agreed to prior to starting the case study and subsequently not being included in detail in the report. This should be reviewed as well as VSO’s ‘how-to guide’ for case studies linked to reports, to ensure the methodology is systematic in identifying who collected and analysed the data and in exploring potential biases in the evaluation.

BOND evidence principle	Case Study, n=6				Overall, n=26			
	Weak	Minimum	Good	Gold	Weak	Minimum	Good	Gold
5b. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified?	50%	50%	0%	0%	19%	46%	31%	4%
5c. Is it clear who has who collected and analysed the data, and is any potential bias they may have explained and justified?	100%	0%	0%	0%	69%	19%	8%	4%

Moreover, a concern emerging from the meta-evaluation analysis is that centrally commissioned reports (not including those by the ICS hub) as opposed to those commissioned by VSO’s country offices performed significantly less well in being clear on who collected and analysed the data and demonstrating any potential biases (5c). This is an area that VSO’s central MER team should review and strengthen, in collaboration with country office MER staff. Detailing the team’s skills in the terms of reference for an evaluation should help with such reflections.

**5c score distribution by report commissioner**



## Recommendations and next steps

VSO undertook the meta-evaluation to gain a better understanding of the quality of the evidence it has generated. Despite some uncertainty introduced by a number of methodological limitations and occasional low sample sizes, the overall conclusion suggests there is plenty of room for improvement in its evaluations, particularly around including the voices of primary actors across the lifespan of a planned intervention.

To help VSO to focus on the voice & inclusion core principle, the need for detailed data disaggregation (by age, gender, disability etc.) and information on appropriate team skills (an 'appropriateness' sub-principle) in collating and analysing data needs to be explicitly required in any terms of references relating to evaluations. Some internal investment in resources and training may be necessary to help raise the minimum standards in commissioning across VSO's portfolio. Details of team skills will in turn inform VSO's need for identification of data collectors and potential biases during the course of the evaluation and improve upon its current 'transparency' principle rating.

Ensuring that the perspectives of the most marginalised people are included in the evidence also needs to be considered at the initial stages of programme/project design so that they are built into VSO's work from the start. These measures will improve alignment with the 'voice & inclusion' evidence principle and should have a further positive knock-on effect of presenting conflicting findings and conducting stakeholder validations later in the process. These are areas in which VSO currently needs to improve, according to the 'triangulation' principle.

Success in the above is expected to facilitate staff in having deeper and more critical reflections on programme/project design and development outcomes. In turn, this will compliment ongoing efforts from VSO to better explore and explain alternative factors to change and understand any unintended outcomes of its activities (related to the 'contribution' principle). Both are crucial to achieving continuous improvement and maximising the positive impacts VSO has on the lives of poor people.

In many ways, VSO's case studies have had reflected BOND's evidence principles better than many other evaluation types. This is believed to be in part due to clear guidelines being put in place recently on how to conduct evidence-based case studies by VSO's central MER team, strong commitment from VSO country office staff carrying out the projects and the complimentary support and accompaniment of VSO evaluation specialists. Making such resources available for other evaluation types and where appropriate thematically specific guidance, should help improve the overall quality of evidence generated.

This would also be in line with VSO's plan of building MER capacity both to conduct and to better commission evaluations particularly for types of evaluations not traditionally conducted in-house.

## **Part 2**

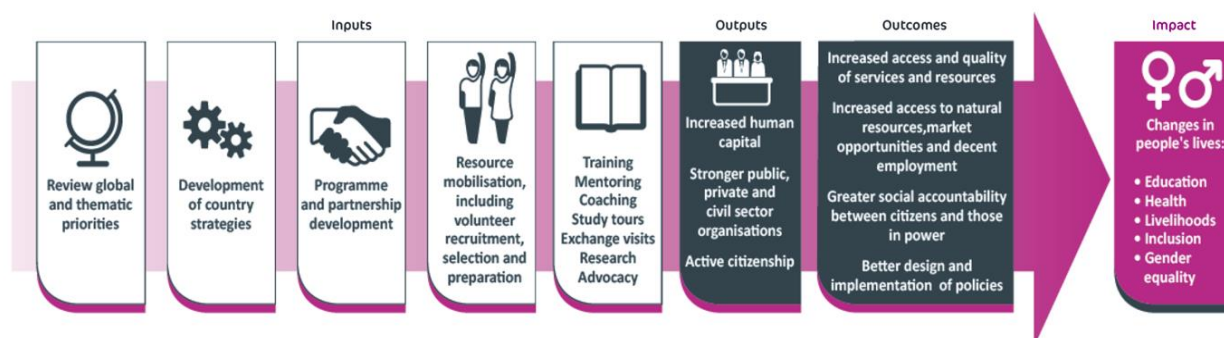
Synthesis Review: overall  
consolidation of evidence

## Part 2- Synthesis Review: overall consolidation of evidence

### Methodology

The second phase of this exercise entailed the synthesis of all the evidence emerging from the 26 evaluations<sup>9</sup>.

At the inception of the exercise (in January 2015) VSO decided to synthesise all the evidence according to the dimensions of change in what was understood at that point as VSO's Global Theory of Change<sup>10</sup> (see diagram below).



Specifically, evidence was looked for against:

- VSO's contribution to partner capacity building and strengthening public, private and civil society organisations
- VSO's contribution towards increasing access to services and resources
- VSO's contribution towards increasing the quality of services
- VSO's contribution to better design and implement policies
- VSO's contribution to changes in peoples' lives in health, education, livelihoods, gender equality and inclusion
- the sustainability of VSO's interventions

In the period while work was done on the synthesis however, VSO invested in the rethinking of its approach to development and its theory of change. This was informed by the development of the People First Framework<sup>11</sup> and by the findings of the seminal study conducted with the Institute for Development Studies on the value of volunteering<sup>12</sup>. The findings of this major research project revealed that volunteers are well placed to develop the kind of mutual and trusting relationships that can be a critical enabling factor in facilitating more transformational change. In particular, it shows that volunteerism can add value to sustainable development outcomes in the following eight interrelated ways: 1) quality and effectiveness; 2) inclusion; 3) innovation; 4) collaboration and networking; 5) ownership and agency; 6) participation; 7) social action and active citizenship; 8) inspiration, socio-cultural norms and values.

<sup>9</sup> As mentioned in the introduction, evidence from two additional evaluation reports completed in early 2016 were also included: i) Post Closure Evaluation of VSO's Work in Cameroon, Janet Clark and Alfred Kuma, 2015-2016; ii) Evaluation of Approaches to National Volunteering, VSO Nigeria 2016.

<sup>10</sup> VSO's Global Theory of Change, Bringing People Together to Fight Poverty, April 2014.

<sup>11</sup> VSO People First Framework is available on request and will be soon online.

<sup>12</sup> Valuing Volunteering - the Role of Volunteering in Sustainable Development, VSO and the Institute for Development Studies, 2015.

These new findings on how VSO and its volunteers contribute to change encouraged us to also analyse the findings of the 26 evaluative reports against these eight areas of outcomes highlighted in the Valuing Volunteering research. This has brought to light additional findings that corroborate and/or challenge previous results.

Findings from the synthesis are presented according to the specific contribution of volunteering, as well as according to the categories of the previous theory of change.

### **The evidence found on the volunteering and relationship approach:**

## **The role of volunteers in bringing about change**

A core theme running through the **Valuing Volunteering research** is how volunteerism adds value by being a “relational” or “relationship-based” approach to development that empowers partners and primary actors. By reviewing the 26 reports through the lens of this relationship approach and the interlinked eight areas of outcomes mentioned above, additional evidence was found about the contribution of volunteering to change. This also gives VSO a clearer direction to improve its evaluation approach and analysis in understanding better this contribution so unique for VSO.

### **1. Quality and effectiveness**

This was the area that received most attention across all the reports reviewed. This is partly because there was significant overlap between the eight volunteer outcome areas and the six areas of change in the Global Theory of Change. For example, quality and effectiveness relates to the dimension of change of ‘quality of services’, ‘capacity building’, ‘access to services’ and ‘changes in people’s lives’.

However, in general, the role and contribution of volunteers in bringing about change in the quality and effectiveness of services is under-researched and under-acknowledged. Reports either just highlight changes without outlining what mechanisms volunteers contributed through or limit the analysis to listing the activities volunteers implemented and the specific outputs they produced.



Only a few reports, namely the Tanzania Continuous Professional Development project evaluation, the Cameroon<sup>13</sup> post-closure evaluation, the Nigeria evaluation of Approach to National Volunteering and the Sri Lanka post-closure evaluation, really explore and attempt to understand the distinctive contribution of volunteers.

For example the Sri Lanka post-closure evaluation compared how organisations value the capacity building of VSO compared to other organisations. It also stressed how partners felt about the unique effectiveness of volunteers to form quality working relationships, to provide long-term support, to become part of the team and to adapt to the local context. This all supports VSO’s evidence that volunteers are particularly effective when working through positive, equal and reciprocal working relationships.

---

©VSO - VSO Cameroon. A future aspirant councillor with VSO volunteer working at Cominsud, Community Initiative for Sustainable Development, a leading organisation in Cameroon’s Civil Society focusing on mobilising women, youth and minority candidates for legislative and municipal elections.



The Vanuatu health case study stressed how volunteers' use of constant feedback, adaptability and time spent building key relationships within the community ensured that they tailored their approach to meet the health workers' needs. Again this supports the development of positive working relationships.

## **2. Inclusion**

Some evidence was found about how VSO volunteers contribute to inclusion by extending the reach of services to the poorest and most marginalised people in projects, for example, in The Gambia working with People with Disability (PwD), in Tanzania working with vulnerable mothers and their neonatal children and in Mongolia through community health volunteering.

## **3. Innovation**

Volunteers are well placed to introduce new ways of thinking and facilitate locally appropriate innovation. Anecdotal evidence of such positive outcomes in specific projects like developing new recipes as part of a nutrition training course<sup>14</sup> and some new teaching practices<sup>15</sup>, was found. This area appears to be under-researched and represents a clear evidence gap. Volunteers work with partner organisations and introduce new ways of working, however the extent to which this results in innovation is unclear. VSO intends to give more attention to understanding what may be considered as micro-level innovation which comes about through joint working between volunteers and partners.

## **4. Collaboration and networking**

Volunteers work effectively across agencies, bringing other organisations into processes and even leaving a legacy of better established networks and links. In Sri Lanka, volunteers were able to build links with funders which allowed partners to access funding. In Vanuatu volunteers worked proactively with other agencies to increase their impact for the community. In Tanzania, the Continuous Professional Development project evaluation report notes increasing integration with other relevant departments within the hospital as a key outcome<sup>16</sup>.

VSO also found examples of youth volunteers being able to build bridges and networking opportunities. In Sierra Leone, ICS volunteers fostered better cooperation between host organisations and other organisations working in different fields<sup>17</sup>.

The VSO Bangladesh Youth Community Volunteer evidence based case study also acknowledges some lasting changes with youth continuing to leverage support, advice and knowledge from the networks they established through volunteering and that *"relationships and networks have strengthened in the community on a number of levels as a result of youth volunteering."*<sup>18</sup>

However, these examples are not always investigated thoroughly, in particular on the sustainability of the volunteers' efforts and investments in creating collaboration networks. This is an area for future investigation for VSO.

---

<sup>14</sup> Page 15 - VSO Vanuatu Health Case Study: Strengthening national response to HIV and STI, 2014

<sup>15</sup> Language Support Programme Impact Assessment Report, Helen Horton and Richard Jones, VSO Papua New Guinea, May 2015

<sup>16</sup> Page 25 - Evaluation of Support to Continuous Professional Development of Health Workers in Tanzania, VSO Tanzania, 2014

<sup>17</sup> Page 6 – VSO Sierra Leone ICS Case Study Report, Ecorys, 2014

<sup>18</sup> Page 13 – Evidence-based Case Study on Youth Community Volunteering, VSO Bangladesh, 2015

## 5. Ownership and agency

VSO found clear evidence that positive changes cannot be sustainable if owned by the volunteer(s) rather than the partner organisation(s). Ensuring that projects are owned by primary actors rather than volunteers is therefore essential. This was the case in Tajikistan where the ICS evaluation notes that if *“VSO Tajikistan’s ICS programme has been of significant value, this has been mostly due to the drive and enthusiasm of the volunteers and ICS staff. However, in the majority of cases, the benefits have*



*accrued only for the duration of each project and placement – not beyond”.* This was mostly because of the *“little sense of ownership on the part of placement partners.”<sup>19</sup>* This is an area that needs further investigation as well.

Increasing the confidence and aspiration of local partners is also one of key outcomes that volunteers contribute to using approaches such as peer-to-peer and mentoring which foster trust and agency. Substantial evidence was found that working with volunteers increases the confidence of partners in various reports such as in Sri Lanka, The Gambia, Malawi, Ghana, Nigeria, Vanuatu, Tanzania and Ethiopia.

The Vanuatu Health case study highlights how the confidence of teachers increased as a result of working closely with volunteers, *“teachers are now comfortable and feel capable about discussing SRH issues with their students.”<sup>20</sup>*

In the Papua New Guinea Language Support programme, a lecturer acknowledged that his teacher students were *“much more confident in their teaching strategies and their lessons were much more enjoyable to watch”<sup>21</sup>* as a result of working alongside volunteers. However, VSO has limited evidence to date to show that increased teacher confidence impacted on the performance of pupils. Establishing links between the areas of change is therefore vital.

## 6. Participation

Volunteers promote participation by encouraging and modelling approaches that place people at the heart of development. VSO found evidence that this is happening in the education field particularly where the work of volunteers led to teachers embracing more participatory and interactive teaching practices. The Papua New Guinea Language Support programme impact evaluation, the Rwanda Aloha endline report, the Zanzibar education evaluation and the Ethiopia education evaluation highlighted the promotion of more student-centred learning techniques. The Ethiopia report also emphasized how the intervention facilitated more participation of stakeholders and how the model gave teachers the opportunity to discuss and attempt various approaches with their peers<sup>22</sup>.

---

<sup>19</sup> Page 14 – ICS Project Evaluation 2012-2014, John Stop, VSO Tajikistan, 2015

<sup>20</sup> Page 14 - VSO Vanuatu Health Case Study: Strengthening National Response to HIV and STI, 2014

<sup>21</sup> Page 27 - Language Support Programme Impact Assessment Report, Helen Horton and Richard Jones, VSO Papua New Guinea, May 2015

<sup>22</sup> Page 14 – Education Evaluation VSO Ethiopia, Jigsaw Consult, December 2014

©VSO – VSO volunteer and local women at a business skills workshop, VSO Tajikistan

In health, this was also taking place but to a lesser extent. In the Tanzania CPD evaluation, patients are shown to be increasingly confident in providing feedback to health workers and making requests for prompt services<sup>23</sup>.

Overall, there is a lack of evidence in demonstrating how volunteers encourage more participatory practices which may in turn reflect a general lack of investigation into the ways that volunteers work.

## 7. Social action and active citizenship



When successful, volunteering can create a “virtuous circle” that both sustains and leads to further expressions of social actions and active citizenship. Few reports however, investigate this area of outcomes. In the Bangladesh ICS project, VSO found evidence of active citizenship cascading to other villages where additional youth clubs were established. This occurred because young people in those villages were inspired by attending community action days. The report also observed that people were more motivated to volunteer: *“Increasingly, young people are motivated to volunteer to develop themselves, support their own families and wider community members.”*<sup>24</sup> In the Sierra Leone ICS project, similar findings were found where most of the ICS alumni have remained active in volunteering or have become involved in community actions. In Nigeria, VSO collected evidence that national volunteers often continue to be

active after their placement with 62% of returned volunteers promoting active citizenship and taking social action after their placement.<sup>25</sup>

## 8. Inspiration: socio-cultural norms and values

VSO found some evidence that volunteers inspire new ways of thinking which can then lead to positive impacts on attitudes and behaviours. Volunteers do contribute to behaviour change by increasing people’s knowledge (through training) in sexual and reproductive health in Nepal<sup>26</sup> and in disability in The Gambia<sup>27</sup>. The Sri Lanka post-closure evaluation also highlighted how the most successful volunteers were the ones able *“to negotiate and challenge preconceived ways of thinking, power dynamics and organisation hierarchies in non-threatening yet assertive ways.”*<sup>28</sup> However, this is an area of outcome again under-investigated in most of VSO’s evaluation reports and evidence is limited.

---

<sup>23</sup> Page 28 - Evaluation of Support to Continuous Professional Development of Health Workers in Tanzania, VSO Tanzania, 2014

<sup>24</sup> Page 12-13 – Evidence-based Case Study on Youth Community Volunteering, VSO Bangladesh, 2015

<sup>25</sup> Page 31, 53 – Evaluation of Approaches to National Volunteering, VSO Nigeria, Alfred Kuma and Janet Clark, 2016

<sup>26</sup> Evidence-based Case Study on Youth Volunteering Contribution to Sexual Reproductive Health Development Results in Baglung, VSO Nepal, July 2015

<sup>27</sup> The Gambia VSO Disability Area Programme Post Evaluation Report, Momodou S.W Sowe, April 2015

<sup>28</sup> Page 52 – VSO Sri Lanka Post-closure Evaluation Report, Karen Iles, September 2015

© Janet Clark – Evidence-based case study field visit, VSO Bangladesh, January 2015

## Recommendations for future learning

5. VSO's programmes are designed around volunteering interventions. It is critical therefore, that VSO investigates how different volunteers and volunteering models work through relationships to bring about change. Volunteers do not bring about change on their own; they do it with primary actors and partner organisations. Understanding these relational dynamics and how VSO's delivery models can support them to bring about change is an important next step.
6. VSO needs to better understand the complex and varied processes of change. The eight areas seek to identify some of the 'dimensions of change' but make no claim as to what, if any order, they occur in.
7. In most evaluation reports, the precise role of volunteers in bringing about the change is under-researched and under-acknowledged. Only a few reports (CPD Tanzania, education in Ethiopia, Cameroon post closure, national volunteering in Nigeria and Sri Lanka post-closure) give specific attention to the role of volunteers. In-depth investigation into the distinct contribution of volunteering needs to be one of the key focuses of VSO's future evaluations.

## The evidence found on VSO's Theory of Change:

### Capacity Building of Partners

#### VSO's contributions to partners' capacity development

VSO considers developing and supporting the capacity of its programme partners to be the most equitable and sustainable way to realise the rights of impoverished and marginalised people. Volunteer placements are the primary method of capacity building support that VSO provides. VSO's approach to capacity development includes among many others the strengthening of internal systems and organisational development, individual staff skills, structures, policies and procedures.

The findings of the evaluation reports established that VSO volunteer interventions result in building the **individual capacity** of partner staff practitioners and colleagues. The synthesis found extensive evidence of the contributions of traditional long term international volunteering placements across many contexts as a key element of success. In addition to this however, the value of other types of volunteer approaches (and activities) were identified. Across different countries (in particular Nigeria, Kenya and Bangladesh<sup>29</sup>), there is evidence that youth volunteers were able to share new ideas, build networks, change the way people think and create platforms where other young people could learn from. Furthermore, they contribute to developing their local volunteer counterparts' skills in facilitation, negotiation, cultural awareness and team working.<sup>30</sup> In Nigeria, national volunteers reported a crucial area of personal development gained from volunteering, including "*self-confidence and awareness, tolerance, leadership qualities, maturity in mind, increased independence and self-esteem as well as an openness to challenge*"<sup>31</sup>.

There are numerous examples of changes in **organisational capacity**, staff improvements and the specific contributions of volunteers in education (Language Support Programme in Papua New

---

<sup>29</sup> Evaluation of Approaches to National Volunteering, VSO Nigeria, Alfred Kuma and Janet Clark, 2016; Evidence-based Case Study on Youth Volunteering Contribution to Livelihoods Development Results in Nanyuki, Kenya, VSO Jitolee, July 2015; Evidence-based Case Study on Youth Community Volunteering, VSO Bangladesh, 2015

<sup>30</sup> This area is now being evaluated more systematically across ICS.

<sup>31</sup> Page 46 - Evaluation of Approaches to National Volunteering, VSO Nigeria, Alfred Kuma and Janet Clark, 2016



Guinea), in health (Community Health Volunteer programme in Mongolia and the THET project in Malawi,) in livelihoods with case studies of successful capacity building of partners in Nigeria, Cambodia and Malawi and in disability with positive changes in organisations for people with disabilities such as organisational and management capacity in The Gambia<sup>32</sup>.

Indeed, VSO interventions built capacity in an array of individual and organisational aspects, which are often **interlinked**: new ways of thinking and attitudes, funding and links with donors, building relationships, documents/systems/organisational development, skills and confidence development, awareness raising and research, networking. This was particularly strong in the findings of the post-closure evaluation of VSO Sri Lanka and in the Vanuatu health case study (HIV and STI).

The evidence<sup>33</sup> indicates that changes in the capacity of individuals are closely connected to changes in organisational capacity. As the Sri Lanka evaluation highlighted, *“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. This is because individual factors and organisation factors that cause capacity outcomes, by necessity need to change and develop at the same time”*.<sup>34</sup>



Similar evidence was found in the Cameroon post closure evaluation where partner staff acknowledged that *“capacity building in an individual level enhanced the capacity of the organisation because of the way individuals were able to practically apply their acquired skills and knowledge within their role.”*

In education, the strongest evidence refers to VSO’s direct interventions in the school environment: in-service teacher training direct from VSO volunteers to teachers and head teachers to support school wide changes to teaching and learning<sup>35</sup>. There is evidence that placing skilled education volunteers within teacher colleges made a positive contribution to building the capacity of the teaching workforce but less evidence of this improving the final quality of education services.<sup>36</sup> While there is evidence of capacity building at the level of ‘teaching and learning’ and ‘education governance’, there is much less at the level of ‘community engagement’. Ghana constitutes an exception where the TENI project successfully increased community participation in education management through effective community level awareness raising and revitalization of community based school management structures, such as school management committees and Parent Teacher Associations<sup>37</sup>.

---

<sup>32</sup> The Gambia VSO Disability Area Programme Post Evaluation Report, Momodou S.W Sowe, April 2015

<sup>33</sup> VSO Sri Lanka Post-closure Evaluation Report, Karen Iles, September 2015; VSO Vanuatu Health Case Study: Strengthening national response to HIV and STI, 2014, Post Closure Evaluation of VSO’s Work in Cameroon Evaluation Report, Janet Clark and Alfred Kuma, 2015-2016

<sup>34</sup> Page 42 - VSO Sri Lanka Post-closure Evaluation Report, Karen Iles, September 2015

<sup>35</sup> Page 12 – Education evaluation: Meta-analysis, Jigsaw Consults, December 2014

<sup>36</sup> Page 9 – Zanzibar Education Evaluation, VSO Tanzania, Jigsaw Consult, December 2014

<sup>37</sup> Page 32 - End of Project Evaluation Report: Tackling Education Needs Inclusively (TENI) Project, VSO Ghana, Endogenous Development Service, April 2014

©Janet Clark - Post-closure evaluation field visit for VSO Cameroon, community meeting, November 2015

The synthesis found similar evidence in the health sector. In Tanzania, the Continuous Professional Development project supported direct volunteer intervention in hospitals working with health managers, front line health workers and junior health workers. VSO volunteers and the German International Cooperation (GIZ) staff provided mentoring, facilitation of discussions at staff meetings and introduced a programme of presentations/classroom style teaching on key topics. They also provided supervision and hands on support for their colleagues. Support was given on building the governance of the medical management staff, particularly in human resources and health management. Thanks to the variety of these approaches, volunteers successfully built the individual capacity of the health workers. Their improvements in skills and knowledge was also reported by community representatives.<sup>38</sup>

Another interesting finding is the **emerging differences** amongst the changes in capacity – and how VSO contributes to them - **in government partners versus NGOs/CBOs**. For example, evaluations of changes in health government bodies appear to indicate prevalence in capacity changes related to systems and processes, whereas evaluations of changes in capacity of NGOs highlight areas related to governance, fundraising and networking.

In Vanuatu<sup>39</sup>, there was evidence that improvement of documentation within the Ministry of Health had led to organisational capacity building that was sustained over time: *“The provincial record keeping has dramatically improved...It was identified that the health workers are still using the tools introduced during VSO’s intervention...The supervisory visits records also confirm that all health facilities are maintaining accurate client information.”*



In The Gambia, change in organisational and management capacity of Disabled People Organisations (DPO) was brought about more effectively by supporting areas related to fundraising, strategic planning, governance, advocacy skills, partnership and networking<sup>40</sup>. Similar findings were found in Sierra Leone where NGO/CBO partners also benefitted from an increase in resources with project proposals being developed successfully with the support of ICS volunteers<sup>41</sup>. In Malawi, the Water Future project also supported the local civil society climate change organisations to form a network which was able to lobby more effectively for policy change from the government for climate change mitigation and adaptation interventions<sup>42</sup>.

Much of the evidence included in this section was gathered through participatory evaluative approaches focusing on partners and primary actors. One particular innovative approach that was piloted in Sri Lanka and Cameroon was to focus on the evaluation of the perceptions of partners’ own definition and understanding of their “capacity to deliver services and projects”, what it means for

---

<sup>38</sup> Page 20 – Evaluation of Support to Continuous Professional Development of Health Workers in Tanzania, VSO Tanzania, 2014

<sup>39</sup> Page 11 – VSO Vanuatu Health Case Study: Strengthening National Response to HIV and STI, 2014

<sup>40</sup> Page 23 – The Gambia VSO Disability Area Programme Post Evaluation Report, Momodou S.W Sowe, 2015

<sup>41</sup> Page 6 - Sierra Leone ICS Youth Case Study

<sup>42</sup> Page 31-32 – Malawi Water Future End of Project Evaluation, VSO Malawi, Steve Makungwa, March 2015  
©VSO – Health workers leading community education session, VSO Vanuatu.

“them” and how they thought VSO specifically contributed. This brought about particularly interesting findings that are presented throughout this report.

### How do VSO interventions contribute to change in the capacity of its partners?

The synthesis identified five areas of key factors that contributed to the capacity building of partners. These factors were highlighted in the Sri Lanka post-closure evaluation but are recurrent in many other studies and frequently mentioned as drivers (or restraints if not present) of capacity changes:

- The **qualities of VSO volunteers** at personal, professional and social levels and the **way they interacted with others** were determinant in effectively building the capacity of partners. Showing mutual respect, listening to the specific needs, knowing the “real” context, using participatory approaches and challenging ways of thinking and power differences in a non-threatening way were often described as key qualities for successful volunteer placements.

In Sri Lanka, for example, *“Partners value the unique effectiveness of VSO volunteers in a number of ways: ability to form quality working relationships, provision of long term support, volunteers embedded as team members, bespoke capacity development adapted to context/reality, focus on partners’ sustainability as well as delivery.”*<sup>43</sup>

- The diversity of **approaches used by VSO volunteers** such as mentoring, building relationships, adapting to contexts, delivering tailored trainings and follow-ups were key factors for capacity building too. In education, for example, a mixture of the following was often needed to increase the capacity of front line workers and partner staff: pre-service training, on the job training/mentoring, peer support and day to day practical experience with the volunteer.

VSO found similar evidence in Cameroon where *“volunteers were able to build capacity as they worked together with staff in communities and it was the ongoing day to day inputs that enabled them to support in the field and then follow up in the office that strengthened the development of skills and knowledge.”*<sup>44</sup>

- **Partners’ internal features** were found to be crucial in supporting capacity development: cooperation between staff, staff willingness and confidence, staff skills and experience, availability of existing systems - but foremost the leadership support and endorsement of capacity building development initiatives was crucial. The synthesis gathered evidence that the impact of VSO interventions is remarkably greater when the buy-in of the leadership is achieved at the partners’ level in all different types of setting. For example, in service delivery partners such as schools and hospitals; within NGO governance structures; but also at community levels such as in Vanuatu, at provincial level in Cameroon and at national Ministry level in Ethiopia and Mongolia.
- **VSO programmatic approach** is another crucial factor for capacity building. Successive long term volunteer placements with effective handovers were often mentioned as a key element for successful capacity building such as in Sri Lanka and Vanuatu where *“the placement of three successive volunteers with time for effective handover contributed to the overall success of this programme”*<sup>45</sup>. In Cameroon, partner staff acknowledged that *“longer placements had the potential to enable volunteers to gain more holistic understanding of both the needs of the partner organisation and the most effective way of working with them”*. Forming vertical and horizontal

---

<sup>43</sup> Page 3 – VSO Sri Lanka Post-closure Evaluation Report, Karen Iles, September 2015

<sup>44</sup> Page 19- Post Closure Evaluation of VSO’s Work in Cameroon Evaluation Report, Janet Clark and Alfred Kuma, 2015-2016

<sup>45</sup> Page 8 – VSO Vanuatu Health Case Study: Strengthening National Response to HIV and STI, 2014



linkages by placing volunteers strategically at all levels (community, local, provincial and national) was in few instances mentioned as a factor contributing to capacity building but evidence was also found that this was not always successful and needed to be carefully planned.

Capacity building efforts could be nurtured or hindered by **external contextual factors** that were often difficult to foresee, such as donor funding policies (for example in Sri Lanka as a result of the country's change of status to a middle income country), political contexts (civil conflict or peace), changes in government and employees within local structures (Cameroon) and natural disasters.

### Recommendations for future learning

- VSO needs to investigate further the interconnection between changes in the capacity of individuals, changes in organisational capacity and how they both emerge together over time in a circular relationship.
- In health, the synthesis found evidence on how volunteers support individual and organisational changes. Efforts should now focus on gathering evidence on how this relates into changes in the health and lives of the poorest and most marginalised communities.
- In education, it will be useful to investigate which level of education systems or combination of education systems VSO is more likely to build capacity of partners in: at tertiary, secondary and/or primary level.
- In livelihoods, there is a need to gather more evidence and detailed descriptions of VSO's role in building the capacity of partners. Such evidence will certainly help inform VSO's livelihoods strategies, funding applications and programming design.
- In VSO's youth ICS intervention, there is emerging evidence of short term benefits for partners hosting ICS volunteers. VSO will need to test and gather evidence of longer term partner capacity building through ICS and how skills transfer actually occur.
- VSO collected more evidence on how its interventions support capacity building of civil societies to hold governments to account but less on how governments become more responsive as a result of it. This is an area that will need further investigation in future evaluations, especially as social accountability has now been recognised as one VSO's core programming approach.

### Improvements in the Quality of Services

VSO works with partner organisations to improve the skills and capacity of professionals and community members. The changes achieved at individual, organisational and community levels contribute to long-term outcomes including increasing the quality of and access to services. The synthesis analyses evidence of both notions of quality and access to services.

Regarding the improvement in the **quality** of services, the synthesis found extensive evidence of how VSO successfully contributes to it, particularly in terms of front line service delivery staff capabilities and confidence, systems strengthening and organisational capacity and in turn, how this creates a virtuous cycle of improvement.

#### A circular relationship between capacity building and improved quality of services

One of the key findings regarding how VSO programmes improve the quality of services was revealed by the Sri Lanka post-closure evaluation<sup>46</sup> where changes in individual and partner capacity and

---

<sup>46</sup> Page 5 – VSO Sri Lanka Post-closure Evaluation Report, Karen Iles, September 2015

improved outcomes in terms of services, both emerged gradually at the same time, each causing and reinforcing the other – rather than in a linear process as suggested by VSO’s Global Theory of Change.

*“The capacity development of partners and change in the nature of services and projects 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 projects delivered reinforce and cause each other.”<sup>47</sup>*

There is also a strong circular relationship between the increase in confidence, motivation and job satisfaction amongst partner organisations’ staff members and the quality of service they delivered, emerging together and reinforcing each other.

In Papua New Guinea<sup>48</sup>, the improved quality of teaching and lecturing and the effective cascading of knowledge was directly caused by teachers’ increase in confidence. Those improvements were then observed by student teachers. Similarly, significant changes were observed in the capacity and motivation of teachers and supervisors in Ghana which translated into improved quality in the delivery of education services<sup>49</sup>. Building skills, boosting motivation and increasing confidence are intricately interlinked, nurturing each other.



### **Improved areas of service**

VSO interventions contribute to the improvement of the services delivered by its partners in many different areas such methodologies of delivery, systems/protocols and organisational strengthening, innovation and overall staff competencies and technical skills.

The synthesis found substantial areas of evidence of improvements in the quality of services in education (in terms of child centred methodologies applied in schools and by teachers) and in health (in terms of interaction with health staff, access and better diagnostics). However there is a clear evidence gap in how VSO contributes (or not) to the improvement of its livelihoods services.

---

<sup>47</sup> Page 42 - Ibid

<sup>48</sup> Page 27 – Papua New Guinea Language Support Programme, Impact Assessment report, Helen Horton & Richard Jones, May 2015

<sup>49</sup> Page 29- End of Project Evaluation Report: Tackling Education Needs Inclusively (TENI) Project, VSO Ghana, Endogenous Development Service, April 2014.

© VSO Papua New Guinea- A head librarian sounding out a word to a young boy during a classroom activity; captured by Sarah Wiles, VSO Multi-Media Producer volunteer in Papua New Guinea for the Language Support Program making teaching videos and resources to support the new teacher training curriculum



In **education**, there is overall evidence of improved child centred methodologies in both evaluations conducted of VSO education programmes in Ethiopia and Zanzibar. The improvement here is in classroom practices by teachers and overall quality of teaching as a result of continuing professional development, mentoring and coaching directly conducted by VSO volunteers<sup>50</sup>. The VSO education meta-evaluation, which synthesised findings from both evaluations reported that *“the strongest elements of VSO’s work include direct interventions in the*

*school environment: in-service teacher training direct from VSO volunteers to teachers and working with head teachers to support school wide changes to teaching and learning”* as well as bringing *“teachers together in a process of shared inquiry and collaborative learning and practice”*<sup>51</sup>. Similar qualitative evidence of improved quality of teaching as being more inclusive and child focused was found in other VSO education programmes such as the ALOA education project in Rwanda<sup>52</sup> and the Language Support Programme in Papua New Guinea. However, VSO’s work on training teacher educators using a cascading model<sup>53</sup> seems to be less effective<sup>54</sup>, when often teachers who are keen to learn and apply new skills are being limited by wider systemic issues. The reasons and significances of such a less effective model should be explored further.

The synthesis found evidence of the impact of national and community volunteers in improving the quality of teaching and learning in remote schools and communities. In Nigeria, the evaluation report on national volunteering interventions noted that *“school principals, teachers and community stakeholders reported improvements in teaching and learning as a result of the community volunteers teaching and extra-curricular activities”* which *“motivates students and enhance learning”*<sup>55</sup>. It is also noted that because community volunteers are recruited from and based in or close to their own communities, this model offers great potential for sustained ongoing community ownership, as long as it is met by community support. The use of national and community volunteers in improving the quality of services, particularly in education, should be investigated further as the potential for longer-term impact for primary actors seems really encouraging.

Youth volunteers play a role in improving the quality of education services through developing teaching aids and extra-curricular activity. An effective approach was also highlighted in the Nepal ICS evidence based case study, where a peer education model of young volunteers educating young

<sup>50</sup> Page 9, 14, VSO Zanzibar education evaluation, Jigsaw Consult, December 2014

<sup>51</sup> Page 12- VSO Education Meta-evaluation, Jigsaw Consult, December 2014

<sup>52</sup> Achieving Learning Outcomes for All (ALOA), End of Project Report, VSO Rwanda, March 2015

<sup>53</sup> The VSO “cascading model” is an approach for teacher training development (courses/contents) at central level and its effective rolled out delivery. The cascading model attempts to build a core group of master trainers or champions through a series of “trainings”, whom will then train others. In many VSO education programmes, volunteers are placed at Ministry of Education level to support curriculum development for teacher or at Teacher Training Colleges to train teacher educators who will then train teachers. Volunteers will not deliver the teacher training themselves in this context.

<sup>54</sup> VSO cascading model appears to be less successful in other contexts such as in Zanzibar (Tanzania).

©Jigsaw Consult - A model classroom at Victory Elementary School. The model classroom was set up by VSO volunteers and demonstrates how resources can be used in a classroom and how to seat students in groups, VSO Ethiopia.

<sup>55</sup> Page 50 - Evaluation of Approaches to National Volunteering, VSO Nigeria, Alfred Kuma and Janet Clark, 2016

marginalised people on difficult subject matters such as sexual and reproductive health, appeared to be very effective.

In **health**, reports included evidence of improved quality of services through building the technical capacity and dedication of front line health workers, the introduction of new approaches and protocols, better coordination between hospital management and medical staff and better quality of screening practices and diagnostics. This was particularly true



in Tanzania, where the delivery of neo-natal and maternal health services improved significantly as a result of VSO's intervention. In addition to the introduction of a newborn triage checklist and other structural changes, a crucial improvement reported as a major innovation was that nurses became dedicated and were *"looking after babies as their main patients."* The report noted that it was the first time such shift in patient care happened in a Tanzanian context and that it was *"a clear innovation."*

In Vanuatu, VSO found substantial evidence of the improvement in the quality of sexual and reproductive health services delivered as a result of increased capabilities and confidence of medical staff. They were able to better diagnose their clients leading to improved treatments and/or referrals<sup>56</sup>.

In Malawi, the THET end of project evaluation also reported evidence of improvements in all aspects of nursing and midwifery services: improvement in clinical teaching and instructions, improvement in the quality of care delivered by midwives, nurses and medical staff and improvement in the health services experienced by users<sup>57</sup>.

Overall, the synthesis findings in health demonstrate that VSO has created the potential for improved quality of services but there is still a need for more evidence to demonstrate that mentoring, training and increased technical capacity of health workers actually leads to improved quality in terms of how they deliver those services. Similarly the introduction of new approaches, techniques or methodologies depend on being *'institutionalised'* and such achievement is rarely explored in the evaluations reviewed.

In **secured livelihoods**, there is little evidence that VSO contributes in improving the services provided and occasionally, there is a lack of clarity on what is actually meant by livelihoods services. This emphasises the need for VSO to improve its evaluation methodology and impact assessment work particularly in this area.

Some evidence of positive outcomes was reported in two specific programmes. In the VSO national volunteer programme in Nigeria, the increase of capacity of community volunteers and farmers working directly with remote communities resulted in the application of new farming techniques that led to the increase of yields and incomes<sup>58</sup>.

---

<sup>56</sup> Page 16-17 - VSO Vanuatu Health Case Study: Strengthening National Response to HIV and STI, 2014

<sup>57</sup> THET Project Final Evaluation Report, VSO Malawi, Development Initiative Centre, August 2015

<sup>58</sup> Page 51-53 - Evaluation of Approaches to National Volunteering, VSO Nigeria, Alfred Kuma & Janet Clark, 2016 ©VSO/ Emma Judge, Malawi

In Malawi, the Water Future end of project evaluation also found indicative evidence that the ability of the village natural resource management committee to develop action plans and improve capacities of district offices to facilitate ecosystem services, could help increase the quality of water services in the future<sup>59</sup>.

### Recommendations for future learning

- VSO needs to investigate further the interconnection between changes in individual and organisational capacities and improved outcomes in terms of services both emerging together over time in a circular relationship – rather than a linear process as suggested by VSO’s Global Theory of Change.
- VSO needs to strengthen the ‘voice and inclusion’ element of its evaluation work in order to learn better from service users if they have observed any improvement over time in the quality of services delivered by service providers (this could also be achieved by growing VSO’s ambition to support citizen lead monitoring).
- In education, VSO’s coaching and mentoring approach to capacity development is well grounded in external evidence. The cascading model with teacher trainers and education leaders however, seems to deliver mixed results and in some contexts it is less effective. It would be interesting in future education evaluations, to compare between the “schools and community based” capacity model with direct in-service support and the “cascading” model.
- In secure livelihoods, VSO needs to strengthen the quality of its evaluations by focusing on collecting evidence on changes and contribution in the quality of livelihoods services, especially for marginalised people.
- VSO needs to gather further evidence to test the assumption that ICS youth volunteering interventions can contribute to sustainably improve the quality of services.

### Increased Access to Services

VSO programmes contribute to changes at individual, organisational and community levels not only to improve the quality of services but also to increase their **access** by poor and marginalised communities.

#### Increasing the reach of VSO services

This is the area where VSO appears to have gathered the largest amount of evidence with robust examples of increasing access to services for primary actors and marginalised groups. In The Gambia, there is evidence about how the VSO health programme facilitated a large increase in access to services for people with disabilities, partly through holding the government accountable<sup>60</sup>. In Ethiopia, the establishment of neonatal intensive care units in seven hospitals led to a 50% increase of neonatal admissions<sup>61</sup>.

---

<sup>59</sup> Page 25, 29 - Malawi Water Future End of Project Evaluation, VSO Malawi, Steve Makungwa, March 2015

<sup>60</sup> Page 26, 29, 31 – The Gambia VSO Disability Area Programme Post Evaluation Report, Momodou S.W Sowe, April 2015

<sup>61</sup> Page 7 – Care to the Newborn: Model Practice in VSO-E supported NICUs of Selected Hospitals in Ethiopia, VSO Ethiopia, January 2015



Under the project Making Markets Work for the Poor, a very specific increase in access to veterinary services was also demonstrated in Malawi with “91% of beneficiaries report having access to veterinary services in 2013, while only 66% had access at the start of the project, in 2010<sup>62</sup>”.

Another interesting finding related to increasing the access to a particular service was the emergence of the positive unintended outcome of increasing services access within other areas. For example, following the establishment of intensive care units (ICUs) for newborns in the hospitals partnering with VSO in Ethiopia, ICUs were set up for critical adults as well as paediatric ICUs for critical children. This contributed to increasing access to quality healthcare for a larger scale of service users. A similar *effect* happened in Papua New Guinea, where the new teaching strategies developed for language subject(s) were transferred across and applied to other subject areas<sup>63</sup>.

VSO interventions intend to increase the number of people accessing services in particular amongst the most marginalised groups. For example, people with disabilities in The Gambia as mentioned above, rural and remote communities accessing community health services in Nepal and Mongolia and young girls accessing better quality education services. In Ghana, the Tackling Education Needs Inclusively (TENI)<sup>64</sup> project contributed to improving the retention and transition (from primary to secondary) of children, particularly girls and children with disabilities, in poor and deprived schools and communities. The evaluation report noted that the key impact of this project was “to improve access by way of increases in enrolment of children and also participation in learning platforms within the school.” In one particular district, the Parent Teacher Association and the School Management Committee corroborate the assertion that retention and transition<sup>65</sup> for girls had increased as a result of TENI activities: “The retention of girls in schools has improved tremendously over the years... We are working with the schools and we have observed remarkable changes. All the classrooms are full.”



The increased access that results from volunteering interventions reaches more efficiently into the community, when compared with other forms of interventions. This is particularly true in some VSO programmes such as ICS volunteers and community-based volunteers reaching the most marginalised in Bangladesh, Nigeria, Nepal and Mongolia.

---

<sup>62</sup> Page 3 – VSO Making Markets Work for the Poor, Project evaluation Final Report, Social Enterprise Associate, July 9, 2014

<sup>63</sup> Page 25 - Papua New Guinea Language Support Programme, Impact Assessment report, Helen Horton & Richard Jones May 2015

<sup>64</sup> Page 26, 31 - End of Project Evaluation Report: Tackling Education Needs Inclusively (TENI) Project, VSO Ghana, Endogenous Development Service, April 2014

<sup>65</sup> UNESCO Institute of Statistics defines transition as moving from cycle or level of education h to h+1 in school year t.

© VSO/Tim Maynard - National volunteer teacher Peter Commey, teaching at UI-Kpong school, TENI project, VSO Ghana

## A circular relationship between access and quality of services

Again, the linear understanding suggested by VSO's Global Theory of Change (i.e. changes in capacity lead to changes in quality which leads to improved access) does not reflect the way in which VSO contributes to increased *access* to services. VSO's contribution emerges from a much more circular relationship between increased access, awareness and/or satisfaction of the service users, capacity and capabilities strengthening (organisational and individual) and more specific improvements in the quality of the services delivered - in particular again, in terms of the injection of new systems/protocols and the strengthening of individual capabilities.

In Vanuatu, there is extensive evidence of the improvement of access and quality of sexual and reproductive health (SRH) services and the interrelation between the two. Not only were the health workers' skills and capacity to deliver better services improved but the project also supported the establishment of new services (testing, domestic violence support), the provision of SRH services in remote locations (i.e. island of Vanualava), the establishment of a condom distribution network and the delivery of infrastructures (bridge, jetties) as well as an extension to a health centre<sup>66</sup>.

In Bangladesh, VSO found similar evidence regarding the circular relationship between access and quality of services. At the end of the first year of the ICS project, there was evidence of improved quality and access to water and sanitation services, better access to medical advice with mobile health camps and better access to good roads. As a result, there were signs of improved health related practices leading to healthier lives: *"Before the water filter was installed I had a gastric problem and had medicine every day. Now because of the water filter I am completely cured and no longer have to pay for medicine"* - Primary actor<sup>67</sup>.

The fact that quality and access to services emerge from a circular relationship is another crucial finding of the synthesis review and this will need further investigation. It is still relevant to distinguish between the notion of *access* to a particular service and its *quality* as in most cases, access to services may exist but if the quality of the services remain low, this will not be enough to bring about positive outcomes.

## The diversity of the notion of access

As the examples above also demonstrate, the evidence gathered through the synthesis review suggests that VSO's interventions contribute to different aspects of *access* to services. The diversity of the notion of access can be structured in two categories: **intellectual** access to a service and the **physical** access to it, each one encompassing more subtleties in the details of it.

The **intellectual** access to services represents the actual knowledge about the existence of a particular service as well as the knowledge of the need to access that service. It also encompasses the willingness and capacity of an individual to access the service, sometimes taking into account issues of stigma, reputation and permission to access. For example, in Mongolia<sup>68</sup>, as a result of increased awareness of health issues obtained through community health volunteering programmes, more community members started to attend routine health check-ups for early diagnosis, care and treatment.

The **physical** access to services represents the actual existence of a service, the likelihood of physically getting to the service, the possibility of accessing the resources/technology and the availability of

---

<sup>66</sup> Page 12-13- VSO Vanuatu Health Case Study: Strengthening national response to HIV and STI, 2014

<sup>67</sup> Page 9-11 – Evidence base case study – Youth community volunteering VSO Bangladesh 2015

<sup>68</sup> VSO Mongolia, Community Health Volunteering Programme Final Evaluation Report



suitable infrastructure, especially for remote communities or a specific group of people (e.g. people living with a disability).

In Papua New Guinea, the Language Support Programme reported increased access to resources, knowledge and skills for lecturers and student teachers. Evidence showed that lecturers and student teachers increased their confidence and skills as a result of 'accessing' new teaching strategies and course materials printed and distributed to all teacher training institutions<sup>69</sup>.

There is less evidence about how VSO supports the improvement of the physical access to partners' services. This is likely to be because this is not the main focus of VSO's programmes and interventions. However, it was found that tackling the issue of intellectual and physical access can simultaneously be crucial in reaching the more remote and marginalised communities such as in Bangladesh, Vanuatu and The Gambia as mentioned above.

VSO should explore the concept of access further, as there is still a lack of clarity about its differentiation and the most effective strategy VSO should implement depending on the context.

### **Recommendations for future learning**

- Both the intellectual access and the physical access are important but what is being evaluated is determined by the focus of the project.
- VSO needs to explore further the connection between community based volunteering interventions, their access to impoverished and marginalised communities and the resulting increased community access to services.
- In education, it was often noted that the changes in access to services were reported by teachers and students but not always substantiated by secondary data such as exam results. VSO needs to strengthen its practices in using secondary data in its evaluations as it will strengthen its understanding of VSO's contribution to positive (and/or negative), intended (and/or unintended) changes.
- VSO's education programmes, in most countries, focuses on improving access to quality education rather than access to education services for marginalised groups. Therefore, whilst developing education solutions for marginalised groups, it is important to also establish which groups of primary actors are currently excluded from accessing education services.
- VSO needs to strengthen its evidence on how it increases access to livelihoods services. This includes explicit reference to *what* services it has been working on. VSO's livelihoods strategic programming will benefit from such deeper understanding. With evidence of where VSO adds value in livelihoods work, it will be therefore more effective at building and scaling up the work.
- There is an evidence gap in how VSO's social accountability core approach actually enables marginalised groups to access services. As a core approach of VSO's programme interventions, this should always be an area of change investigated in evaluations.
- VSO needs to consolidate emerging evidence that ICS youth volunteers are effective in reaching the most marginalised, hard to reach youth and engaging them in partners' work and accessing services.

---

<sup>69</sup> Page 32-35 – Papua New Guinea Language Support Programme, Impact Assessment report, Helen Horton & Richard Jones May 2015

## Policy development and implementation

Better design of pro-poor policies and their implementation is a key long-term outcome which VSO aims to contribute to as a result of changes at individual, organisational and community levels. By bringing together decision makers and those who are affected by their decisions, policies are more likely to reflect the realities and address the needs of impoverished and marginalised people. To understand VSO's contribution in this area, evidence was found from the 26 evaluation reports and synthesised below.

In The Gambia, the ratification of the UN Convention on the Rights of People with Disabilities (UNCRD) and the formulation of a National Disability Policy was one of the most significant measures to the long term impact of the VSO Disability Programme<sup>70</sup> in mainstreaming disability. The effective support of Disabled People's Organisations (DPOs) to lobby successfully for the UNCRD was also a convincing example of increasing the government's accountability and civil society capacity. VSO also found evidence that the advocacy work implemented at a national level together with the improved access to the media by DPOs resulted in improved statuses for people living with disabilities at family, community and national levels.

In Ghana, the TENI project successfully influenced government strategies and policies on inclusive education at local, district and national levels. For example, evidence was found that by advocating at district and regional levels for the posting of teachers to rural schools, *"the number of teachers in TENI project districts increased from 1002 in 2009/10 to 1537 in 2011/12 (a 53.3% change) resulting in reduced pupil/teacher ratios in some classrooms."*

In Malawi, stronger civil society groups were able to engage more and exert greater influence in decision making spaces. For example, as a result of the Malawi Water Future project, local civil society climate change organisations were able to re-organise themselves as a network and lobby more effectively at international levels on climate change related issues<sup>71</sup>.



Finally, another positive outcome of VSO's work on policy was the recognition of the importance of community health volunteers in Mongolia and the need to make this volunteering model more effective in promoting public health<sup>72</sup>. This however was only recognised at district level.

The synthesis surfaced anecdotal evidence of volunteers playing a valuable role in developing policies and implementing them, especially when placed at the ministry level, (VSO Meta-evaluation Education - 2015) but this is not yet accurately measured. Another example is the evidence from Bangladesh where ICS volunteers are influencing local government. However, their exact contribution

<sup>70</sup> Page 32 – The Gambia VSO Disability Area Programme Post Evaluation Report, Momodou S.W Sowe, April 2015

<sup>71</sup> Page 31-32 – Malawi Water Future End of Project Evaluation, VSO Malawi, Steve Makungwa, March 2015

<sup>72</sup> Page 42 – VSO Mongolia, Community Health Volunteering Programme Final Evaluation Report

©VSO/Jon Spaul - Filipino volunteer speaking to audience with community health volunteers performing puppet show to teach the community about the importance of proper rubbish disposal to promote public health issues in the community, Mongolia, 2006

remains unclear compared to the contributions of partner counterparts and other long-term volunteers in country.

Generally, when looking across the 26 evaluation reports, there is an overall lack of evidence available of VSO interventions leading to the better development and implementation of policies. Besides Mongolia, very little is reported through health evaluations about the impact of VSO's work on policy. It is surprising that nothing emerged from the Sri Lanka post-closure evaluation since the mental health programme VSO developed was very closely linked to supporting the delivery of the national mental health policy, the development of which VSO inputted into in the early years of the programme. The same is to be noted in education. There is also little evidence that VSO interventions brought about systemic changes in better governance systems or supported processes that would increase transparency and accountability.

### **Recommendations for future learning:**

- The absence of evidence in policy development and implementation work may indicate a lack of outcomes for VSO in this area. Currently, it highlights the lack of focus on policy and advocacy work in evaluations. VSO needs to strengthen the quality of its evaluations in collecting evidence in this area of change.
- VSO needs to gather more evidence and demonstrate better the role of VSO country offices in supporting the development and implementation of policy at a national level and its impact. This is rarely explored in evaluations, despite the anecdotal evidence that country offices often play a crucial role in advocating and raising awareness on particular policy issues such as disability in Rwanda and national volunteering in Nigeria<sup>73</sup>.

### **Impact on people's lives**

Across all the evidence reviewed, the synthesis mapped two main areas of change in people's lives that VSO contributed to. The first area overlaps with the evidence already explored on the increased intellectual access to services amongst marginalised communities and how that relates to changes in people's capabilities and empowerment. The second area relates to specific examples or more sectorial changes (such as the improvement of learning outcomes or the improvement of health).

#### **Increased awareness and empowerment amongst impoverished and marginalised people**

Improving the life of impoverished and marginalised people is the ultimate goal of VSO. Conducting this synthesis gave VSO the opportunity to explore and learn further about VSO's impact and sustainability.

Across all reports, the synthesis found evidence of positive changes in people's capabilities and increased community awareness of rights and services, thereby leading to greater empowerment.

In various examples, particularly in sexual and reproductive health (SRH), an increased awareness in SRH services and rights led to an increase in access and demand for such services. This was the case



---

<sup>73</sup> Page 61 – Evaluation of Approaches to National Volunteering, VSO Nigeria, Alfred Kuma and Janet Clark, 2016 ©VSO/Jon Spaul- Member of a mother club, The Gambia, 2007

in Nepal, Vanuatu, Bangladesh and Mongolia. In Vanuatu, nurses observed that their clients were better informed about SRH as a result of the VSO project. For example, they noticed that their male clients were seeking professional help and advice when suffering from frequent urination which is a possible symptom of sexually transmitted infections (STIs). Similarly, provincial records demonstrated that over 62 people attended mobile STI testing events in a remote community and more could have been tested if additional supplies were taken there. The provincial HIV/STI focal person and the laboratory technician stated that this type of demand would not have been seen before the community awareness events were delivered together with VSO volunteers<sup>74</sup>.

Across the 26 reports, the synthesis found evidence of a change in attitude from parents towards their children's rights and status as a result of increasing their awareness and participation on particular issues. For example, changes were observed amongst mothers of children with disabilities in The Gambia as a result of the psycho/social support and play therapy offered. Positive changes in attitude towards gender equality was observed in Bangladesh where parents of young girls started allowing their daughters to volunteer as a result of the ICS project involving young female volunteers. One counterpart commented that the community reflected on this after seeing so many female UK volunteers. It made them think '*why can't our girls do it*'<sup>75</sup>?

In Nigeria, national volunteers reported changing their attitude towards the whole community and their country. As a result of volunteering at a national level, they increased their awareness of community problems and increased their motivation to challenge them. A VSO partner shared his experience of a national volunteer telling us that "*national volunteers offer opportunity for self-development...to explore opportunities and build internal capacities and raise the consciousness of oneself and one's own community, its needs, problems and opportunities.*"<sup>76</sup>



### **Specific and quantified sectorial improvements in people's lives**

Across evaluations and geographies, evidence was collected of sectorial improvements in people's lives as a consequence of VSO's work in health, education and to some extent in livelihoods.

Evidence of the reduction of neonatal mortality was reported in Ethiopia and Tanzania and of child mortality in The Gambia.

The innovative VSO project *No Baby Left Out* saved the lives of newborns in Tanzania. As a result of the improved reputation of newborn and child health services (particularly the Neonatal Intensive Care Unit), the number of admissions in the three target hospitals increased on average by 179%. The ratio of deaths to admissions decreased on average by 17% across the health facilities where the project was implemented. A decrease in neonatal mortality rate from 35 deaths per 1,000 live births

---

<sup>74</sup> Page 14 -VSO Vanuatu Health Case Study: Strengthening National Response to HIV and STI, 2014

<sup>75</sup> Page 11- Evidence-based Case Study on Youth Community Volunteering, VSO Bangladesh, 2015

<sup>76</sup> Page 32 – Evaluation of Approaches to National Volunteering, VSO Nigeria, Alfred Kuma and Janet Clark, 2016  
©Janet Clark - Evaluation field visit on VSO approaches to National Volunteering in Nigeria - October-November 2015



in 2011, to 22 deaths per 1000 live births in 2013 was reported, which is a significantly lower rate than the national average<sup>77</sup>.



VSO Ethiopia also supported the establishment of Neonatal Intensive Care Unit in hospitals. As a result of this programme, the new neonatal admission rate increased sharply by about 50% in the seven intervention hospitals. The evaluation report of this project highlighted how *“neonatal deaths showed a sudden drop by 40% (ranging from 28% to 73%)”*<sup>78</sup> leading to staff’s competence and confidence improving and increased patient satisfaction.

In The Gambia, a significant reduction in child mortality reaching less than 2% in the paediatric ward was also reported to have occurred as a result of the collaboration between the VSO Disability Programme and the hospitals (compared to a national child mortality rate average of 8.1%).<sup>79</sup>

In education, VSO gathered quantified evidence of improvements in learning outcomes and performance for children in VSO supported schools in Rwanda, Ghana and Nigeria. In Rwanda, a 30% improvement in English reading test results achieved by P5 primary pupils in rural and remote VSO ALOA<sup>80</sup> supported schools after just one year of learning, suggests that the combination of ALOA innovations was successful in achieving the project goal of improving learning. In Ghana, the performance of children, particularly girls, improved as a result of increased retention and transition in schools as a result of the TENI programme. Since the start of the project in 2009, the performance in Basic Education Certificate Examination in the Jirapa district improved consistently, increasing from a 38% pass rate at the start of the project to a 52% pass rate in 2013<sup>81</sup>. In Nigeria, students improved their performance in rural schools where [national] volunteer teachers are placed: *“In one rural secondary school, average pass rates are reported to have increased from 70% to 89% in the subjects taught by volunteers”*<sup>82</sup>.

The evaluation of other VSO education programmes reported some anecdotal evidence of improved learning experiences for children. In Tanzania, one teacher shared that VSO had a positive impact on learning outcomes: *“[Because of VSO] the performance of the students has improved. The percentage of passed exam results has increased.”* However, the evaluation report for this particular project also noted that there was a lack of evidence to demonstrate this quantifiably.

---

<sup>77</sup> Page 6 - Evaluation of support to continuous professional development of health workers in Tanzania, August 2014

<sup>78</sup> Page 24 - Care to the Newborn: Model Practice in VSO-E supported NICUs of Selected Hospitals in Ethiopia, VSO Ethiopia, January 2015

<sup>79</sup> Page 30 – The Gambia VSO Disability Area Programme Post Evaluation Report, Momodou S.W Sowe, 2015

<sup>80</sup> Page 7 – Achieving Learning Outcomes for All, End of Project report, VSO Rwanda, March 2015

<sup>81</sup> Page 26 – End of Project Evaluation Report: Tackling Education Needs Inclusively (TENI) Project, VSO Ghana, Endogenous Development Service, April 2014.

<sup>82</sup> Page 50 – Evaluation of approaches to National Volunteering, VSO Nigeria, Alfred Kuma and Janet Clark, 2016 ©VSO/ Ginny Lattul – Mother and baby receiving care in NICU Unit at hospital, VSO Ethiopia, October 2014.

The evidence gathered in the evaluations of VSO education projects is often based on teachers and students self-reporting. More robust information should be gathered from secondary sources such as assessments and class observations to demonstrate better the impact on pupils learning outcomes.

In livelihoods, there are positive examples of increased incomes in projects in Tanzania, India and Nigeria<sup>83</sup>. In Zanzibar, Tanzania, the Commercial Agriculture for Smallholder Farmers in Horticulture (CASH) intervention resulted in increases of profits for farmers moving from subsistence farming to profitable enterprises, as well as increases of financial autonomy for women who participated in the project<sup>84</sup>.



In India, the VSO System Rice Intensification project demonstrated not only an increase in income but also in food security. The project reached 10,000 women who engaged in improved paddy cultivation, realising between two and three times yield increases and up to ten months of food security as well as a diversified income from other livelihood activities in the project<sup>85</sup>. Finally, in Nigeria, the Making Markets Work for the Poor impact assessment data reflects positive impacts on primary actors reporting *“an 88% increase in income”* and *“women increasing their income by 400% and achieving income equality with men”*<sup>86</sup>.

### Recommendations for future learning:

- VSO needs to explore better its role in the changes reported above. For example, what was VSO’s role? Was it as a convenor of stakeholders? Was it the placement of volunteers and the activities they undertook that led to the changes cited? Was VSO’s role relevant? Would the changes have happened anyway?
- VSO should strengthen the analysis of how different areas of impact emerge and how different volunteering interventions might contribute to impact (e.g. community volunteers, national volunteers, youth volunteers, long term international volunteers)?
- In education, VSO needs to improve its capacity to follow newly qualified teachers after their exposure to VSO’s pre-service training programme. This would enable VSO to understand whether its pre-service training results in improved learning outcomes for marginalised children.

---

<sup>83</sup> The meta-evaluation (part 1) however highlighted weaknesses in the evaluation reports mentioned in this paragraph.

<sup>84</sup> Page 19-21 – Value for Money Study of the VSO CASH project in Tanzania, VSO Tanzania, Nef Consulting, May 2015

<sup>85</sup> Page 3- System of Rice Intensification Project, A Comprehensive Case Study in Jharkhand, VSO India, 2015

<sup>86</sup> Page 3 – VSO Making Markets Work for the Poor, Project evaluation Final Report, Social Enterprise Associate, July 9, 2014

©VSO - System Rice Intensification Project, VSO India 2015

- In livelihoods, VSO needs to explore better the implications across outcomes e.g. greater empowerment and agency, reduced marginalisation, increased food security and sustainable uses of environmental resources.
- There is an evidence gap on VSO’s potential unintended impact, including potential negative impacts on communities. VSO needs to strengthen its evaluations in exploring better areas of unintended impact.

## The evidence found on the sustainability of VSO’s interventions:

### Enhancing factors that contribute to sustainability

VSO’s volunteering approach is directed towards ensuring development interventions are both locally owned and designed so that they are sustainable in the long term. Through VSO’s people-to-people approach, changes contribute to systemic sustainable changes at organisational and community levels<sup>87</sup>.

The synthesis review explored further the sustainability of VSO’s interventions and the supporting factors that encourage sustainability. It also explored in depth what unique role volunteers and VSO’s relationship approach plays in fostering systemic and sustainable changes through ownership, participation, empowerment and inclusion.

Sustainability in itself is a complex concept. Not everything needs to “remain” to represent positive change and not everything that is sustainable is positive, if compromising the ability of future generations to meet their needs<sup>88</sup>. Understanding what the *sustainability* of VSO’s contribution means will also vary from one volunteer, partner and/or primary actor to another.

The synthesis explored findings on sustainability generated across all reports. The post-closure evaluations however, collected evidence about the sustainability of VSO’s interventions looking back over time – the project, programme and/or country office was closed for some time already and assessing the sustainability of the intervention was a retroactive process. The other evaluations were conducted mid-term or at the end of project/programme and therefore produced assumptions about the potential future sustainability of VSO’s intervention.

Looking at the diversity of VSO interventions, (partner organisations’ characteristics, volunteer relationship approaches, diverse external contexts and communities’ unique situation) it is evident that there is not a “one fits all” solution to increasing the sustainability of VSO’s contributions. However, there are recurrent factors that are present in many evaluations (Sri Lanka, Cameroon, Vanuatu and Tanzania) which enhanced the sustainability of VSO’s intervention and contribution. It is important to note that these factors have emerged from the investigations of more traditional



VSO volunteering interventions (based on international volunteers placed for longer periods of time

<sup>87</sup> VSO’s Global Theory of Change, Bringing People Together to Fight Poverty, April 2014

<sup>88</sup> “Our Common Future” Brundtland Report, 1987

©Janet Clark – VSO Sri Lanka post-closure evaluation field trip: Occupational therapy unit at Tellippalai Hospital, Jaffna - using techniques learnt from volunteers, March 2015



with established partner organisations). Further investigation of other volunteering interventions might raise different factors and conditions for sustainability.

### **Factors that support the sustainability of VSO's contribution**

#### **Individual Change (knowledge, attitude and belief)**

- Committed and stable leaders in the partner organisation need to be actively involved in VSO's capacity development initiatives. Without the support of partner leadership, the intervention is unlikely to be sustainable.
- Deep personal changes in attitudes, values and ways of thinking in partner counterparts promotes sustainability at the individual and organisational level.
- Consistent and regular use of skills will strengthen individual capacity and therefore sustainability.
- On-going relationships with former VSO volunteers provides unexpected longer term professional and personal support to partner organisations.

#### **Organisational Systemic Change**

- Retaining partner staff within an organisation/institution for a reasonable length of time after a VSO intervention has ended will increase organisational change and ownership.
- By becoming a learning organisation - partners who have learnt to constantly test and modify approaches, tools and materials will sustain their capacity development more effectively.
- The creation and implementation of easy-to-adapt templates and manuals by volunteers will lead to more systemic changes.
- New ways of thinking, attitudes and skills as well as documents and systems should be integrated into the daily routines of staff for organisation purposes and project management.
- Capacity developments, such as new ways of thinking, ideologies and approaches needs to be formalised into organisation policies and processes.
- Through increased networking capacity, CBO/NGO partners seem to be better able to secure funding, increase capacity development opportunities and resource equipment at a reasonable cost –thereby increasing their overall organisational sustainability.

#### **VSO Programmatic and Relationship Approach**

- VSO's partnership and long term engagement are key factors that support sustainable change, such as in Sri Lanka and Vanuatu where programmes ran for over 10 years.
- VSO's effective programme design, project implementation and monitoring and evaluation leads to improved sustainability.
- Experienced volunteers and effective induction and transition between volunteer placements as well as the positive nature of the relationships the volunteer builds with their partners affect sustainability.
- VSO's relationship-based approach to capacity building: day to day on-the-job mentoring with the volunteer, building relevant capacity needs (e.g. skills, documents, systems) directly with the partners and counterparts.
- Using existing structures: sustainability appears to be stronger where VSO programmes develop partnerships and implement activities through existing structures to secure locally owned and appropriate solutions (NICU Ethiopia, Mongolia), rather than establishing separate ones.
- Strong community support and volunteers being integrated into the local community (as highlighted in the evaluation of the national volunteer programme in Nigeria) are also crucial factors that support sustainability.

## Recommendations for future learning

- VSO needs to gather more evidence and investigate further the factors highlighted above that enhance sustainability, as well as in less traditional programme settings.
- VSO needs to explore further the concept of innovation, local ownership and sustainability. It is the merging of knowledge between the volunteer and the counterpart that leads to innovation and the use of new practices, but are they always sustainable? How can VSO ensure that they are as locally practical as possible so when the volunteer leaves, the practices remain?
- In VSO's work relating to the quality of services, there is less evidence of the institutionalisation of interventions. How can VSO capture better the evidence of sustainability and continuation of VSO interventions in the partner organisation's system?
- VSO needs to look at the sustainability of its interventions from community perspectives, particularly in VSO youth programmes (ICS).
- Social accountability is now recognised as a core development approach of VSO, so further exploration is needed to establish how its mechanisms actually improve sustainability.
- When an evaluation report concludes that an intervention has not been sustainable (e.g. Tajikistan), VSO needs to investigate further and suggest ways in which its sustainability could have been improved. This is crucial for learning and adaptive programming.

## Conclusion

The meta-evaluation and synthesis review exercises have been crucial steps in VSO's journey of improving the quality and use of evidence for adaptive programming. They have emerged from VSO's evaluation strategy and from the People First Programme Strategy (VSO's approach to participatory, evidence based, reflective and adaptive programming and practice).

The synthesis has both shaped and accompanied the journey in 2015/16 and has informed new priorities for VSO's core programme areas, theory of change and research and evaluation strategies.

Despite the limitations explored in the body of the report, conducting this exercise internally has meant that the recommendations and learning, which have emerged throughout the year, have been immediately been actioned and used to adapt programme design and approaches.

VSO has now a new Global Results Framework in place, which forms the structure and framework for ongoing synthesis and learning across all programmes and core programme areas. The meta-evaluation and synthesis review will no longer be an ad hoc annual exercise but will become an ongoing process for adaptive programming.

## Appendices

## Appendices

### Appendix 1: Evidence Table - List of the reports included in the meta-evaluation and synthesis review

Title	Author	Publication Date	Report Type	Country
Youth community Volunteering	Georgina Richards	17 <sup>th</sup> February 2015	Evidence based case study	Bangladesh
Post closure evaluation of VSO's work in Cameroon. Evaluation report	Janet Clark and Alfred Kuma	February 2016	Post closure evaluation	Cameroon
Education Evaluation Ethiopia	Jigsaw Consult	December 2014	Evaluation report (mid-term)	Ethiopia
Resistance and Resilience: Model Practice in VSO-E supported NICUs of Selected Hospitals in Ethiopia	VSO	January 2015	Evaluation report (mid-term)	Ethiopia
End of Project Evaluation Report: Tackling Education Needs Inclusively (TENI) Project	Endogenous Development Service (EDS) Ghana	27 <sup>th</sup> April, 2014	End of project evaluation	Ghana
SRI Livelihoods Project: A Comprehensive Case Study	VSO India	Early 2015	Case study	India
Youth volunteering contribution to livelihoods development results in Nanyuki, Kenya	Julia Mensink and Lydia Opiyo	6 <sup>th</sup> February 2015	Evidence based case study	Kenya
Evaluation of the International Citizen Service	Ecorys	October 2015	Evaluation Report	Multiple Countries
Bringing Together Midwives and Nurses to Improve Maternal Health in Malawi through Volunteerism and Partnerships Health (THET) Programme	Weston Seyama	2 <sup>nd</sup> August 2015	End of project evaluation	Malawi
Waters Futures: Towards Equitable Resource Strategies (WATERS)	Steve Makungwa	March 2015	End of project evaluation	Malawi
Community Health Volunteering Programme	VSO Mongolia		Post closure evaluation	Mongolia
Making Markets Work for the Poor Project Evaluation (MMW4P),	VSO MMW4P Evaluation Team	July 9 <sup>th</sup> 2014	End of project Evaluation	Multiple Countries
Youth Volunteering contribution to sexual reproductive health development results in Baglung	Elizabeth Hacker	28 <sup>th</sup> January 2015	Evidence based case study	Nepal
Evaluation of approaches to National Volunteering, VSO Nigeria	Alfred Kuma and Janet Clark	29 <sup>th</sup> February 2016		Nigeria

Language Support Program: Impact Assessment Report	Helen Horton & Richard Jones	May 2015	Impact Evaluation	Papua New Guinea
CDD Every Child Reading Project: Elementary English Standards-Based Curriculum Trial of Teacher Guides and Daily Scripted Lessons	Jeff Pilgram, Janina Clark, Amandine Goineau and Richard Jones	December 2014	Evaluation report (mid-term)	Papua New Guinea
Achieving Learning Outcomes for All (ALOA): End of Project Report	VSO Rwanda evaluation team	March 2015	End of project evaluation	Rwanda
Sierra Leone Case Study Report	Ecorys	15 <sup>th</sup> January 2015	Case Study	Sierra Leone
Sri Lanka post-closure evaluation	Karen Iles	September 2015	Post-closure evaluation	Sri Lanka
VSO Tajikistan ICS Projects Evaluation	John P. Stops	11 <sup>th</sup> September 2015	End of project Evaluation	Tajikistan
Zanzibar Education Evaluation	Jigsaw Consult	December 2014	Evaluation report (mid-term)	Tanzania
Evaluation of support to continuous professional development of health workers in Tanzania	VSO	7th August 2014	Evaluation report (mid-term)	Tanzania
Enhancing Employability through Vocational Training in Mtwara and Lindi: End of Project Evaluation	Adam Smith International	20 <sup>th</sup> November 2015	End of project evaluation	Tanzania
Value for Money study of the CASH project in Tanzania	Debjani Ghosh and Michael Weatherhead	26 <sup>th</sup> May 2015	Value for Money Evaluation	Tanzania
Education evaluation: meta-analysis	Jigsaw Consult	December 2014	Meta evaluation	Tanzania and Ethiopia
The Impact of ICS on Volunteer Employability: Are young people in Tanzania and Philippines more employable because of their ICS experience?	Louise Davis	March 2015	Research	Tanzania and Philippines
The Gambia Disability Area Programme: Post Evaluation Report	Momodou S.W Sowe	April 2015	Post-Closure evaluation	The Gambia
VSO Vanuatu health case study: Strengthening national response to HIV and STI	VSO	June 2014	Evidence based case study	Vanuatu

## Appendix 2: Meta-evaluation report reviewers

- Alfred Kuma – Evaluation and research specialist, livelihoods
- Anup Kumar – Regional monitoring and evaluation adviser, Asia and South Asia
- Arlene Mahinay – Senior monitoring and evaluation manager, operations and capacity building
- Barbara Trapani – Head of monitoring, evaluation and research
- Caroline Guinard – Global M&E adviser
- Cesar Urquizo - Data analyst, impact and accountability
- Daniel Burwood – Global M&E adviser, systems
- Georgina Richards – Evaluation and research specialist, youth
- Hannah Ross – People First project officer
- Joseph Orem – Evaluation and research specialist, education
- Julia Mensink - Monitoring and evaluation analyst
- Ramel Sangalang - Regional monitoring and evaluation adviser, South East Asia and Pacific
- Natalie Agboeze – IMA4P M&E manager

## Appendix 3: BOND Evidence Principles Checklist - scoring scale definitions

		1	2	3	4
		Weak evidence	Minimum standard of evidence	Good standard of evidence	Gold standard evidence
<b>1. Voice and Inclusion</b>	<b>1a. Are the perspectives of beneficiaries included in the evidence?</b>	No beneficiary perspectives presented	Beneficiary perspectives presented, but not integrated into analysis	Beneficiary perspectives presented and integrated into analysis	Beneficiary perspectives presented and integrated into analysis, and beneficiaries have validated the findings; the evidence is strongly grounded in the voices of the poor
	<b>1b. Are the perspectives of the most excluded and marginalised groups included in the evidence?</b>	Perspectives from most excluded groups not presented clearly	Perspectives from most excluded groups presented clearly, but not integrated into analysis	Perspectives from most excluded groups presented clearly and integrated into analysis	Perspectives from most excluded groups presented clearly and integrated into analysis, and excluded groups have validated the findings; the evidence is strongly grounded in the voices of the most excluded
	<b>1c. Are the findings disaggregated according to sex, disability and other relevant social differences?</b>	No disaggregation of findings by social differences	Findings are disaggregated, but a number of social differences relevant to the intervention are missing	Findings are disaggregated according to all social differences relevant to the intervention	Findings are disaggregated according to all social differences relevant to the intervention, and why these have been chosen has been clearly explained

	<b>1d. Did beneficiaries play an active role in the assessment process?</b>	Beneficiaries had no involvement in the assessment process	Beneficiaries actively participated in the process and had involvement in <u>one</u> of the following: (1) designing the process (2) analysing the data (3) formulating the conclusions	Beneficiaries actively participated in the process and had involvement in <u>two</u> of the following: (1) designing the process (2) analysing the data (3) formulating the conclusions	Beneficiaries had involvement in <u>all</u> of the following: (1) designing the process (2) analysing the data (3) formulating the conclusions
<b>2. Appropriateness</b>	<b>2a. Are the data collection methods relevant to the purpose of the assessment and do they generate reliable data?</b>	The methods of data collection are not relevant to the purpose of the assessment and/or the data is unreliable	The methods of data collection are relevant to the purpose of the assessment, but there is uncertainty about the reliability of some of the data	Methods of data collection are relevant to the purpose of the assessment and generate reliable data	Methods of data collection are relevant to the purpose of the assessment and generate highly reliable data; there has been appropriate quality control of the data (e.g. spot checks, training data collectors)
	<b>2b. Is the size and composition of the sample in proportion to the conclusions sought by the assessment?</b>	Conclusions are not in proportion to the size and composition of the sample and lack validity	Conclusions claim no more than the size and composition of the sample allows, but there is uncertainty about their validity	Conclusions are in proportion to the size and composition of the sample and are valid	Conclusions are in proportion to the size and composition of the sample and have a high degree of validity
	<b>2c. Does the team have the skills and characteristics to deliver high quality data collection and analysis?</b>	It is not clear that the combined team have the necessary skills and characteristics	The combined team appear to have the necessary skills and characteristics	The combined team have demonstrated the necessary skills and characteristics	The combined team have demonstrated both exceptional skills and the characteristics necessary for the task
	<b>2d. Are the conclusions convincing and linked to the data analysed?</b>	Conclusions are not convincing and not connected to the analysis of the data.	Not all conclusions are convincing and clearly linked to the data analysed.	Conclusions in all key areas are convincing and linked to data analysed.	There is a detailed analysis of the implications of the conclusions and these are clearly and systematically linked to the data is analysed.
<b>3. Triangulation</b>	<b>3a. Are different data collection methods used and different types of data collected?</b>	Only one data collection method is used	One data collection method is used with reference made to other existing data	Two or more data collection methods and two or more types of data are used	Two or more complimentary and distinct data collection methods and types of data are used



	<b>3b. Are the perspectives of different stakeholders compared and analysed in establishing if and how change has occurred?</b>	Different stakeholder perspectives have not been presented	Different stakeholder perspectives have been presented, but not analysed	Different stakeholder perspectives have been presented and analysed	All stakeholder perspectives relevant to the intervention have been presented and analysed and how and why they have been selected is explained
	<b>3c. Are conflicting findings and divergent perspectives presented and explained in the analysis and conclusions?</b>	Divergent perspectives or conflicting findings are not presented	Divergent perspectives and conflicting findings are presented	Divergent perspectives and conflicting findings are presented and explored	Divergent perspectives and conflicting findings are presented and explored, and there is an in-depth analysis of their implications for the conclusions
	<b>3d. Are the findings and conclusions of the assessment shared with and validated by a range of key stakeholders (e.g. beneficiaries, partners, peers)?</b>	Findings and conclusions are not shared with stakeholders of the intervention	Findings and conclusions are shared with relevant stakeholders of the intervention, but not validated	Findings and conclusions are shared with and validated by relevant stakeholders of the intervention	Findings and conclusions are shared with and validated by all relevant stakeholders of the intervention and their feedback is included in the evidence. The process is taken seriously and this is reflected in the final evidence
<b>4. Contribution</b>	<b>4a. Is data available to show that change has happened?</b>	No data is available to show change	Data is available to demonstrate change	Data is available to demonstrate change. A clear justification exists for why this approach is considered appropriate	Data is available to demonstrate change. A clear justification exists for why this approach is considered appropriate. The data provides a relevant and high quality basis for demonstrating contribution to change
	<b>4b. Is the explanation of how the intervention contributes to change explored?</b>	No causal links or assumptions are explored	Causal links between the intervention and outcomes are explored	Causal links between the intervention and outcomes and underlying assumptions are explored	All causal link between the intervention and outcomes and underlying assumptions are explored in depth; the evidence provides a clear picture of whether the theory underpinning the intervention's approach to change is sound
	<b>4c. Are alternative factors (e.g. the contribution of other actors) explored to explain the observed result alongside an intervention's contribution?</b>	Analysis does not mention or explore the contribution of factors outside of the intervention	Analysis makes reference to the possible contribution of other factors outside of the intervention	Analysis explores and analyses the contribution of other factors outside the intervention	Analysis provides a comprehensive and systematic analysis of the relative contribution of other factors outside the intervention

	<b>4d. Are unintended and unexpected changes (positive or negative) identified and explained?</b>	Unintended changes are not explored	Unintended changes are identified	Unintended changes are identified and explained	Unintended changes are identified and explained. The methods used for data collection are designed to deliberately capture them
<b>5. Transparency</b>	<b>5a. Is the size and composition of the group from which data is collected explained and justified?</b>	Size and composition of sample are not described	Size and composition of sample are described	Size and composition of sample are described and justified	Size and composition of sample are described and justified, and all limitations are disclosed
	<b>5b. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified?</b>	Methods for data collection and analysis are inadequately described	Methods for data collection and analysis are described	Methods for data collection and analysis are described and justified	Methods for data collection and analysis are described and justified, and all limitations are disclosed
	<b>5c. Is it clear who has collected and analysed the data and is any potential bias they may have explained and justified?</b>	Team collecting and analysing data not identified and/or potential biases are not made clear	Team collecting and analysing data are identified and potential biases made clear	Team collecting and analysing data are identified and potential biases made clear and justified	Team collecting and analysing data are identified and potential biases made clear and justified; how potential biases are managed is explained
	<b>5d. Is there a clear logical link between the conclusions presented and the data collected?</b>	Conclusions do not follow from the data collected	Conclusions follow from the data collected	Conclusion follow from the data collected and the steps linking them are clearly explained	Conclusion follow from the data collected and the steps linking them are clearly explained; analysis is transparent about limitations of conclusions

## Appendix 4 - Meta-evaluation reports breakdown

### 1. By report type and theme

Theme	Type						Total
	Post-closure evaluation	End of project evaluation	Evaluation report (mid-term)	Case Study (incl. EBCS)	Others (VFM, research)	Meta evaluation	
Disability	2	0	0	0	0	0	2
Education	0	3	3	0	0	1	7
Health	1	1	2	1	0	0	5
Livelihoods	0	3	0	1	1	0	5
Youth	0	2	0	4	1	0	7
<b>Total</b>	<b>3</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>26</b>

### 2. By report type and author

Author	Type						Total
	Post-closure evaluation	End of project evaluation	Evaluation report (mid-term)	Case Study (incl. EBCS)	Others (VFM, research)	Meta evaluation	
Internal	0	3	0	4	0	0	7
External	3	6	5	2	2	1	19
<b>Total</b>	<b>3</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>26</b>

### 3. By theme and author

Author	Theme					Total
	Disability	Education	Health	Livelihoods	Youth	
Internal	0	2	1	0	4	7
External	2	5	4	5	3	19
<b>Total</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>26</b>

### 4. By commissioner and author

Author	Commissioned by			Total
	Country	Central	ICS Hub	
Internal	4	3	0	7
External	8	8	3	19
<b>Total</b>	<b>12</b>	<b>11</b>	<b>3</b>	<b>26</b>

## Appendix 5: Evaluation synthesis review template

<b>Summary</b>	
Name of lead reviewer	
Report reviewed	
Report type	
Date of report	
Countries included	
Date of review	

<b>Lead reviewer assessment from meta-analysis</b>	<b>Score taken from total score column of adapted assessment tool (i.e. unweighted score)</b>
Voice and inclusion	
Appropriateness	
Triangulation	
Contribution	
Transparency	

<b>Evidence area (outcomes, impact and sustainability)</b>	<b>Location of evidence (page number)</b>	<b>Description of evidence (or highlight text in the report)</b>
Have VSO's interventions contributed to changes in people's lives in health, education, livelihoods, inclusion, gender and equality and if so, how?		
Have VSO interventions increased access to services and resources and if so, how?		
Have VSO interventions contributed to strengthening public, private and civil society organisations and if so, how?		

Have VSO interventions increased the quality of services and if so, how?		
Have VSO interventions contributed to better design and implementation of policies and if so, how?		
How sustainable are the identified outcomes and impact?		

If you are interested in learning more about our work globally, please visit [vsointernational.org](https://vsointernational.org)



VSO International  
100 London Road  
Kingston upon Thames  
KT2 6QJ  
UK

+44 (0) 20 8780 7500  
[enquiry@vso.org.uk](mailto:enquiry@vso.org.uk)