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CIVIL SOCIETY CHALLENGE FUND


VISIT TO ETHIOPIA

FINAL REPORT


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## ACRONYMS

| | |
|---|---|
| ALC | Active Learning Centre |
| APAP | Action Professional Association for People |
| APCA | African Palliative Care Association |
| CBO | Community Based Organisation |
| CSCF | Civil Society Challenge Fund |
| CSD | Civil Society Department |
| CSO | Civil Society Organisation |
| EDHS | Ethiopian Demographic and Health Survey |
| DFID | Department for International Development (UK) |
| EPRDF | The Ethiopian Peoples Revolutionary Democratic Front |
| GAP | Growth and Transformation Plan |
| GPAF | Global Poverty Action Fund |
| GTF | Governance and Transparency Fund |
| HIV/AIDS | Human Immuno-Deficiency Virus/ Acquired Immune Deficiency Syndrome |
| IEC | Information, education, communication |
| IHR | Institute for Human Rights |
| INGO | International non-governmental organisation |
| MCE | Mercy Corps Ethiopia |
| MDG | Millennium Development Goals |
| M&E | Monitoring and Evaluation |
| MOU | Memorandum of Understanding |
| MSI | Marie Stopes International |
| MSIE | Marie Stopes Ethiopia |
| NGO | Non-governmental organisation |
| PASDEP | Plan for Accelerated and Sustained Development to End Poverty |
| PC | Palliative Care |
| PE | Peer Educators |
| PLWHA | People living with HIV/AIDS |
| PPA | Partnership Programme Agreement |
| PWD | People with Disabilities |
| SHG | Self-Help Group |
| SNNPR | Southern Nations, Nationalities, People's Region |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health Rights |
| TOR | Terms of Reference |
| UK | United Kingdom |
| UNDP | United Nations Development Programme |

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| 1. Executive Summary |
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Between 9<sup>th</sup> and 18<sup>th</sup> January 2011, a monitoring and learning visit to four CSCF-funded projects in Ethiopia was undertaken by Dr Shoa Asfaha, Senior Consultant, Triple Line Consulting Ltd. She was joined by a two-person team from DFID UK (Mike Battcock, Peaceful States and Societies Adviser (Civil Society Department; CSD), and Sam Thompson (Global Poverty Action Fund, CSD) in one of the project meetings as well as at a lesson learning Event, which was held during this visit for all recipients of CSCF funding in Ethiopia. The Terms of Reference (TOR) for this trip are contained in **Annex 1** of this report.

This report provides information on how the four projects visited are progressing and includes some findings in relation to key areas of importance to the CSCF, i.e. capacity building, advocacy, awareness raising, partnerships, service delivery and monitoring and evaluation. The Triple Line Consultant was particularly interested in capturing emerging lessons on the ways in which the projects are able to operate in light of new legislation concerning the operation of civil society organisations (CSOs) in Ethiopia. These lessons may have implications for other CSCF-funded projects globally and also the guidelines and management of the CSCF. The four projects visited were:

**1) CSCF 0449: Recognising and Implementing Housing Access for Low-Income Inhabitants of Dire Dawa (2008-2011). Implemented by Mercy Corps Scotland and ADMAS, a network for 65 community-based organisations.**
The project aims to improve access to adequate housing for the poor (especially vulnerable poor-women, children, people living with HIV/AIDS (PLHA), people living with disabilities (PWD) and the homeless in Dire Dawa (the second biggest city in Ethiopia). The project targets 1175 individuals directly and 3,000 households as indirect beneficiaries. The project is in its last year and in spite of many challenges, the project has progressed very well, bringing about tangible results, such as:

- *Improvement in housing and living conditions:* nearly half of the project's target groups have already improved their housing in terms of introduction of water supply, electricity, construction of additional rooms, kitchen, latrines, showers, fences etc., through the provision of revolving loan funds and self-help group savings.

- *Changes in policy and practice:* strong partnerships and sound strategies developed through the project have resulted in changes of policy/practice of city administration on housing for the poor resulting in i) housing improvements including installation of water taps and electricity, ii) access to low-cost housing (down payment reduced from 20% to 10% for the project beneficiaries), iii) acquisition of land titles, iv) recognition and regularisation of settlements considered before as "illegal" and v) making simpler and faster acquisition of licenses for construction. According to findings from the project's mid-term evaluation, 85% of project beneficiaries are now satisfied with the responses to housing appeals of the local administration.

- *Enhanced capacity and empowerment:* the capacity to organise and the knowledge and awareness among self-help group members and city administration officials on slum improvement and housing issues have been improved. The poor households interviewed felt empowered and have now confidence to take part in Kebele municipal meetings and claim their housing rights. In addition the institutional capacity of the local implementing partner ADMAS has been considerably built by Mercy Corps.

**2) CSCF 0426: Legal Literacy Rights Advice and Information for Poor People: A Pilot in 4 regions in Ethiopia (2008-2012). Implemented by the Active Learning Centre (ALC) and the Institute for Human Rights, University of Addis Ababa.**
The project aims to ensure that poor people in specified urban and rural areas have a knowledge of rights, access to means of redress, and are empowered to advocate for legal and policy change to improve their lives. The project is coming to the end of its third year and it has made good progress in a number of areas, such as:

- *Established legal advice centres:* The project has been able to establish legal advice centres in three areas. The centres in Addis Ababa, Adama and Awassa have dealt with a total of 677 cases between August and December 2010 in which trained paralegals have provided free legal advice and information to vulnerable sections of the society. Individual cases are recorded and reported in disaggregated way which helps to identify who is being served and in which areas.

- *Expansion of services to rural areas*: A free legal aid service is being expanded to rural areas surrounding the three urban areas for the inmates of the prison administration located just outside Adama city and in the outskirts of Awassa (in cooperation with the Office of Justice and Security of the sub-city).

- *Awareness raised on legal issues*: Briefings are prepared from the feedback from clients or the cases recorded and are used for awareness-raising. Radio programmes, which are nation-wide, have been aired on important "rights" related issues, (such as employment rights, family succession, and non-discrimination against women and people with disabilities). These have sometimes included discussions with government officials in live debates. The audience for these programmes appears to be growing.

- *Capacity of paralegals & project staff built:* Formal trainings have been held and a paralegal training manual developed. About 20 trainees from each region, drawn from law schools and CSOs, participated in the paralegal training.

**3) CSCF 0473: Mitigating the Impact of HIV/AIDS by Improving Access to Pain and Symptom Controlling Drugs for People Living with HIV/AIDS in Six African countries (2007-2014). Implemented by Help the Hospices (UK), Hospice Ethiopia, and a team from Tikur Anbessa Specialised Hospital and the University of San Diego-Ethiopia.**
This project aims to improve the quality of life for those affected by HIV/AIDS in six countries, including Ethiopia, by ensuring freedom from the severe pain and other distressing symptoms that can accompany HIV/AIDS throughout the disease trajectory across 6 African countries. To achieve this, the African Palliative Care Association (APCA) and country teams are implementing specific country action plans to address and overcome key barriers to drug availability, (such as supply chain mechanisms, tight drug controls, unreliable stocking mechanisms, legislation including unfavourable regulations, the lack of national policies on opioid use, and poor education among health professionals). Approximately 1.75 million people living with AIDS in the region are likely to benefit from improved pain relief. The indirect beneficiaries are 66 palliative care service providers in the 6 countries. The activities implemented in Ethiopia are a relatively small component of a multi-country project which has just finished its first year of implementation. The activities planned for the year have been achieved. So far the main achievements are:

- *Integration of the project into the palliative care national initiative:* This project is well integrated within a national initiative on palliative care and pain management which is supported by government and international donors, such as USAID. As such, advocacy work on this topic is unlikely to be controversial, making this project unique among the CSCF projects visited.

- *Skill training of health professionals:* The main focus has been the capacity building of doctors and nurses through formal training. This has included palliative care, pain management, advocacy techniques and skills using a "training of trainers" approach. To date more than 20 doctors and 5 nurses have been trained from government hospitals and health centres. This has reportedly brought about some changes in pain management for patients in the hospitals involved in the project and has played a part in reducing misconceptions about morphine and its use in pain management.

- *Baseline study finalised*: this has been carried out on drug availability and accessibility. Advocacy work is planned using the findings of this rapid assessment on the availability of drugs for palliative care patients. This will also serve as the project's baseline as there is no information in the country on this issue.

**4) CSCF 0420: Empowering Ethiopian Communities to Protect and Advance Sexual and Reproductive Health Rights of Poor People (2007-2012). Implemented by Marie Stopes International (MSI) and Marie Stopes Ethiopia (MSIE).** This project's purpose is to create an enabling environment for poor people to enjoy their sexual and reproductive health (SRH) rights and services as delineated in Ethiopia's revised penal code, the revised family law, and the health sector development plan by strengthening local decision-making frameworks that protect and advance SRH rights. This project is in its fourth year, and is making good progress. So far the achievements are:

- *Generating more demand for services*: the project has carried out 1,020 coffee ceremony sessions which reached 19,200 women and 1,800 men, and 60 community dialogue sessions which reached 4,960 women and 1,040 men. 21 radio education sessions have been aired nation-wide in order to raise awareness on SRH and create more demand on SRH services. More and more women are being linked with SRH services and are increasing their demand for these services.

- *Increased budget allocation for contraceptives:* Several regional and one national roundtable discussions have been undertaken, bringing contraceptive security issues to the attention of regional decision makers. In part as a result of this, the number of regions allocating budgets for contraceptives has increased from one to three.

- *Government training:* 321 local government officials have been trained exceeding the project target of 180. Moreover, an innovative and highly praised leadership and Sexual and Reproductive Health training has been undertaken at regional, woreda, city administration and community levels reaching over 1000 people. It is reported that this has influenced perceptions and some local decisions (e.g. free time for breast feeding mothers during working hours).

In addition to the four projects visited, a lesson-learning event was held with all CSCF partners with on-going projects in Ethiopia. Some **key lessons** arising include:

▪ *Capacity building interventions are bringing about tangible changes* for example: i) increased confidence, knowledge and empowerment of communities and self-help groups; ii) greater institutional capacity and professionalism of local partner organisations, iii) greater acknowledgement of projects by city administration and other stakeholders, iv) increased ability for the communities to take part in woreda, city and kebele administration meetings, v) greater awareness and confidence for communities to deal with issues relevant to their projects.

▪ There is a *lack of common understanding regarding the articles of the new legislation on civil society organisations (CSOs).* Different CSOs have different interpretations. It appears that the partners often find it easier to negotiate on the specific project-related issues at the regional level than at the federal level.

▪ One of the major challenges in partnership has been the *changing of project partners* due to the new CSO legislation in Ethiopia. Some of the grant holders have had to change their local partners half-way through project implementation, causing challenges in terms of continuity and some delays in the implementation of activities. In most cases, however, the partners have been flexible in adapting their implementation strategies and have been able to ensure a successful transition.

▪ The CSCF-funded partners are *adapting their "rights based" work utilising a range of strategies or a spectrum of approaches* in order to meet the original objectives of their respective projects. They have been very creative and innovative in adapting to the current political climate without jeopardising their project's work.

▪ A *change in the language used* in the projects has been necessary, as 'rights' language is not tolerated. Beyond the language change, some projects have placed more *emphasis on awareness raising and behaviour change* rather than advocacy.

▪ *Involving administration officials in planning and training* seems to help acceptance of CSCF projects particularly at regional or local levels. There is certainly *more engagement with government institutions* as a result of the new CSO legislation and government institutions are now more interested in the results of the projects. Most partners do not take this interest as "control" or unnecessary scrutiny.

▪ *Working at regional and local levels is often easier* than working with the central government or in Addis Ababa. Nevertheless, discussing rights can be seen as threatening to those who have power and control, and the partners have to be careful not to jeopardise the relatively small space that they have to operate in such a political climate.

A summary of key recommendations for CSD-DFID and the Fund Manager is provided below.

1. *The issue of 'attribution' has to be clarified. The CSCF guidelines should be clearer on what is expected of projects in terms of policy change:* While it is implicitly understood that a project can only make a contribution to changes in government policy or practice, there is an expectation that grant holders should demonstrate what specific change(s) in government policy and/or practice they will bring about through their projects as if the latter are solely responsible for the changes. There is little emphasis on reporting other similar interventions or actions which may have contributed to the changes. It would therefore be useful to include in the Guidelines and reporting formats a clarification about the "specific contribution" that a project will make in order to bring changes (instead of specific changes that a project would bring in policy/practice). Grant holders should be encouraged to report during the implementation of their intervention on the other actions which are contributing to the changes, in addition to their own

project's work. This would provide a more realistic assessment of results and contribution of CSCF projects.

2. *Approach to rights-based work:* Rather than an overt "rights-based approach", there is often a need to take a more nuanced approach to the claiming of rights as the grantees in Ethiopia has demonstrated. This is to reflect the political realities of some countries in which governments are reluctant to rights work by NGOs, as this could be considered as political work interfering on the affairs of the state. This lesson has to be considered when reviewing projects' progress for those implemented in similar political environments in which rights based work is not encouraged by governments.

3. *Achievement Rating Scale:* It would be useful to provide more guidance in the use of the Achievement Rating Scale in the CSCF Monitoring, Evaluation and Lesson Learning Guidelines so that grant holders are aware of why it needs to be filled out.  An explanation of how to prepare and use it effectively during annual reporting process should also be provided (e.g. note that it needs to be a separate document).  This is particularly important for the early years of the project when there may be few results to report. Grant holders often felt confused about how they should report on results given the limited results achieved in Year 1 of their projects.

4. *Combined lesson learning events:* it would be useful in the future to combine project visits for the various DFID funds such as Governance and Transparency Fund (GTF), the Global Poverty Action Fund (GPAF) and the CSCF in order to extend the lesson learning experiences of the CSOs within the same country. This could also provide added value in terms of cross-fund lesson sharing, and as some partners may be grant holders from two different funds, this could be an opportunity to share the challenges between projects of the same organisation. In addition, this could help to reduce the cost of organising project visits and lesson learning exercises.

## 2. Introduction

### 2.1. Background to the Visit

The Civil Society Challenge Fund (CSCF) is a DFID operated that delivers results under several overarching objectives: capacity building of civil society to engage in local and national decision-making and global advocacy; innovative service delivery and service delivery in difficult environments. The CSCF provides £14 million per year to projects around the world. Since 2000, CSCF has funded 487 projects and at the time of writing there are 121 projects running globally.

Between 9th and 18th January 2011, four projects funded through the CSCF in Ethiopia were visited. Information collected during these visits is detailed in this report. The project visits were carried by Dr Shoa Asfaha, Senior Consultant, Triple Line Consulting Ltd. She was joined by a two-person team from DFID-UK (Mike Battcock, Peaceful States and Societies Adviser (Civil Society Department) and Sam Thompson (Global Poverty Action Fund, CSD) in one of the project meetings as well as in the Lesson Learning Event, which was held on 17th January in Addis Ababa for all recipients of CSCF-funding in Ethiopia. The Terms of Reference (TOR) for the visit are contained in **Annex 1** of this report; **Annex 2** contains the itinerary for the visit.

Monitoring and Lesson Learning visits are an important way to understand the impact that the CSCF is making, to build relationships with project partners and DFID staff in country, and to learn lessons for the management of the Fund. These visits also provide opportunities to discuss reporting and monitoring requirements with the partners. A small proportion of CSCF projects are visited annually; approximately two visits are made each year and each visit covers approximately four projects. Since the CSCF began, visits have been made to Albania, Cambodia, India (twice), Mozambique, Nicaragua, Sri Lanka, South Africa, Rwanda, Uganda and Tanzania.

Ethiopia is one of the countries with the highest proportion of CSCF-funded projects. Since 2003, there have been 17 projects funded in Ethiopia alone, and another 8 multi-country projects which have included elements implemented in Ethiopia. **Annex 3** provides a list of all projects funded in Ethiopia to-date. Due to the high number of projects in the country and the passing of new legislation in 2009 on civil society organisations (CSOs), a decision to visit projects in Ethiopia was made.

The projects visited were:

1)  CSCF 0449: Recognising and Implementing Housing Access for Low Income Inhabitants of Dire Dawa (2008-2011)

2)  CSCF 0426: Legal Literacy Rights Advice and Information for Poor People: a Pilot in 4 regions in Ethiopia (2008-2012)

3)  CSCF 0473: Mitigating the Impact of HIV/AIDS by Improving Access to Pain and Symptom Controlling Drugs for People Living with HIV/AIDS in 6 African countries (2007-2014)

4)  CSCF 0420: Empowering Ethiopian Communities to Protect and Advance Sexual and Reproductive Health Rights of Poor People (2007-2012)

## 2.2.   Methodology

Three methodologies were employed during the course of the monitoring visit: i) document review in the UK before the visit (proposals and annual and financial reports), ii) visiting each project for one to two days, and iii) a lesson learning event with all recipients of CSCF funding in Ethiopia.  Most of the project visits involved a briefing session and discussions with project staff, partners, stakeholders (including city administration officials) and beneficiary groups, as well as a visit to project activities to gain an insight into how the projects were operating on the ground. Semi-structured interviews were used using a checklist of questions prepared to guide the discussions.  Whenever necessary, the Consultant provided clarifications on monitoring and evaluation and reporting requirements for the Fund to the partners.

The four projects selected were very different from one other, and presented different opportunities for learning. Given the time limitations on the visits, the projects could not be analysed in-depth with specific recommendations made. The Consultant focused the visit on four major areas of the fund, (monitoring and evaluation, awareness raising/advocacy, capacity building, and partnerships); seeking specific insights on emerging lessons and the major challenges facing projects in Ethiopia.

A lesson learning event was organised on 17th January 2011 at DFID Ethiopia with all of the CSCF partners in the country. This was the third time such a meeting was during a monitoring and lesson learning Visit.  **Annex 4** contains the agenda for this meeting and a list of participants is contained in **Annex 5**. The aim of the workshop was threefold:

• To capture emerging lessons on the ways in which the projects in Ethiopia are operating in order to inform the CSCF guidelines and management of the Fund, and also generate some ideas for the fund as a whole;
• To provide an opportunity among the partners implementing CSCF-funded projects in Ethiopia to share experiences and lessons learned;
• To provide an opportunity to discuss reporting and monitoring requirements with partners, and provide clarification in areas where there is lack of understanding about DFID/CSCF expectations.

## 3.   Background to Ethiopia

## 3.1.   General Context

Ethiopia, with a population of 73.9 million, is the second most populous country in sub-Saharan Africa. The country is known for its periodic droughts and famines, its long conflict with Eritrea, and several wars with Somalia. After the fall of the Emperor in 1974, a military regime took power under which many thousands of opponents were imprisoned or killed, property was confiscated and defence spending spiralled. The military regime was overthrown in 1991, and since then the Ethiopian People's Revolutionary Democratic Front (EPRDF) has ruled the country.

The economy revolves around agriculture, which in turn relies on rainfall, and is often affected by drought. The country is one of Africa's leading coffee producers. The EPRDF government has a new "Growth and Transformation Plan" (GAP), and there is a shift of strategy from dependency on foreign investment to a locally-driven economy. The new plan replaced the previous "Plan for Accelerated and Sustained Development to End Poverty" (PASDEP) and is largely designed to ensure food security as well as to address issues related to youth and women.  Agriculture

remains the main focus of the economy as it is crucial for social and economic development.

## 3.2. Population, Poverty and Health Indicators

Despite a high economic growth rate in recent years, Ethiopia is one of the world's poorest countries. At US$992 in 2010, Ethiopia's per capita income has improved in recent years[1]; however the country was ranked 157 out of 169 countries with comparable data in the Human Development Index (HDI) in 2010. Although government expenditure is reported to have increased in the social sectors, particularly in health and education, and there are improvements in millennium development goal (MDG) indicators, the country is unlikely to meet its MDG targets by 2015, as insufficient progress has been made in terms of income poverty reduction.

Ethiopia has an average life expectancy of 56.1 years with high rates of maternal mortality (673 deaths in childbirth per 100,000[2]) and infant mortality (123 deaths per 1,000 live births in children under five[3]).  Just over 2% of people aged 15-49 are living with HIV/AIDS[4], approximately 39% of the population lives below the national poverty line and almost two-thirds of Ethiopians are reported to be illiterate[5]. Many poor people are dependent on food aid from abroad, and Ethiopia is the biggest humanitarian aid recipient of the UK government.

## 3.3. Civil Society in Ethiopia

Informally set up self-help groups in Ethiopia as known as Edirs or Mahber come from a long tradition but it was only after the passing of the Civil Code, which contains the law of associations, in the late 1960s that women and youth associations, professional associations and cooperatives started to emerge.  Most of these were membership organisations, with a welfare/livelihood orientation in their objectives and without any formal linkage to the State.  However, in the 1970s and 1980s as a result of widespread famine and the intervention of international relief agencies a few associations and non-governmental organizations (NGOs) were formed.  It is, however, only since the early 1990s following the fall of the military that civil society began to take on its current form.

Currently, there are four types of civil society organisations in Ethiopia:
1) Informal self-help groups, which are membership associations, locally-based and operate at the local level. They are seen as welfare groups which do not threaten the State;
2) Women and youth associations, trade unions, and professional associations: These are generally better organised than informal self-help groups and they may enjoy support from donors and government.  Many of the CSCF partners work with this type of association at the community level.
3) Local and international NGOs working in relief and development. Most of these organisations are urban-based, with the bulk of their resources coming from outside Ethiopia. Local NGOs seem to be inspired by the international NGOs, and generally follow same methods of work for implementing projects. These NGOs generally have links with the State and donor agencies.
4) Advocacy-oriented civil society organisations, some local and others international.  This type of local organisation focuses on rights-based work,

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[1]. Human Development Index – UNDP – 2010. It has to be noted according to GNI, Atlas Method, the per capita income in 2009 was £350 much lower than the average for the Sub-Saharan Africa, which was US$1,077.
[2]. Ethiopia Demographic and Health Survey Report (EDHS), 2005.
[3]. EDHS, 2005.
[4]. HIV/AIDS Prevention and Control Office 2007.
[5]. World Bank PovCalNet, Oct 2008.

governance and accountability issues. They are generally well-networked and their funding base is outside Ethiopia. These are the organisations that new government legislation (see below) targets, as they are seen as constituting a threat to the State.

In 2009 a new CSO proclamation was passed by the Government. This CSO proclamation considers human rights solely a local issue, and decrees that no international or local NGOs which are highly dependent on outside funding should be involved in advocacy for the claiming of rights. This legislation also groups CSOs into three major categories:

1) International (Foreign) NGOs: These are only allowed to work on humanitarian and development issues and they are allowed to raise funds both locally and internationally.
2) Local (Ethiopian) NGOs: Only 10% of their overall income can come from outside the country if they wish to work on human rights issues; the remaining 90% must come from within Ethiopia through local fundraising. These are organisations that work on advocacy issues, and these are the ones being targeted by the new legislation.
3) Resident NGOs: These organisations are generally those which work on welfare or livelihood issues. There is no ceiling or regulation on the provenance of their funds (it could well be from outside the country) as long as their main aim is service delivery and they do not get involved in any advocacy activities.

According to the new legislation, all the projects of all NGOs (local and international) should have a ratio of 70 to 30 for project activities versus administrative costs.

## 4. DFID's Work in Ethiopia

### 4.1. DFID Ethiopia's Scope of Work

In 2009/2010, Ethiopia was second largest bilateral aid recipient (£214 m) of the United Kingdom's development assistance after India (£295m). Ethiopia is also the largest recipient of DFID bilateral humanitarian assistance (£64m in 2009/10). The development programme has increased rapidly in recent years from around £43 million in 2002/03 to £214 million in 2009/10. In addition to bilateral support, the UK government contributes to Ethiopia through multilateral agencies such as the European Commission, African Development Bank, World Bank, and the United Nations.

### 4.2. DFID Ethiopia's Work with Civil Society[6]

Compared to the resources earmarked for the government systems, DFID's support for civil society is reported to be relatively small[7]. There are five key areas of support to civil society:
1) Partnership Fund: This provided support to a number of civil society organisations, such as the Ethiopian Lawyers Association and the Mekele University Human Rights Unit. This fund is closed in June 2010.
2) Civil Society Research and Monitoring Fund: This looks at the impact of the proclamation on civil society in order to track trends. It is in an inception phase.

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[6]. It should be noted that the findings reflect situation at the time of writing the report which was January 2011.
[7]. Evaluation of DFID's Country Programmes: Ethiopia 2003 – 2008, by Christopher Barnett, Teigist Lemma, Joe Martin, Charlotte Vaillant, Mohammed Mussa and Lissane Yohannes, EVsum EV697, April 2009.

3) Civil Society Support Programme: This is a multi-donor initiative for 5 years, and aims to strengthen civil society participation in poverty reduction, and democratization processes in Ethiopia. Through this programme, CSOs are expected to develop capacity and to hold government accountable for poverty reduction. This is to be implemented by British Council in coordination with other agencies.

4) Peace and Development Programming (PDP): This will be a pilot programme in the Somali Region and will expand in other regions. It is focused on peace in conflict-affected areas, and will be implemented by Save the Children, Mercy Corps, and Islamic Relief.

## 4.3.    DFID Headquarter Support to Civil Society in Ethiopia

In addition to support from the DFID country office, civil society in Ethiopia is supported through a series of centrally managed funds, including the Civil Society Challenge Fund (CSCF), Governance and Transparency Fund (GTF), and Partnership Programme Arrangements (PPAs),and will benefit in the future from the new fund, Global Poverty Action Fund (GPAF).

▪ *Civil Society Challenge Fund (CSCF):* There are currently five on-going CSCF projects in Ethiopia with a total DFID commitment of nearly £2.4 million, one of which is a multi-country project. There have been 17 projects funded for work in Ethiopia alone, and 8 other multi-country projects including Ethiopia. For further information on CSCF projects in Ethiopia, see **Annex 3**.

▪ *Governance and Transparency Fund (GTF):* The GTF is an initiative which focuses on the importance of good governance in achieving poverty reduction. The fund supports 38 projects focused on strengthening government accountability and transparency across a number of sectoral themes. The grant holders work with a number of partner organisations to implement projects. In Ethiopia, the organisations which benefit from GTF funds include: Gender Link, Water Aid, Overseas Development Institute, and the Global Network of People Living with HIV/AIDS.

▪ *Programme Partnership Arrangements (PPA):* PPAs are long-term, unrestricted funding to civil society organisations which share strategic goals with DFID. Thirty-nine CSOs have been provisionally selected for support in the 2011 – 2014 funding round, some of which would operate in Ethiopia.

## 5.  Summary of Project Visits

### 5.1.  CSCF 0449: Recognising and Implementing Housing Access for Low Income Inhabitants of Dire Dawa (Mercy Corps Scotland)

▪ **Location:** Dire Dawa and its surrounding area (in 7 out of 9 urban kebeles)
▪ **Start and end dates:** July 2008 to June 2011 (however project started practically only in March 2009)
▪ **Total Budget:** £499,961
▪ **DFID's Contribution:** £499,961
▪ **Ethiopian partners:** Admas, a network of 65 CBOs (Edirs); subsidiary partners: City Municipality Administration, Ethiopia Electric Authority, Government Housing Agencies, Health Bureau and Water Authorities, and University of Dire Dawa.

**Project Summary**

The project aims to improve housing access for the low-income and vulnerable communities in Dire Dawa through: i) provision of loans for housing improvements (using revolving funds), ii) raising awareness and providing training on housing rights

to facilitate access for sufficient land, recognition of land title or improved housing as part of the City Administration's regularisation and low-cost housing programmes, and iii) improving the capacity of relevant government bodies on participatory urban housing programs to increase the participation of slum residents and/or their representatives in workshops and programmes related to slum renewal strategies at Kebele levels. The project mainly targets the poor segments of the society, especially the vulnerable poor – women, children, and the elderly, People Living with HIV & AIDS (PLHA), People with Disabilities (PWD) and the homeless. The project's direct beneficiaries amount to 1,175 individuals and the indirect beneficiaries amount to 3,000 households (all members of Admas).

## Current stage of project and purpose of visit

This project was visited only a few months before the end of the project's third year. The purpose of the visit was:

- To gain a better understanding of the *new partnership with Institute of Human Rights and the city administration* given that the project was transferred from Addis Ababa to Dire Dawa.
- To assess how the project is operating on *rights issues* given the current legislation which does not allow CSOs of this type to work on advocacy/rights issues?
- To assess *the results achieved* so far in enabling the poor to access housing.

## Changes to the project

The project is now in its last year of implementation. It was designed for Addis Ababa and the original plan was for it to be implemented by Action Professional Association for People (APAP) an organisation that worked on advocacy and rights issues. However, due to the new CSO legislation, APAP could not implement the project and between July 2008 and March 2009, no project activities took place. After nearly a full year, and following assessments and negotiations with Dire Dawa Municipal authorities, Mercy Corps Ethiopia changed the location of the project from Addis to Dire Dawa with a new implementing partner, Admas. Admas is a local organisation composed of 65 self-help groups initially set up as burial societies. Due to the change in location, the number of direct target beneficiaries has been scaled down from 4938 to 1150, reflecting the population size of Dire Dawa.

## Progress and results to-date

In spite of the many challenges, the project has progressed well and has made tangible results in improving the housing conditions of nearly half of its target groups for the housing improvement programme (125 of 300 households –10% of Admas members – have already improved their housing in terms of introduction of water supply, electricity, construction of additional rooms, kitchen, latrines, showers, fences etc.)[8]. These successes have largely been achieved through the provision of loans provided by the project from the revolving fund and savings of the self-help groups. The project has also enhanced the capacity, knowledge and awareness of self-help group members (about 1175 people, more than originally planned) and city administration officials, resulting in changes of municipal policy and practice; The changes are being manifested in the following: i) project participants can now make housing improvements with confidence, such as installing water taps which require municipality approval (as their settlements considered before as "illegal" have now been regularised and construction licenses are simpler to obtain), ii) target groups

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[8] Another 17 self-help groups (representing 153 households) have also been given loans from the revolving funds and some have started to make housing improvements.

have access to low cost housing (down payment reduced from 20% to 10% for the poor, and iii) they can obtain land titles.

The major challenges to the project during implementation were how to prioritise the provision of the loan funds given that the volume of the fund is small compared to the needs of the communities. This was resolved by giving the poorest priority. Other major challenges were related to the low capacity of the local implementing partner and the high cost of materials for housing improvements; the latter remains an issue, while the first has been very well addressed.

## Capacity building and empowerment

Capacity building is occurring with various project stakeholders: i) self-help groups, ii) local implementing partner, and iii) Kebele and municipality staff.

*At self-help group level:* Capacity building takes different forms: formal training on how to keep their books and manage their revolving loan funds and savings (in particular to the committees of the self-help groups), training on how to mobilize and link with state institutions such as kebeles, as well as confidence building sessions and providing information to all members of the self-help groups on municipal housing policies. As a result of capacity building, households report that they now feel more confident in claiming their rights at the Kebele level as they are better equipped with knowledge regarding housing and housing regulations.



**Figure 1:** Mrs Khadijah, the treasurer of the Habesha self help group and her improved house – Dire Dawa

*At the local partner level:* Mercy Corps has undertaken formal training and on-going mentoring to develop the capacity of Admas in the areas of human resources, financial and procurement procedures, management, and technical advice in how to support the self-help groups. Admas' capacity to manage the project and support the self-help groups has been considerably strengthened. The organisations now has improved financial and procurement procedures, programme and administrative capacity and has increased its staff from 1 to 8. In addition, Admas is recognised by the city administration that is an institution working on housing issues and it is now invited to take part in municipal and kebele meetings.

*At local administration level:* Training was provided on slum improvement and housing models, and panel discussions between the city administration, communities and the project staff have been organised in order to enhance understanding and awareness on the need to provide access to housing for vulnerable groups including the poor, female-headed households, people living with HIV/AIDS, homeless people, and the elderly.

## Awareness raising and advocacy

Due to the new CSO proclamation, the language the project uses is "access" to housing instead of "rights" to housing. Although there is a service delivery element in the project, the core of its activities are focused on raising the awareness of self-help groups and communities about housing policies, and ensuring that communities are well equipped in their dealing with the Kebeles (local administration) in order to be able to claim their rights.

The project has also engaged intensively with the city administration and with the Kebeles to raise their awareness of housing issues for the poor. One of the representatives of the city administration has taken part in an exchange visit to India together with representatives of Admas and Mercy Corps in order to learn lessons from projects dealing with low-cost housing. This on-going contact and cooperation with the city administration has contributed to increased awareness among city administration staff and resulted in changes to municipal policy/practice in the following areas:



**Figure 2:** Mrs Meti Seboqa's new latrine and showers for home use and income generation

- The government has started to subsidize condominium houses by up to 35% and down payments have been reduced to 20% from 10% for the poor.
- Members of the self-help groups are now allowed to maintain their homes (which in the past were considered illegal) and some have obtained land titles or have started procedures to obtain land titles.
- Some settlements considered illegal in the past have now been regularised under the municipality regularisation programme, and households now have security of tenure to make housing improvements[9].
- Responses from the administration on housing issues are now quicker and construction licenses are simpler to obtain. According to findings from the project's mid-term evaluation, 85% of project beneficiaries are now satisfied with the responses to housing appeals of the local administration.

**Partnerships**

The project has demonstrated strong strategic partnerships. The project is entirely implemented by Admas, supported by Mercy Corps, and in partnership with the city municipality which has been involved in the project since its initial stages. Mercy Corps is particularly able to contribute as the current project coordinator is an ex-city administration official who is able to assist in negotiations and networking. Communities are linked to Kebele administration work and the project has a task force in which leaders from self-help groups, Mercy Corps, Admas, municipal administration and Kebeles meet on quarterly basis to discuss project progress. The project fits with the municipality's housing and regularisation programme to help the poor in housing, and hence the project is seen as complementary to the municipality's plan.[10]

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[9] Consequently some members have used the loan to install water taps in their compounds or improve latrines and even construct showers for generating income through renting it as is the case with Mrs Meti Seboqa shown in the picture.
[10]. In Dire Dawa, it is reported by Mercy Corps that there is a backlog of 24,000 homes needed, and informal settlements account for 10,000 of homes. The total population is estimated at 342,000 and annual population growth is estimated over 2,900 for the coming five years. In 2004 the government established a programme which aims to: i) build 11,100 condominium flats over five years, ii) utilise low-cost housing technology, using prefabricated inputs, saving up to 50% of costs, and iii) ensure some ground floors are accessible to PWD.

### 5.2. CSCF 0426: Legal Literacy Rights Advice and Information for Poor People: a Pilot in 4 regions in Ethiopia (Active Learning Centre)

- **Location:** Adama, Addis Ababa, Awassa and Assosa
- **Start and end dates**: October 2008 to March 2012
- **Total Budget:** £ 404,512
- **DFID's Contribution**: £404,512
- **Ethiopian Partners:** Until 13 February 2010, its partners were Organisation for Social Justice in Ethiopia (OSJE), Ethiopian Women Lawyers Association (EWLA), ActionAid Ethiopia (AAE), and Action Professional Association for People (APAP). Since 2010 the main partner is the Institute for Human Rights, Addis Ababa University. Memorandums of Understanding (MoUs) have also been signed with the law departments of Adama, Assosa and Awassa Universities. Subsidiary partners are Justice and Security Bureau, Prison Administrations, Courts (Adama and Awassa).

## Project Summary

This project aims to improve the lives of poor people in three areas of Ethiopia by raising awareness of their legal rights and providing access to information on legal rights and advice about how to seek redress. Key objectives are: i) improved capacity of the partners involved to work in collaboration and to provide co-ordinated advice services; ii) increased information and understanding of the rights relevant to improving the lives of poor people in the target areas (through legal literacy work); iii) increased access to advice and redress through the provision of advice centres and outreach clinics staffed by paralegal workers; iv) poor people empowered to advocate for legal and policy changes to improve their lives (through establishment of advisory committees charged with the task of taking forward feedback obtained through the advice centres) and; v) piloted and evaluated models of providing legal advice and information in urban and rural areas. The project encompasses a rights-based approach to poverty reduction and targets vulnerable people (women, PLWHA, young and elderly people and people with disabilities). Its approach is to raise awareness of rights through radio programmes and accessible written information and to use a cascade training model for the training of paralegals who will work within the Centres to be established in each of the three areas.

## Current stage of the project and justification for visit

Although originally envisaged as a three-year project, a no-cost extension has been agreed and the project will run until March 2012. The aims of the project visit included:
- To gain a better understanding of the *new partnership with the Institute for Human Rights:* how feasible this is, and to what extent it will enable the project to end with sustainable activities in place.
- To assess how the project is *operating on rights issues* given the current legislation. This is the only CSCF-funded project running in Ethiopia which is solely focused on rights issues and visiting this project therefore provided a good opportunity to see how rights-based interventions are continuing to operate.
- To find out what the *emerging results/impact* are as the project heads towards its end.
- To assess how the project *captures change* as many indicators of the project have been heavily oriented towards processes rather than outcomes.

**Changes to the project**

The project had to change partners last year after running for two years with four other partners. Due to the new legislation the original four partners involved in the project could not continue to work on rights issues. This created a lot of challenges and project implementation was slightly delayed, hence the reason for a no-cost extension. The new partner, the Institute for Human Rights, is legally allowed to work on human rights issues and has within its remit the provision of community legal services. The project has scaled down, and is now working in three regions rather than four (Addis Abba, Awassa and Adama; Assosa was dropped) as the former coordinating partner in the region (ActionAid Ethiopia) does not have a presence in the area and also is not allowed to work on rights issues.

**Progress and results to-date**



**Figure 3:** LLRAIPP project staff with DFID and Triple Line representatives

In spite of the challenges presented by the new legislation, the project has made good progress in a number of areas. It has been able to set up and run advice centres in three areas. These centres (in Addis Ababa, Adama and Awassa) have dealt with a total of 677 cases between Aug and Dec 2010; the centres have largely provided legal advice and information. Some cases have required more than simple advice, for example writing statements of defence or statements of claim. A free legal aid service is being expanded to rural areas surrounding the three urban areas: for the inmates of the prison administration located just outside Adama city and in the outskirts of Awassa (in cooperation with the Office of Justice and Security of the sub-city). Trained paralegals provide legal aid services supervised by project supervisors to various categories of disadvantaged groups and the individual cases are recorded and reported in disaggregated way. Based on this information, the project has been able to identify which groups are being served, and where they are located. Briefings are prepared based on the feedback received from clients in the centres and are used for awareness raising purposes. Radio programmes, which are broadcast nation-wide, have been dealing with important rights related issues, such as the rights of people with disabilities, employment rights, and family succession, and the audience appears to be growing.

The major challenges of the project include how to make the Project Advisory Committee and Local Advisory Committees effective. These are expected to help in raising awareness on legal issues, (e.g. employment, identity cards etc.) at various levels.

**Capacity building and empowerment**

Capacity building within the project is generally formal and various trainings have been undertaken in order to build the capacity of the paralegals and project staff. The

project has produced a paralegal training manual during the initial phase of its implementation and about 20 trainees from each region, drawn from law schools and CSOs, participated in the paralegal training.

The level of education of law student paralegals is generally high (4th or 5th year in college). The trained paralegals have gained skills relating to the provision legal advice and information to a cross section of vulnerable groups, such as those affected by HIV/AIDS, people with disabilities, women, young people, and the elderly. The centres' staff, such as supervisors and other support staff have also gained skills in how to manage and organise the centres.

**Awareness raising and advocacy**

Awareness-raising takes place through radio programmes. More than nine radio programmes have been broadcast addressing key legal issues such as: employment rights, family succession, and non-discrimination against women and people with disabilities. The proclamations that regulate the rights of individuals in various areas are discussed and a representative of a respective Ministry is generally invited and interviewed live on-air. Listeners participate by calling in to share their experiences and ask questions or request the implementation of legislation. The radio programmes are reported to be popular; the project has started a small survey of radio listeners and it has also started to get feedback from the radio station on the number of listeners in order to see whether this is on the increase. The survey findings will help assess what changes these programmes bring about in terms of raising understanding and awareness on the issues discussed.

Overt advocacy work, apart the radio programmes, has been difficult due to the new legislation on CSOs. However, the project often deals with issues such as acquisition of identification (ID) cards in order to access services (health, education, food or clothing assistance). In particular, the centres have been assisting individuals by writing letters of appeal to the Kebeles' to enable them get ID cards as this often requires a registered residence which often the poor do not have.

The project plans to influence Kebeles and regional parliaments through the re-establishment of a Project Advisory Committee and Local Advisory Committees which will help in raising awareness on key issues identified from client feedback. Five feedback briefing sheets have also been prepared. However, it is still unclear how effective these mechanisms will be.

**Partnerships**

ALC works with the Institute for Human Rights (University of Addis Ababa) which is directly implementing the project, and a MoU governs this partnership. In addition, there are agreements with the law departments of Adama and Awassa Universities, and the project has "subsidiary partners", such as the prison administration in Adama and the Office of Justice and Security of Awassa. The partnership with IHR is a new one, and seems to have been based on common interests; both IHR and ALC work on legal rights although the model implemented in this project - in which trained volunteer paralegals provide legal advice and information in the centres that are easily accessible to communities, including in rural areas – is new to IHR.

One of the challenges of this partnership is that because IHR is part of the University of Addis Ababa, the project has to report to the University and also is accountable to the Academic Commission. This means that it is dependent on the heavy bureaucracy of the university with regards to financial management issues, and this

has caused delays, for example in disbursement of funds.   Both parties are working to improve efficiency.

### 5.3. CSCF 473: Mitigating the Impact of HIV/AIDS by Improving Access to Pain and Symptom-Controlling Drugs for People Living with HIV/AIDS in 6 African countries (Help the Hospices)

- **Location**: Ethiopia, Kenya, Zambia, Rwanda, Tanzania, and Malawi
- **Start and end dates:** July 2007 to March 2014
- **Total Budget**: £496,532
- **DFID's Contribution**: £496,532
- **Ethiopian partners:** Hospice Ethiopia, and a team from Tikur Anbessa Specialised Hospital and University of San-Diego- Ethiopia

**Project summary**

The project's overall aim is to mitigate the impact of HIV/AIDS by improving access to pain and symptom controlling drugs for people living with HIV/AIDS across 6 African countries. To achieve this, the African Palliative Care Association (APCA) and country teams are implementing specific country action plans to address and overcome key barriers to drug availability, including: supply chain mechanisms, tight drug controls, unreliable stocking mechanisms, legislation including unfavourable regulations, the lack of national



**Figure 4:** The palliative care project team in Ethiopia

policies on opioid use, and poor education among health professionals. This project focuses on creating change at policy level through advocacy activities. Approximately 1.75 million people living with AIDS in the region are likely to benefit from improved pain relief. The indirect beneficiaries are 66 palliative care service providers in the 6 countries. The project builds on country plans developed with APCA in 2006 and has on-going mentorship and small grants to each country included in the budget throughout.

The component in Ethiopia is coordinated by Hospice Ethiopia in collaboration with a team from Tikur Anbessa Specialised Hospital, University of San Diego-Ethiopia and other collaborating officials from health centres.  The project in Ethiopia includes: i) Training in advocacy skills, ii) Small grants for advocacy which involves rapid assessment on availability of drugs, iii) Training of master trainers in pain management, and iv) A small grant for the training 20 doctors in palliative care and pain management.

**Current stage of the project and justification for visit**

This is a multi-country, five year project which is just finishing its first year.  The aims of the visit to the project include:
- To gain a *better understanding of a multi country project:* how feasible this type of project is, and how partnerships work.

- To assess how the project is *operating as this is an advocacy-based project*, especially given the current legislation which does not allow CSOs to work on advocacy/rights issues.
- To *assess what has been achieved* so far in this small component of a larger project and how it fits within the overall project.

## Progress and results to-date

All of the activities planned for the year have been completed, such as advocacy skills trainings, palliative care and pain management training, and the implementation of a baseline survey on drug availability and accessibility. Through the various trainings undertaken the project has been able to contribute to the increased knowledge and awareness of health professionals on palliative care and pain management. Dissemination of the baseline findings is planned in the next few months. However, the project team in Ethiopia seemed uncertain about whether and how their work will continue within the framework of the overall CSCF funded project and did not seem to be well informed that the whole project is in fact for five years.

## Capacity building and empowerment

The main focus of the activities to-date has been the capacity building of doctors and nurses. For example, five doctors were trained in advocacy skills in Kampala by APCA in November 2009, and master training was undertaken in Kampala by three doctors in pain management who in turn trained another 20 doctors and five nurses from government hospitals and health centres in Ethiopia. The training has reportedly brought about some changes in pain management for patients and has also reduced misconceptions about morphine and its use in pain management[11].

## Awareness raising and advocacy

Project team reported that knowledge and awareness on the importance of pain management and palliative care for chronically ill patients have increased in those hospitals which have been associated with the project. It has to be noted, however, that this project is part of a larger country-level initiative and that the team associated with this project are already working on palliative care in Ethiopia in association with various government and international partners. For example, one of the team members of the project is from the University of California San Diego – Ethiopia (UCSD-E), an implementing partner of PEPFAR/CDC[12] which is working on palliative care and conducts awareness-raising at the government health policy and providers' level, supported by other donors. It is thus difficult to attribute the increased awareness on pain management and palliative care solely to this intervention.

It is worth noting that the integration of this component with the overall country initiative on palliative care has benefited the project's advocacy work. This stands in contrast to other CSCF-funded projects which have had to curtail their advocacy activities. In particular, as this project fits within a national initiative which includes government ministries (e.g. Ministry of Health) and government-run projects funded by international donors, the project has been clearly able to work towards changes in government policy and practice to ensure availability and accessibility of drugs. It has

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[11] Many doctors in the country do not prescribe morphine, as there is a strong belief that patients will be addicted to those drugs, although morphine is now available in pharmacies and the liquid form of it is being produced in the country.
[12]. The US President's Emergency Plan for AIDS Relief and Centers for Disease Control (PEPFAR/CDC) is implemented by UCSD-E, and the latter has developed a National Pain Management Guidelines in collaboration with the Ministry of Health and other partners, and this shows already the increased awareness and commitment to pain management at the policy level. However, it was reported that the guidelines do not provide details on how this is going to be implemented and there are no clear action plans.

to be noted that there is great dynamism and experience within the team working in Ethiopia

A rapid assessment undertaken by the project on the availability of drugs has been finalised and the findings of the study are to be disseminated following a workshop in February 2011 in which APCA will be present. This is to be used for the overall advocacy work of the institutions involved in palliative care in Ethiopia and will serve as a baseline on availability of drugs and palliative care.

**Partnerships**

There are various layers of partnerships within the project as it is a multi-country intervention. In other countries the project is working with National Associations for Palliative Care, while in Ethiopia it is run by a team of partners from Hospice Ethiopia, Tikur Anbessa hospital and the UCSD-E, and most of them with full-time jobs of their own; however they also work on palliative care in their full time jobs. Each participating partner has also its own partners with whom they collaborate outside the project; for example, UCSD-E has various partnerships with government and private companies related to drug administration, control and supply agencies. Likewise, Tikur Anbessa hospital has also its own partners within government and donor communities.

The coordinating agency based in Kampala, African Palliative Care Association, provides the project team in Ethiopia on-going mentorship and small grants (as is the case to other 5 country partners) for training and advocacy. However, there do not appear to be coordination meetings or structured experience sharing (apart from training in Kampala) with the other five partners of the project. The team in Ethiopia did not seem to have a clear vision of how their part of the project fits into the larger CSCF project and were not aware that the entire project was for five years; there are no clear plans for future work. Communication needs to be improved, and APCA agrees to that and it is reported that they have already started making plans towards this.

Until recently, the project was working on set-up and initial trainings, but APCA have now finalised materials and tools to share with the partners (e.g. the full project baseline and a policy review tool). There is also a plan to hold a stakeholders meeting in which APCA will work with all partners to review in-country project objectives and clarify how best to support the partners. More frequent teleconferences/Skype calls between all partners to enable clear oversight and learning will also be implemented. These steps would contribute to greater coordination, integration and joint work between the 6 country partners.

### 5.4. CSCF 0420: Empowering Ethiopian Communities to Protect and Advance Sexual and Reproductive Health Rights of Poor People (Marie Stopes International)

- **Location:** Amhara, Oromia, SNNPR and Tigray regions
- **Start and end dates**: August 2007 to March 2012
- **Total Budget:** £ 493,337
- **DFID's Contribution**: £493,337
- **Ethiopian partner:** Initial partner was Ethiopian Women Lawyers Association[13], and current one is the Regional Women Associations. Subsidiary partners:

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[13]. Due to the new government CSO legislation, the organisation has shrunk significantly its areas of intervention, and is hardly operational.

Regional Health Bureaux, Population Media Centre, Gender Health, IPAS Ethiopia, USAID deliver project.

## Project Summary

This is a project being implemented in four regions of Ethiopia (Amhara, Oromia, Southern Nations, Nationalities, People's Region (SNNPR) and Tigray) and two administrative towns (Addis Ababa and Dire Dawa). The project aims at strengthening the capacity of middle- and lower-level leaders in Ethiopia to protect and advance the sexual and reproductive health rights (SRHR) of poor people by increasing their understanding of these rights inherent in Ethiopian laws (the revised Federal Family Code and the revised Penal Code). Understanding the role of the new laws at the regional, woreda and community levels is expected to improve resource allocations to sexual and reproductive health (SRH) services, lead to better enforcement of the laws, and increase access to integrated SRH services by poor women. The project also educates community members about their SRH rights with the expectation that they will then demand those rights. The overall aim is an improved SRH situation for women, contributing to the improvement of maternal health, empowering women and combating HIV/AIDS.

## Current stage of the project and justification for visit

The project is currently at the end of the third of five years. Marie Stopes International has received a total of 13 grants from the CSCF since 2003 and currently has two on-going projects including this one. MSIE has been working in Ethiopia for more than 20 years.

The aims of the visit to the project included:
- To gain a better *understanding of partnerships issues*, and in particular to understand more about the local partners with which the project is working.
- To assess how the project has been affected by the new legislation, and to look how a change by MSIE *from a focus on advocacy to a focus on behaviour change is working.*
- To find out how MSIE is able to demonstrate *changes in attitudes and behaviour* in sexual and reproductive health as a result of training and other investments as the indicators of the project do not go beyond awareness raising.
- To find out how MSIE is *implementing a rights-based project together with the delivery of SRH services* given that MSIE is primarily a provider of family planning and SRH services.
- To look at the *emerging results or impact* as the project has been running for three years.

## Progress and results to-date

The project is making good progress in spite of the challenges presented by the current legislative context. It has been particularly successful in its awareness raising and capacity building activities at community and local authorities level through various activities such as radio education sessions, leadership and SRHR training, community

> **Box 1: Key issues covered**
> - 321 local government officials have been trained exceeding the project target of 180.
> - An innovative and highly praised leadership and SRH training have been undertaken at regional, woreda, city administration and community levels (>1000 trained) influencing some decisions
> - 21 radio education sessions aired nation-wide
> - 1,020 coffee ceremony sessions which reached 19,200 women and 1,800 men,
> - 60 community dialogue sessions which reached 4,960 women and 1,040 men conducted.
> - Pro-poor policy analysis training was provided to 43 MSIE and 4 NGO staff and donor partners (including DFID Ethiopia) in two training rounds.
> - Several regional and one national roundtable discussions undertaken, and the number of regions allocating budgets for contraceptives have increased from one to three.

dialogue, and coffee ceremony sessions[14]. There have been a number of key issues covered (see Box 1) achieved over the last three years. The major outcomes of the project to-date are reported to be in linking women with SRH services, generating demand for services and in bringing contraceptive security issues to the attention of regional decision makers. The project is currently undertaking an impact assessment exercise and is commissioning an expert consultancy company. It is expected that the changes brought about in attitudes and behaviour will be more clearly known following this exercise as most of the reporting to-date has focused on activities delivered rather than changes in attitudes and behaviour. This is a major challenge for the project as the intervention targets a large number of people over a wide geographical area. Moreover, as there are other similar interventions in the project areas it is not clear exactly how the attribution of changes could be assigned.

## Capacity building and empowerment

There have been a number of training sessions held throughout the course of the project, some geared towards MSIE and other collaborating NGOs staff and others towards communities, journalists, local authorities and youth. In Dire Dawa, the project undertook a comprehensive training on leadership and sexual and reproductive health rights for city administration leaders and community members during its first year. This was delivered by Institute of International Education in local languages, and this was highly praised for its quality and approach used. A detailed training manual was developed and training was provided in local languages by an expert training agency commissioned by MSIE. This appears to have been be a very successful and innovative training; some of the Municipality and health bureau officials interviewed during the course of this visit praised it for its quality and approach used, and noted that it had made them more aware of their responsibilities as leaders; for example one of them had made changes in his department as a result (e.g. in terms of providing time for the female staff who were breast-feeding to go to home during the day to breastfeed their babies).

There is certainly a need to replicate this type of training, adapting it to the current context with the new CSO legislation and perhaps changing some of the language in the manual as it is very focused in 'rights' language. The overall impact of the training is not currently known; however the project is currently undertaking an impact assessment of its interventions including the training programme. This should provide a comprehensive picture on the effectiveness of this training, the findings of which could be useful for future leadership training programmes as well as to share them with other partners working in Ethiopia.

## Awareness-raising and advocacy

Awareness-raising in various forms has been undertaken. Coffee ceremony sessions in which women discuss the various contraceptive methods available, how they can access them, their experiences, and other family planning-related issues are held in various localities and facilitated by community facilitators who are generally volunteers. These are lively fora in which women's reproductive health issues are openly discussed, and they have made discussion of serious issues easier and more culturally acceptable

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[14]. These are women from the same kebele who meet around coffee in their locality, sometimes a place provided by the kebele administration. The informal discussions are facilitated by community volunteers who work with Marie Stopes. Various issues related to family planning, such as access to methods of contraceptives, abortion and the services available etc. are discussed among the women.

Although overt advocacy is not taking place, several regional and one national roundtable discussions on contraceptive security, harmful traditional practices and other family planning issues, organised in collaboration with regional bureaux have taken place. So far the results are reported to have been positive and there is now an increased number of regions allocating a budget for contraceptives although the amount budgeted is reported insufficient to fully meet needs. Community education through local radios is another means of awareness raising and sensitisation on issues related to family planning. Their impact needs to be better known and documented.



**Figure 5:** Community dialogue using a coffee ceremony facilitated by a community/MSIE volunteer.

### Partnerships

Marie Stopes Ethiopia is an affiliate of Marie Stopes International. MSIE receives various types of technical support from MSI both specifically for this project and for the organisation as a whole. MSI is reported to have played a key role in building the capacity of the MSIE communication team, and it continues to provide support to MSIE's medical and financial teams, and specifically to the project in terms of logframe and budget revisions and other technical feedback.

At the local level, MSIE collaborates with a number of organisations, some government and others non-governmental organisations. Regional health bureaux and women associations at community and regional levels have been its main partners in this project. It has to be noted, however, that MSIE is the main implementing agency and this may have some repercussions in terms of the extent to which level local partners are to be strengthened. MSIE is also registered as an international NGO in Ethiopia and does not have a local board of trustees; in any future applications to the CSCF this would impact on the amount of funding available to MSIE as their costs would need to fall within the 8% of the total budget, which is allocated for UK management costs. This information has been communicated to the MSIE staff, as this has repercussions in the way MSIE would work, should CSCF funding is being sought[15].

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[15] The issue of UK costs was not applicable in this project as it was funded before the change in CSCF Guidelines which required local organisations to be fully independent.

## 6. Lessons Learned

The identification of lessons learned from the implementation of CSCF-funded projects was a key aim of this visit.  Some lessons are included below:

### 6.1.    Monitoring and Evaluation

- M&E remains a challenging area for many CSCF grant holders and their local partners. Most of the partners interviewed felt that CSCF *guidelines are too oriented towards results* and there is less scope for process.
- *Monitoring of qualitative aspects of the projects:* Many partners felt that it was difficult to have specific and measurable indicators for projects which work on awareness-raising and rights issues.  As a result many report more on the outputs of activities rather than emerging results or impact. A number of partners requested tools which would help them measure *qualitative changes*.
- *The quality of baseline information is inconsistent:*  Baselines are now required for all CSCF projects, but this requirement was not in place at the time that the MSI/MSIE project was launched. Although all other projects have baselines, the quality of some data is a problem and some have incomplete data which is not clearly tied to the logical framework.  The importance of baselines should continue to be highlighted as this helps to chart project progress.
- *Involvement of Government Regional bureaux:*  Some regional bureaux have an M&E component and provide an in-depth feedback to CSOs projects. The government NGO coordination organ in each region monitors the projects on the basis of the plan and reports submitted on quarterly basis by projects; regional bureaux seem to take results seriously. This 'positive scrutiny' seems to be well received by the partners, however, this sometimes causes challenges for projects as regional bureaux are very focused on tangible results and many CSCF projects focus on less tangible aspects of change (e.g. behaviour change).

### 6.2.    Capacity Building and Empowerment

Capacity building is one of the key areas of focus for the CSCF and all of the projects have a capacity building output.

- Most often capacity building takes the form of *formal training,* particularly for communities, local partners, government staff (local and regional), project staff, and other CBOs. It was also noted "cascade training" or Training of Trainers featured in most projects.
- Capacity is enhanced through the provision of training (more and more by expert consultancy agencies), exchange visits to other projects (e.g. CLIFF exchange visit to India), one to one support, group training, and email correspondences (e.g. log-frames).
- In some projects, *empowerment*  is being achieved through various means, i) formal capacity building intervention, such as training, ii) exchange visits, and iii) continuous mentoring to build confidence.
- *Use of community volunteers:* In most projects, in particular those implemented by Marie Stopes and Mercy Corps, the use of community volunteers is important in ensuring the consolidation and capacity of communities and groups, and also in ensuring the continuation of project activities once funding ends.
- Many of the local partners, communities and self-help groups have experienced the following changes as a result of capacity building activities: i) increased confidence, knowledge and empowerment; ii) greater institutional capacity and professionalism, iii) greater acknowledgement by city administration and other stakeholder, iv) increased ability to take part in woreda, city and kebele

administration meetings, and v) greater awareness and confidence to deal with issues relevant to their projects.

## 6.3    Partnerships

Partnerships are a key area of interest for the Civil Society Challenge Fund as funds are only available to UK organisations working in partnership with a local civil society organisation.

▪ One of the major challenges of projects in Ethiopia has been a *change of partners* for most of the projects due to the new CSO legislation. This has caused great challenges in terms of continuity, but the partners have been flexible in adapting their implementation strategies and have been able to develop new partnerships, usually making a successful transition. Nevertheless, this has caused delays in project implementation, and most of these projects may need a no-cost extension period.

▪ The *issue of the autonomy* of the local organisation is not always clear.  CSCF Guidelines require that the local CSO has its own Board and Constitution, however, in three out of five projects, the so-called "local partner" is in fact part of the international or the UK based organisations (i.e. AMREF Ethiopia, Mercy Corps Ethiopia and Marie Stopes Ethiopia).  This presents opportunities but also problems: these organisations seem to have greater capacity in terms of project implementation and monitoring and evaluation systems. However, they generally tend to implement the project themselves instead of building the capacity of a local institution (with the exception of Mercy Corps in which the local institution's capacity has been considerably enhanced to implement project activities and MCE accomplished only a supporting role).

▪ *Importance of linking communities to local authorities and services:* Most projects have created linkages between community and municipal authorities or services. For example Mercy Corps/Admas have been able to link the self-help groups with municipal and Kebele authorities, and the groups take part in meetings for budget preparation and housing-related issues. This has resulted in facilitating procedures in housing and land titles for the communities. Likewise the project implemented by Marie Stopes has linked women and SRH services through generating demand for services.

▪ There are *different layers of partnerships*: Partnerships take place at the international level with sister or the UK-based agencies, and at the local level depending on the level at which the project works (e.g. regional, zonal, woreda and Kebele).

▪ *Multi-country projects have complex partnerships:*  In the case of CSCF 473, partnerships occurred between the UK based organisation (grant holder), the coordinating body (in this case a Uganda-based institution – APCA), several government and non-governmental organisations, and CBOs within the same country. There was no direct linkage between the implementing partner in Ethiopia and the UK-based organisation as the connection went through the coordinating body.  The challenge with multi-country projects such as this include: diverse needs and cultural settings which are at times difficult to combine; and joint planning or periodic meetings between the implementing partners in the different countries may be difficult to organise. However, there are also opportunities, such as exchange of experiences between countries through emails and during training. These opportunities should be extended and during the planning phase well budgeted.

▪ *Local organisations value the partnership with UK organisations:*  The main benefits are perceived to be: provision of technical assistance, particularly during the project design and in preparing logframes, planning and implementation; assistance in fund raising; serving as a link between the organisations based in

Ethiopia and international donors; assistance in monitoring and reporting (financial and narrative reports).

## 6.4    Challenges in working on rights and advocacy

Rights and entitlements are the focus of CSCF. The way in which the new CSO legislation has affected the advocacy and rights elements of the CSCF-funded projects in Ethiopia was an area of particular interest for this monitoring visit.

▪ The CSCF-funded partners are all *adapting their "rights-based" work utilising a range of strategies* in order to meet the original objectives of their respective projects. They have been very creative and innovative in adapting their work to the current political climate. A *change in the language that the projects use* was necessary: for example instead of "rights" some have used "access", instead of "gender" they have used "male involvement" and instead of "advocacy" they have used "feedback".

▪ Beyond the language change, some projects have greater *emphasis on awareness raising and behaviour change* (which includes government institutions) rather than advocacy. For example, Marie Stopes has changed its "advocacy strategy" to "behaviour change strategy"; however in terms of the way it operates, it still undertakes roundtable discussions with regional governments in order to bring to their attention family planning related issues.

▪ There is a *gap in understanding about what the articles of the new legislation on CSOs* means and there is a lack of common understanding. There are no guidelines for the implementation of the law by the NGO regulating government agency and there is lack of clarity on the ratio between what constitute administrative or project related cost when it comes to project staff[16]. It appears the partners find it easier to negotiate on this issue at the regional level than at the federal level.

▪ *Involving administration officials in planning and training* seems to help acceptance of CSCF projects particularly at regional or local levels. For example, awareness raising on "rights" to access services is the main feature of Mercy Corps' project, but as awareness on housing issues for the poor is raised through training provided to communities as well as city/Kebele administration officials, this is not perceived as a threat to these authorities. Rather, it has been praised as it is seen as complementing the work of the municipality (e.g. with housing officials in Dire Dawa).

▪ There is *more engagement with government institutions as a result of new CSO legislation.* Government institutions are more interested in the results of the projects, perhaps more so due to the new legislation, which seems to be one of the positive aspects of the new legislation. This interest is not necessarily taken as "control" or unnecessary scrutiny, but as a "good mirror" by most partners.

▪ Overall the partners pointed out that *working at regional and local levels seems to be easier* than working with the central government or in the major city (Addis Ababa). Nevertheless, discussing rights can be seen as threatening to those who have power and control, and therefore the partners have to be careful not to jeopardise the little space they have to operate in such a political climate.

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[16]. According to the new legislation, all the projects of all NGOs (local and international) should have a ration of 70 to 30 for project activities versus administrative costs. However, it is not clear whether staff salaries are considered as administrative or project costs and this seems to vary according to the areas of operation and the way each region interprets the legislation.

## 7. Recommendations

The partners made specific recommendations during the Lesson Learning and these are presented in **Annex 6**. These have been taken into consideration in the development of the following recommendations made by the Triple Line Consultant.

### 7.1. Recommendations which relate to the lesson learning event and monitoring visits

▪ *Combined lesson learning events:* it would be useful in the future to combine project visits from the various funds such as GTF, CSCF and GPAF in order to extend the lesson learning experiences of the CSOs within the same country. This could also provide value added in terms of cross-fund lesson sharing, and also as some partners may be grant holders from two different funds, this could be an opportunity to share the challenges between projects of the same organisation.. In addition, this could help to reduce the cost of organising project visits and lesson learning exercises.

▪ *Local support is required in the organisation of these visits and learning events*: The preparation of monitoring visits and learning event takes a great deal of time. During this monitoring visit, the Triple Line Consultant spent considerable time (beyond what was planned) organising the visits and the event in addition to the major tasks required (i.e. project visits, individual interviews, assessments, facilitation and report writing). Engaging a local consultant to help in the organisation of the visits and event would be an efficient use of resources as they are likely to have lower overall costs and having their assistance would enable the lead international consultant to focus more on the technical rather than administrative aspects of the visits. .

### 7.2. Recommendations in Relation to CSCF Guidelines

▪ *The issue of 'attribution' has to be clarified. The CSCF guidelines should be clearer on what is expected of projects in terms of policy change:* While it is implicitly understood that a project can only make a contribution to changes in government policy or practice, there is an expectation that grant holders should demonstrate what specific change(s) in government policy and/or practice they will bring about through their projects as if the latter are solely responsible for the changes. There is little emphasis on reporting other similar interventions or actions which may have contributed to the changes. It would therefore be useful to include in the Guidelines and reporting formats a clarification about the "specific contribution" that a project will make in order to bring changes (instead of specific changes that a project would bring in policy/practice). Grant holders should be encouraged to report during the implementation of their intervention on the other actions which are contributing to the changes, in addition to their own project's work. This would provide a more realistic assessment of results and contribution of CSCF projects.

▪ *Approach on rights based work:* It is interesting to note that the team which undertook the monitoring visit in Tanzania to CSCF projects in 2009 found out that most projects visited tended to use a "stakeholder engagement approach" rather than one which is more "confrontational or assertive".[17]. Although the situation in Tanzania differs from that of Ethiopia (i.e. there is not a restrictive legislation towards civil society)*,* there is often a necessity to take a more nuanced approach

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[17]. Civil Society Challenge Fund, Project Visit Report, Tanzania, Final Report, May 2009 - DFID, Triple Line Consulting.

to the claiming of rights. This is to reflect the political realities of some countries in which governments are reluctant to rights work by NGOs, as this could be considered as political work interfering on the affairs of the state. This lesson has to be considered when reviewing projects' progress for those implemented in similar political environments in which rights based work is not encouraged by governments.

## 7.3. Recommendations in Relation to Monitoring & Evaluation and Reporting of CSCF projects

- *Baselines:* This appears to be well understood by all the partners, but there is a need to link baselines to logframe indicators more clearly.

- *Achievement Rating Scale:* It would be useful to explain the Achievement Rating Scale more clearly in the CSCF Monitoring, Evaluation and Lesson Learning Guidelines so that grant holders are aware of why it needs to be filled out. An explanation on how to prepare and use it effectively during annual reporting process should also be provided (e.g. note that it needs to be a separate document). This is particularly important for the early years of the project when there may be few results to report; grant holders often felt confused about how they should report on results given the limited results achieved in Year 1 of their projects.

## Annex 1: Terms of Reference

### 1. Background

Triple Line Consulting hold a contract with DFID to carry out services in support of the CSCF. One element of this contract is to undertake project monitoring and learning visits to CSCF-funded projects. This TOR relates to the visit to be undertaken in Ethiopia in January 2011. Ethiopia was selected on the basis of:

- An analysis of on-going projects, taking into account project timescales; risk and opportunity ratings; and issues identified through on-going grant management procedures.

- The opportunity to learn about the Ethiopian Government legislation in relation to civil society and its impact on CSCF projects.

- Ethiopia has not previously been visited under the CSCF.

There are currently five on-going CSCF projects in Ethiopia. After reviewing the location and accessibility of the projects and the need to limit the total duration of the visit, it is proposed to visit four projects.

### 2. Scope of work and objectives

- Visit four CSCF projects in Ethiopia to assess how they are performing. Each project visit will last up to two days[18]. Given the short duration of the visits, the focus will be on verification of project progress and identification of key issues affecting project performance.

- Improve the partners understanding of how their project is linked to the broader goals of the CSCF, as well as DFID more generally in the country of implementation.

- Improve the partners understanding of monitoring, evaluation and lesson learning requirements of the CSCF with particular attention on value for money and gender.

- Help prepare for the mid-term and/or final evaluation, reflecting on the strengths and weaknesses of their project, as well as reviewing the implementation of rights-based approaches within Ethiopia. This will also include a review of the contribution of the projects to the achievement of the CSCF's aims and objectives, and also the priorities of DFID in Ethiopia.

- Review the local partners' financial management and accounting procedures to assure that appropriate mechanisms are in place to manage and account for grant funds.

- Co-facilitate a lesson learning event which will give local CSCF partners an opportunity to share lessons related to three main areas: i) partnerships/ linkages, and capacity building, ii) the implementation of rights-based approaches in the current legislative climate, and iii) project monitoring and evaluation systems.

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[18]. One of the projects is part of a multi-country initiative and will only require a shorter, half-day visit.

- Gather evidence with a country perspective that will inform the development of recommendations on project management, partnerships and capacity building that can be used to improve the CSCF.

- Extract evidence from project visits and lesson learning event that can feed into refining the CSCF guidelines for applicants and grant holders as well as improving the procedures for proposal appraisal, grant management and performance assessment work (both desk-based reviews and field visits).

On return, learning from the visit will be used to:

- Produce a visit report for uploading onto DFID's website (once approved). The report will include:
    - The purpose of visit and the country context
    - Assessments of individual projects
    - Lessons from project visits and the event for local partners
    - Recommendations for refining CSCF policy and procedures

- Inform a CSCF newsletter for wide dissemination via e-mail and uploading on DFID's website.

- Learning material for inclusion in M&E/learning workshop planned to take place in February/March 2011.

## 3. Approach and methodology

The overall approach will be visits to projects as arranged with grant holders by DFID/Triple Line. Three of the visits are expected to take two days each, including time required for travel, meetings with local partner staff and project target groups as well as recording information and preliminary analysis. The other visit is to a multi-country project with a component in Ethiopia: it is anticipated that this will only require a relatively short, half-day review. A final event will be held to meet all current CSCF project partners in country and to have a round table discussion on lessons learnt.

## 4. Timing and duration

The preparation for the visit will be carried out in December 2010. The visit will be from 8 January – 18 January 2011. The report will be written up on return from the visit and be submitted in draft to Lone Sorensen within two weeks from the end of the visit. DFID will then have two weeks to comment on the draft report. Triple Line will complete the final version within one week of receiving comments.

## Annex 2:  Itinerary

| Dates | Activities | Location of Project visits |
|---|---|---|
| 08-Jan-11 | Travelling to Addis Ababa | N/A |
| 09-Jan-11 | Preparation for the project visits | Addis Ababa |
| 10-Jan-11 | Meeting with the Partners of Help the Hospices (a team from Hospice Ethiopia, UCSD-E and Tikur Anbessa Hospital) | Addis Ababa |
| 11-Jan-11 | Briefing DFID Country Office<br><br>Meeting with Marie Stopes International Ethiopia staff<br>Meeting a Women's Group in Addis Ababa (coffee ceremony) | Addis Ababa |
| 12-Jan-11 | Travel to Dire Dawa<br><br>Visiting Marie Stopes supported project & meeting with project beneficiaries and government stakeholders (Deputy Mayor and other  officials and head of Health Bureau) | Dire Dawa[19]. |
| 13-Jan-11 | Visiting Mercy Corps Ethiopia supported project  & meeting with project beneficiaries and the implementing partner – ADMAS and City administration (NGO coordination) | Dire Dawa |
| 14-Jan-11 | Travel back to Addis Ababa<br><br>Meeting with Mercy Corps Ethiopia | Addis Ababa |
| 15-Jan-11 | Meeting with Active Learning Centre and their partner IHR and project staff | Addis Ababa, |
| 16-Jan-11 | Preparation for debriefing meeting and the workshop + any outstanding meetings with partners | Addis Ababa, |
| 17-Jan-11 | Learning Workshop with all the partners who are implementing CSCF funded projects, including AMREF | Addis Ababa, |
| 18-Jan-11 | Travel back to London | |

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[19] Two nights in Dire Dawa

## Annex 3:  CSCF funded Projects in Ethiopia since 2003

| No | CSCF Number | Project Title | UK CSO |
|---|---|---|---|
| 1 | CSCF 0047 | Bonga and Chilimo Participatory Forest Management | Food and Agricultural Research Management (FARM-Africa) |
| 2 | CSCF 0063 | Pastoralist Communities Capacity Building | Minority Rights Group International |
| 4 | CSCF 0068 | Community Based Programme CBO Support | Agency for Co-operation and Research in Development (ACORD) |
| 5 | CSCF 0069 | Support For Vulnerable Elderly Persons Capacity Building | Help Age International |
| 6 | CSCF 0102 | Four Literacy Programme | WOMANKIND Worldwide |
| 7 | CSCF 0113 | Street Children's Rights Development Project | GOAL |
| 9 | CSCF 209 | Power Sharing For Local Resource Management | SOS Sahel International UK |
| 10 | CSCF 0293 | Advocacy & Peace Building Support Programme | Agency for Co-operation and Research in Development (ACORD) |
| 11 | CSCF 0323 | Ethiopian Pastoralist Programme (EPP), AFAR & SNNPR, Ethiopia | Food and Agricultural Research Management (FARM-Africa) |
| 12 | CSCF 0365 | Strengthening the Capacity of the National HIV/AIDS Forum | Healthlink Worldwide |
| 13 | CSCF 0420 | Empowering Ethiopian communities to protect and advance sexual and reproductive health rights of poor people | Marie Stopes International |
| 14 | CSCF 0426 | Legal literacy, rights advice and information for poor people: a pilot in 4 regions of Ethiopia | Active Learning Centre |
| 15 | CSCF 0449 | Recognising and implementing housing rights of low-income inhabitants of Dire Dawa | Mercy Corps Scotland |
| 16 | CSCF 0461 | Better Health for Pastoralist Communities in South Omo, Ethiopia | African Medical & Research Foundation (AMREF) UK |
| 17 | CSCF 0517 | Community Mobilisation for School Improvement in Ethiopia | Link Community Development |

| | | Multi country projects which include Ethiopia | |
|---|---|---|---|
| 18 | CSCF 0065 | African Regional Reproductive Health Forum | International Family Health |
| 19 | CSCF 0176 | Pesticide Problems & Sustainable Livelihoods | Pesticides Action Network (PAN) International |
| 20 | CSCF 0249 | Enhancing the Capacity of the EU to Foster Peace | Saferworld |
| 21 | CSCF 320 | HIV/AIDS East and Central Africa Advocacy Project | Scottish Catholic International Aid Fund (SCIAF) |
| 22 | CSCF 0392 | Developing Global Partnerships to Improve Health Capacity in Less Developed Countries | Tropical Health and Education Trust (THET) |
| 23 | CSCF 0395 | ACORD Pan African Food Sovereignty Program (FSP) | Agency for Co-operation and Research in Development (ACORD) |
| 24 | CSCF 0473 | Mitigating The Impact of HIV/AIDS by Improving Access To Pain and Symptom Controlling Drugs For People Living With HIV/AIDS Across 18 African Countries | Help the Hospices |
| 25 | CSCF 478 | Civil Society Preventing Obsolete Pesticides in Africa | Pesticides Action Network (PAN) International |

## Annex 4: Agenda – Lesson Learning Event for Partners in Ethiopia

**Date:** 17 January 2011

**Venue:** DFID Ethiopia office, Addis Ababa

**10.30 – 10.45    Welcome and introductions**

**10.45 – 11.00    Objectives of the Learning Event**

**11.00 – 11.15    Overview of DFID Support to Civil Society in Ethiopia & Centrally
managed Funds**

**11:15 – 11:30    Overview of CSCF objectives and portfolio**

**11.30 – 12.30    Monitoring and Evaluation & Learning**

1. Lessons in relation to M&E.  Who is doing this, how, for whom? What has worked
   well, what has not worked well, and why?  What are the key challenges in terms of
   M&E?

2. How have you been capturing lessons?
   What type of lesson learning has been most valuable - thematic?
   learning, policy related or specific project related?
   What would you like to see in the future in area of learning?

**12.30 – 13.30    Lunch**

**13.30 – 14.45    Discussion on Partnerships and Linkages**

1. UK partnership and role. What specific kinds of added value are realised in working
   with UK partners?  How does the actual relationship between Ethiopian and UK
   partners work? What are the aspirations for how this should work?  What is the role of
   other international partners?

2. Local partnerships.  What types of local partnerships exist, and at what level?  How
   do you build networks and relationships towards combined outcomes?  What
   challenges are faced in this type of partnership and how can they be overcome?

3. Capacity Building/empowerment.  How has this been done, by whom and for whom?
   What changes can be realised as a result of it? To what extent target groups have
   been empowered?

**14:45 – 15:00    Break**

**15:00 – 16:00    Discussion on Civil Society work in Ethiopia**

1. How has the current government legislation on civil society organisations affected
   your work?

2. What strategies have you adopted to work effectively given the current legislation?

3. How are you working with other organisations to overcome challenges?

**16:00 – 16.30    Recommendations from CSCF partners to DFID        and general
questions and answers.**

## Annex 5:  List of Participants at Lesson Learning Event

| CSCF No | UK Organisation | Ethiopia Partner | Name |
|---|---|---|---|
| 449 | Mercy Corps Scotland | Mercy Corps Ethiopia ADMAS | Ahmed M. Bouh (MCE- Dire Dawa) |
| 449 | Mercy Corps Scotland | Mercy Corps Ethiopia ADMAS | Mesfin Ayele (MCE  Addis Ababa) |
| 420 | Marie Stopes International | Marie Stopes International Ethiopia | Tesfaye Cherinet (MCIE) |
| 420 | Marie Stopes International | Marie Stopes International Ethiopia | Abebe Shibru (MCIE) |
| 420 | Marie Stopes International | Marie Stopes International Ethiopia | Grethe Petersen (MCIE) |
| 473 | Help the Hospices | Hospice Ethiopia Tikur Anbessa Hospital & UCSD-E | Sister Tsigereda Yisfawossen (Hospice Ethiopia) |
| 473 | Help the Hospices | Hospice Ethiopia Tikur Anbessa Hospital, & UCSD-E | Dr Yoseph Mamo (UCSD-E) |
| 473 | Help the Hospices | Hospice Ethiopia Tikur Anbessa Hospital & UCSD-E | Dr Dagnachew Hailemariam (Tikur Anbessa Hospital) |
| 461 | AMREF UK | AMREF Ethiopia Andinet Action for Development | Dr Joao Soares (AMREF  Ethiopia |
| 461 | AMREF UK | AMREF Ethiopia Andinet Action for Develop. | Dawit Abebe (AMREF Ethiopia) |
| 426 | Active Learning Centre | Institute for Human Rights | Tsige Alemayehu (IHR – Addis Ababa) |
| 426 | Active Learning Centre | Institute for Human Rights | Gil Long (ALC – UK) |
| N/A | DFID-UK | N/A | Mike Battcock |
| N/A | DFID-UK | N/A | Sam Thompson |
| N/A | DFID[20] Ethiopia | N/A | Sandra Bolton |
| N/A | DFID[21] Ethiopia | N/A | Deborah Mekonnen |

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[20]. Participation during the first part on presentation.
[21]. Participation during the first par on presentation

Annex 6: Recommendations from Lesson Learning Event

The following recommendations are from the CSCF funded partners who took part in the Lesson Learning event on 17th January 2011. The views are not necessarily those of the Triple Line Consultant but are included here for completeness and transparency.

**Current CSO Legislation:**
- The partners appreciate the UK coalition government's commitment to civil society as an important area as it was described by the DFID representative during the event; however they felt this has to be shown in practice as DFID seems to have given less focus to civil society as little resources are put into it compared to what is provided to the government.
- Due to the new government legislation, there seems limited space left to human rights organisations; DFID should devise ways to help organisations like universities, legal aid centres, and institutions within the government justice system.
- DFID should help in policy analysis and on how the various Ethiopian government policies affect civil society, beyond the impact of the current legislation on civil society.

**Funding mechanism/requirement:**
- CSCF funding is important, as advocacy is key to backing up service delivery projects. Partners appreciate DFID for providing funding for advocacy projects, as many other donors seem to be interested only in service delivery. They hope there will be continued support in this area.
- Scaling up instead of funding just for one phase (as is the case with CSCF) is important in order to ensure continuity, lesson learning and sharing and to take the project forward for greater impact.
- The Palliative Care project is running in 5 other countries by Palliative Care Associations, but in Ethiopia by a working team associated to Hospice Ethiopia. Until a national palliative care association is formed in Ethiopia, they felt if DFID could provide support to build the capacity of Hospice Ethiopia to be able to continue working in this important area.

**Lesson sharing/ Monitoring and Evaluation**
- Knowledge management is necessary: DFID should help in experience sharing and developing south-to-south partnerships.
- Financial reporting on quarterly basis does not seem adequate in some project context (e.g. IHR due to university bureaucracy), and it would have been helpful if this could be on six monthly basis.
- Achievement Rating Scale is a useful tool and it compels the partners to think thoroughly instead of only describing the activities. However a clearer explanation of its use would be helpful.
- Feedback on project annual reports is sometimes delayed; by the time feedback is received, the project has already gone a long way into its following year and the content of the feedback thus can become redundant. Early feedback would help greatly.

**Planning and implementation of multi-country project**
- The implementing agency for the component of the multi country project in Ethiopia felt that planning of this type of project should be improved, i.e. the planned activities of the Palliative Care Associations should be known for the duration of the whole project period instead of for the current year only. Joint planning would have been very useful.

## Annex 7:  List of People met during Project Visits

| CSCF 420: Marie Stopes International Ethiopia | |
| --- | --- |
| Grethe Petersen | Country Director |
| Abebe Shibru Negatu | Director of Communication and Technical Services |
| Tesfaye Cherinet | Senior Programme Officer – in charge of CSCF project |
| Hirut Tsegaye | Coordinator of Marie Stopes Ethiopia – Dire Dawa |
| Women Coffee Group | Gende Shebel – Dire Dawa |
| Women Coffee group | Kebele, Addis Ababa |
| **CSCF 449 – Mercy Corps Ethiopia/ADMAS** | |
| Mesfin Ayele | Deputy Country Director |
| Ahmed M. Bouh | Project Coordinator – CSCF project |
| Daniel Teshome | Director of ADMAS, and Project Manager of CSCF project |
| Teshome Shimeles | M & E Officer -  ADMAS |
| Tadesse Teshome | Community Mobilizer – ADMAS |
| Getahun Mekonen | Chief Community Mobilizer - ADMAS |
| Sitra | A graduate volunteer - Mercy Corps Ethiopia – based in Dire Dawa |
| Wuhana Fisash | SHG – member of ADMAS |
| Nuru Metasebiya | SHG - member of ADMAS |
| Atse Fasil | SHG – Member of ADMAS |
| Khadijah | Treasurer of Habesha SHG |
| **CSCF 473 – Help the Hospices/Hospice Ethiopia** | |
| Sister Tsigereda Yisfawossen | Head of Hospice Ethiopia |
| Dr Dagnachew Hailemariam | Tikur Anbessa Specialised Hospital |
| Dr Yoseph Mamo | University of California San Diego-Ethiopia |
| **CSCF 426 – Active Learning Centre – Institute for Human Rights, Addis Ababa University** | |
| Gil Long | Active Learning Centre  Co-Director and Project Manager |
| Tsige Alemayehu | Project Manager of CSCF project |
| Professor Girmatchew | Head of Institute for Human Rights – University of Addis Ababa |
| Abdulraham | Admin and finance officer |
| Ruth | Regional Coordinator – Addis Abeba |
| Negash Ayele | Regional Coordinator - Awassa |
| Seyfe | Regional Coordinator - Adama |
| Shimeles | Paralegal - Adama |
| Mesfin | Local Advisory Committee member – Addis Ababa |
| **Government Stakeholders** | |
| Harbi Bouh Warsame | Deputy Mayor, Trade, Industry and Investment Bureau Head – Dire Dawa Administration |
| Ketema Tesema | Policy and Research Head - Dire Dawa Administration |
| Dr Tsigereda Kifle | Head Regional Health Bureau – Dire Dawa |
| Endale Shukur | Regional NGO Coordinator – City Administration – Dire Dawa |
| Birhan | NASTAD Regional Coordinator – Dire Dawa |
| **DFID Ethiopia** | |
| Jillian Popkins | Governance and Civil Society Advisor |
| Deborah Mekonnen | Deputy Programme Manager |