



ADD INTERNATIONAL: CAPACITY BUILDING LEARNING REVIEW

CROSS-CASE REPORT

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1. INTRODUCTION

This short report is based on an analysis of the individual case studies on capacity building in Cambodia and Bangladesh. The purpose of this cross-case report is to present the views of the two consultants with regard to the following:

- Points arising from the experiences in the two countries which shed light on the ADD approach and working model of capacity building¹.
- Recommendations for ADD to reflect upon in its work to strengthen the capacity building model and the overall monitoring, evaluation and learning on this work.

2. GENERAL POINTS ON THE CAPACITY BUILDING APPROACH

This section contains general introductory commentaries before 'drilling down' into specific elements in section 3.

- 2.1. Capacity Building is in the 'DNA' of ADD in both countries – it is not viewed as a stand-alone, technical intervention but is central to the thinking of how change happens in each context.
- 2.2. Cambodia does have an agreed definition of capacity building, and build upon this in their strategy, locating capacity building as a core cross-cutting approach within the thematic areas. The Bangladesh strategy states that capacity building is one of its core functions, although doesn't have an explicit definition.
- 2.3. The 'high value' approach of ADD (in page 1&2 of 'how we add value' doc. March 15) reflects reality, although there may be some signs of potential 'slippage' into reduced value if care is not taken to maintain the rights/empowerment dimension in the project work.
- 2.4. The model of four 'sets' of activities (of which one is capacity building) contributing to impact, is a useful way of describing the different ways in which value is created and enable reflection on the particular contribution of each one in turn. However, as is stated, it is very important not to see each 'set' as distinct from each other as the case studies showed how much they overlap in reality. For example, learning is a core part of the capacity building approach in Cambodia; and influencing activities are meshed in with the capacity building work in both countries (details in 3.4. below)
- 2.5. Capacity building can be seen to have contributed to real improvements in the lives of individual PWDs, as well as contributing to achieving more inclusive society/development processes benefitting all PWDs in both countries. This reaffirms the Theory of Change.
- 2.6. The capacity building outcomes are seen to have been sustainable, with organisations continuing to thrive many years after ADD's initial, intense engagement. (Although in Bangladesh there is indication of democratic and rights based approaches being 'watered down' after ADD engagement has ceased/reduced)
- 2.7. The role of ADD staff in the change process does vary from Cambodia to Bangladesh. Whilst both work to a similar Five Phase 'Indian' model, there is far more direct engagement of delivery of capacity building by ADD staff to the grassroots level of SHGs in Bangladesh (where they have more staff in post, which has raised the issue of sustainability by some respondents). Cambodia has taken a ToT approach, whereby ADD trains and accompanies

¹ As expressed in key documents such as the Theory of Change and 'How do we add value?' (March15)

others (DPOs or Commune Focal Persons/Village Mentors) to do the formation and capacity building at that level.

- 2.8. Both country teams are facing challenges with the recent shift towards more restricted project funding. Both case study reports highlight the challenges to ADD capacity building work that this shift represents, such as:
- The difficulty of funding capacity building work with DPOs that are not participating in a project but that still require support and the subsequent danger that only the 'stronger' DPOs are included in projects, as donor requirements place the existing capacity 'bar' at a relatively high level.
 - The likelihood that there is pressure to give priority to strengthening the project management capacities over some of the other, 'softer' or more 'foundational' capacities in the 'to be/to relate' dimensions.
 - The challenge of funding capacity building work at movement level.

These challenges raise the question about the repercussions of ADD possibly seeking to fund 100% of its programme work through project grants.

3. OBSERVATIONS ON SPECIFIC ELEMENTS

LEVELS

- 3.1. The expression of ADD's capacity building approach as operating at three levels is a true reflection of how both country teams have been implementing their work for a long time.
- 3.2. Both country programmes facilitate strong linkages vertically and horizontally – i.e. ensure that there are links from grassroots up to national level and that peer organisations support each other and relate to each other wherever possible. However in Bangladesh there was some concern raised by staff that the National Level Federations are beginning to show elitist tendencies and a reduction in links to grassroots.
- 3.3. Both country programmes have invested in developing the profile of the DPO movement, and in facilitating increased understanding on disability amongst duty bearers, INGOs, donors etc. at different levels.

THE FOUR 'SETS' OF INTERVENTION ACTIVITIES

- 3.4. Elements of the three other 'sets' can be seen in operation in the capacity building work:
- All of the activities in the **Influencing** list have tended to be incorporated as part of the capacity building process with DPOs or at an opportune time when deemed appropriate.
 - The ADD approach to capacity building, particularly the formation of SHGs and DPOs, has been shared with other INGOs/NGOs in both countries (an excellent testimony to their **sharing learning** externally). However other organisations may have adapted the ADD model to what they see as more appropriate **to their needs**, and this learning **should be needs to be** fed back into ADD. In Cambodia, between ADD and the DPO partners there is an explicit 'learning approach' to the capacity building work. In Bangladesh there has been shared learning on this work between the more experienced staff and the newer entrants.
 - Developing capacity for the DPOs to **leverage support** is a core element of the capacity building work in Cambodia and Bangladesh, through the relational capacity

strengthening as well as the fundraising/infrastructure leverage activities (e.g. facilitating contacts with the village temples/ Upazilla Officials). In both countries, many ADD-supported DPOs have been allocated Government offices or access to Commune land to build offices for the DPOs.

CAPACITY BUILDING METHODS

Both cases provide more details on how the specific activities in the **Capacity Building** 'set' actually are put into practice. Several specific points worth highlighting are:

- 3.5. The Cambodia report proposes that the 'accompaniment' can be further broken down into different types of activities, and that it is not just project oriented but is core to the Five Phase (Indian) model of group formation and organisational strengthening. However, regular visits to the non-project partners (categories B and C) have been reduced in Cambodia and Bangladesh.
- 3.6. The provision of training/advice to other organisations has been a strong component of the capacity building work in Cambodia and there is evidence of it starting in Bangladesh.
- 3.7. The provision of strategic resources (core funding) to non-project partners has been stopped in Cambodia. There is still some core funding provided in Bangladesh but only at Regional level.

The remaining activities are seen to be taking place in both countries, with immediate internal reflection on action taken being a core part of the Cambodia team's approach to strengthening their own human resources.

THE FCC MODEL

- 3.8. Both country teams struggle to make the model a helpful and realistic reference for their work.
- 3.9. There is no consistency, within each country and across the two countries, with how specific capacity areas are located within the model (see reports' section on the 'strong capacity' descriptions).
- 3.10. There is mixed experience of using the FCC assessment tools. Bangladesh appear to have used it to inform capacity building plans at field level, but have not completed any repeat assessments whereas Cambodia have not done systematic assessments as part of capacity building planning. Cambodia have used the FCC tool to review change over the past year.
- 3.11. Both country teams note the lack of indicators and how that makes consistent capacity assessment a challenge. The Cambodia Country Director has developed a set of 'prompt questions' which serve to guide the conversation on each specific capacity when using the FCC to review the past year. Whilst helping a little, the team still feel that there is a great deal of individual subjectivity in the allocation of capacity levels.
- 3.12. The Bangladesh team are even concerned they have a limited understanding of what organisational development is and therefore a poor understanding of what they are measuring.

WHAT CAPACITY?

Whatever overarching model is used to describe the organisational 'system', there still is a requirement to define and describe what 'strong DPO capacity' looks like. This entails the identification of specific capacities that are understood to be relevant to the mission of the DPO, and developing descriptions (capacity indicators) of each one of these in ways that are appropriate to the context and the identity of the organisation.

- 3.13. ADD has produced a number of 'headings' for the specific capacities within the FCC model, but no clear global statement of what it understands to be good DPO capacity.
- 3.14. Neither country has developed its own answer to the question, 'what makes a strong, healthy and effective DPO?' for its own context or in response to the variety of levels of organisation that the team is working with. Both case studies produced a list of capacities (generated by DPOs in a participatory workshop and partially supplemented by ADD staff) which mirror most of the centrally defined 'headings'.
- 3.14. The specific area of 'leadership' (including governance) has emerged as requiring further refinement in order to incorporate issues such as collective versus individual leadership; leadership succession; women and leadership etc.
- 3.15. Both reports indicate that there are new capacity areas that require support and that ADD staff will need their own capacity development in order to effectively offer this, for example capacity to identify and respond to change (adapt-ability) or the leadership areas in 3.14 above.

VARIOUS OTHER

- 3.16. Having paid staff in DPOs appears to be one emerging area for reflection in both countries. In Bangladesh it is increasingly of interest as the shift towards projects gains momentum, with elected DPO leaders starting to receive money for project implementation (stretching Government regulations). In Cambodia there have been paid staff in DPOs for some time, but there is potentially an area for reflection in the dynamics between staff and elected leaders – particularly around decision making roles.
- 3.17. There may be the need to give consideration to whether there is an ideal 'size' of a DPO that actively supports its SHG members? Is there a maximum number of SHG member organisations, beyond which the challenge to the DPO's capacity becomes too great?
- 3.18. Is the approach to projects in Bangladesh different from that in Cambodia? Why do the staff in Bangladesh feel so strongly that the rights work is under threat and that the projects mean a shift to service delivery (are their donors more directive?)? This did not emerge in Cambodia, where staff feel they have managed a mix of project work that responds to real needs but retains the advocacy/rights dimension within the projects.

4. RECOMMENDATIONS

- 4.1. Strong consideration should be given to simplifying the model of organisational capacity away from the FCC – e.g. to a 3-circle model. It really does seem that the subtleties and complexities of the differences between e.g. to consider, to manage, to do and to be are creating some confusions.

- 4.2. ADD should produce a broad description of what a strong DPO looks like, in a way which highlights strategic considerations whilst being responsive to context and organisational type.
- 4.3. Following 4.2. above, there should be agreement about how to address the issue of capacity indicators. These are detailed descriptions of what each specific capacity looks like and may be expressed in one 'ideal benchmark' indicator, or in a series of 'evolutionary indicators' which describe the capacity as it develops towards the ideal. The indicators are used for assessing current capacity levels, and also for identifying the 'target' level of desired future capacity. They are therefore used for capacity building purposes as well as being one means (amongst others) of assessing capacity change when undertaking monitoring or evaluation exercises.

The approach to working with these indicators should be as context-sensitive as feasible for ADD. A number of choices are possible:

- There could be a menu of pre-established globally agreed 'ideal benchmark' capacity indicators, from which each country team/partners select the most appropriate². The advantage of this could be that it provides a clear and detailed message from ADD globally about what it considers is 'good capacity'. It also facilitates aggregation on the basis of indicators, if this is desired. The downside is that this may feel counter-cultural for ADD, with a strong top-down 'feel' if the indicators are not developed in a participatory manner.
- There could be complete flexibility for each country team and partners to develop their own set of shared indicators (or several sets, to respond to the different levels of organisation). The advantage of this is that there could be an empowering process of shared construction and ownership of the indicators. It can, in itself be a capacity building experience as the participants build their understanding of what makes a strong DPO. It also will result in a common set of references which can facilitate shared learning and peer support during the capacity building processes. The downside is the potential for specific contexts to be overlooked, and also it requires a clear process and strong facilitation to arrive at the final set of indicators.
- It could be left for each individual DPO to develop their own indicators. The advantage of this is the strong sense of ownership and a final set of indicators that is tailored to the specific DPO. The downside is that it will require great clarity from each DPO staff member as they facilitate the process if the result is to be more than what already is in the minds of the DPO members. It also may result in weaker opportunities to share learning, and provide peer support. If this approach is taken, and if there is going to be an aggregation of ideal benchmark capacity indicators (see 4.5. below) then there needs to be a clear identified link between the three levels of indicators from DPO to Global level.

² This approach is taken by the USAID Health Policy Project in their *Capacity for Policy, Advocacy, Governance and Finance - OCA Capacity Indicators Catalog*

- 4.4. Discussion should take place regarding the pros and cons of working with evolutionary capacity indicators. The alternative is to continue with some kind of visual metaphor for the growing capacity (such as the seed-tree image), which has the implication of greater degrees of subjectivity and less scope for building a shared understanding about how each specific capacity develops.
- 4.5. The approach to measuring organisational change will need to be clarified. There are different options regarding where/how ADD Head Office chooses to aggregate, given the potential diversity of specific capacity indicators that may emerge if the decision is to work with a tailored or 'menu' approach. Aggregation can take place at the level of the Broad Capacity area (to be/do/relate.../manage/consider). It can take place at the level of specific capacities within each broad area (e.g. leadership/financial management etc.). If a decision is taken to go for diversity of self-selected indicators it is possible to establish a generic change/framing indicator such as % of partners who moved up one point along the scale of xxxx capacity.
- 4.6. Eventually, consideration could be given to developing a methodology for assessment of long term impact which enables ADD to learn about the linkages between the movement, organisational changes and changes in the lives of PWDs.
- 4.7. The use of whatever capacity assessment tool and process is decided upon should be clearly linked to the development of a capacity building plan. Guidance should be provided regarding how best to address the capacity building work in a systematic way and in a way which facilitates monitoring its implementation, and monitoring the change in real time. Staff would need considerable capacity building support in this process.
- 4.8. There could be opportunities for the two case study countries (and others?) to learn from each other's capacity building work. E.g. Bangladesh could visit Cambodia to learn about the different role that ADD takes there (i.e. less hands-on capacity building with SHGs). Cambodia could see how Bangladesh works with 'accountability'. Both could explore together the challenge of DPO staff/governance roles and relationships.
- 4.9. With regard to movement level capacity building, it will be important to build on the achievements in both countries and to continue to incorporate this level of capacity building within the ADD approach. Each country team will need to be clear on ADD's 'value-added' of its capacity building work with what is now a consolidated movement. This may lie particularly in playing a 'critical mirror' role by highlighting certain new challenges and asking 'uncomfortable' questions about possible areas of exclusion or potential 'elitism'.
- 4.10. There are a number of recommendations with regard to the funding of the capacity building work:
 - The cases have highlighted the potential threats to certain aspects of the capacity building work generated by the move towards more restricted, project based funding (see 2.8. above). It will be important to open a discussion on this topic, and reflect upon the need to assign some unrestricted funding for certain areas of capacity building work that are identified as critical for the overall success of ADD's strategy, but are not recognised as necessary by project funders.

- Together with this allocation of unrestricted funds for strategic capacity building, a systematic exercise should take place to explore the potential for increasing the amount of thematic oriented restricted funding which incorporates specific capacity building components. The exercise could look at ADD's own recent experiences in successfully raising funds for this work and also consult peer organisations to gather examples of their successful capacity building fundraising efforts.
 - Similarly, the exercise should also explore the potential for increasing the number of 'stand-alone' capacity building projects.
 - Finally, this exploration should take place at both country level and from the perspective of the UK office fundraising team. They will be well placed to identify and consult peer organisations that have had success in fundraising for capacity building work in the current funding climate.
- 4.11. Investment is needed in the capacity building of ADD staff in the areas and issues identified in the individual country reports and in this cross-case report.
- 4.12. Continuous reflection on project formulation will enable ADD centrally, and in the country teams, to identify how they are incorporating both the advocacy/rights perspective and the capacity building approach.