



**SCHOOL OF CONTINUING EDUCATION  
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**Research on**  
**Assessing the effectiveness of capacity building efforts of**  
**Social and economic Empowerment of Pastoralist Girls Project (SEEPGP)**  
**in Dewe, Telalak and Dulessa woredas of Afar Region.**

**A Thesis**  
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## TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>ACKNOWLEDGEMENTS</b> .....   | <b>v</b>  |
| <b>EXECUTIVE SUMMARY</b> .....  | <b>vi</b> |
| <b>1. INTRODUCTIONS</b> .....   | <b>1</b>  |
| 1.1. Background .....   | 1         |
| 1.2. Problem statement .....  | 3         |
| 1.3. Objectives of the study .....  | 5         |
| 1.4. Research questions .....   | 5         |
| <b>2. LITERATURE REVIEW</b> .....   | <b>7</b>  |
| 2.1. Essential Definitions .....  | 9         |
| 2.2. Challenges on Capacity Development .....                               | 12        |
| 2.3. Different perspectives .....   | 12        |
| 2.3.1. Definitions of capacity building .....                               | 14        |
| 2.3.2. Levels/dimensions of capacity building .....                         | 18        |
| 2.3.3. Strategies of capacity building .....                                | 28        |
| 2.3.4. Process of capacity building .....                                   | 30        |
| 2.3.5. Tools of Capacity building .....                                     | 34        |
| 2.3.6. Output, outcome and impact of capacity building .....                | 36        |
| <b>3. RESEARCH METHODOLOGY</b> .....  | <b>39</b> |
| 3.1. The study area .....   | 39        |
| 3.2. Research design, sampling and sampling procedure .....                 | 42        |
| 3.3 Method of data processing and analysis .....                            | 44        |
| <b>4. RESULT AND DISCUSSION</b> .....                                       | <b>46</b> |
| 4.1. Involvement and engagement of partners in project implementation ..... | 46        |
| 4.2. Information Management and Networking .....                            | 50        |
| 4.3. Project Performance Monitoring System .....                            | 50        |
| 4.4. Coordination and Partnership .....                                     | 53        |
| 4.5. Institutional Arrangements .....                                       | 54        |

|  |           |
|--|-----------|
| 4.6. Financial, material and human resources ..... | 59        |
| 4.7 Capacity Challenges .....                      | 60        |
| <b>5. CONCLUSION AND RECOMMENDATIONS.....</b>      | <b>67</b> |
| 5.1. Conclusion.....                               | 67        |
| 5.2. Recommendations .....                         | 68        |
| <b>6. REFERENCES.....</b>                          | <b>72</b> |
| <b>7. APPENDICES .....</b>                         | <b>74</b> |

## **ABBREVIATIONS**

|            |  |
|------------|--|
| BESO/SCOPE | Basic Education Strategic Objectives/Strengthening Community through Partnership for Education |
| CBRHA      | Community Based Reproductive Health Animator   |
| CBOs       | Community Based Organizations  |
| CHW        | Community Health Worker  |
| CSA        | Central Statistics Agency  |
| CSOs       | Civil Society Organizations  |
| FGM/C      | Female Genital Mutilation/Cutting  |
| HTPs       | Harmful Traditional Practices  |
| INTRAC     | International NGO Training and Research Centre   |
| M & E      | Monitoring and Evaluation  |
| NGO        | Non Governmental organization  |
| OECD       | Organizations for Economic Commission and Development  |
| PARD       | Pastoralist Agricultural and Rural Development   |
| SEEPG      | Social and Economic Empowerment of Pastoralist Girl  |
| TBA        | Traditional Birth Attendant  |
| UCPV       | Underlying Causes of Poverty and Vulnerability   |

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## **EXECUTIVE SUMMARY**

In spite of many development partners attempt to support development work and government organizations that are engaged in implementing development programs /projects in Afar regional state, community needs and problems remain high and have not been almost addressed. Lack of the necessary human, technical, material and financial resources have been cited as main reasons for minimal efforts of the partner sector government offices to implement their program activities.

This study was conducted to determine the effectiveness of project capacity building interventions in enhancing the ability of implementing partner offices in terms of planning ,implementing and monitoring of project activities in SEEPG project intervention areas. The purpose of the study was to elicit baseline information on what organizational potentials and challenges are being happened by partner sector offices, what human and technical capacity gaps they have in implementation of the project.

A survey methodology was employed in to a sample of thirty six partners office staffs and six non- partner sector office staffs chosen purposively from the study areas. Secondary data was collected from sources of reports and documents.

This study has highlighted the existing capacities and main capacity gaps of the partner offices to design, plan, implement, and monitor the Social and Economic Empowerment of Pastoralist Girls Project. The major area of gaps which include low availability of human resource in terms

of qualification and low experience, low managerial or organizational and technical capacity in order to accomplish assigned responsibilities and duties efficiently and effectively. In addition to this, there are low transport facilities (low availability of vehicles, motors, inadequate budget to fulfil them); and inadequate equipment, materials and infrastructure including shortage of computers and associated IT.

## **1. INTRODUCTIONS**

### **1.1. Background**

As we enter the 21st century improving the quality of life of citizens throughout the world remains an elusive dream. Despite advances made in education, health, population control and the general prosperity of people much still needs to be done. The past four decade's practices of delivering foreign aid are being called into question for poor achievements in sustainable impact, national ownership and appropriate technologies." (World Bank, 1998). We have found that nations have difficulty learning within their own contexts how to create appropriate roles for the state in development; how to organize and manage their systems so that they can identify priority problems, formulate policies and create ways to have these policies implement in a sustainable way (Hiderbrand and Grindle 1994). Over the past decade, capacity development (CD) has become a concept –an idea- which is thought to have captured many ideas and lessons from past development activities. It is a concept still in its infancy. Research describing how people use the concept is sparse. So is research which tests it's assumptions and predicts it's consequences. There are few evaluations of projects that are claiming to use approaches to capacity development (Hiderbrand and Grindle 1994).

An intervention in capacity building can be defined as a support, which starts with the identification of a capacity building project or program idea, the development of that idea into a project or program, the implementation of its activities, and the delivery of outputs of products and services which very importantly generate outcomes/results and impact. To support work in this area, CARE Ethiopia has putting strong emphasis on developing capacity of partners for sustainable development impacts. CARE has recently strengthened its commitment for capacity



building by providing all round supports to government sector offices to effectively implement capacity building activities.

The foundation that CARE has laid in its work in Afar provides the seeds for creating a critical mass for social change. Towards this end CARE has been implementing various integrated projects to change the life of pastoral communities in general and pastoralist women and girls in particular. Moreover, CARE's most projects have been implemented capacity building interventions along with local level partners and with the financial support from donor organizations for empowering women. (CARE Strategic Impact Inquiry on Women's Empowerment, 2005).

As the current project approach revealed its interventions have been worked with local government sector offices i.e., women children and youth affairs, Health, Education, Administration offices, and traditional structures in most of the intervention areas. Capacities building trainings for project beneficiaries have been facilitated through partnership with these sector offices and other like-minded organizations. At grass root levels , woreda partners have facilitated project familiarization and various consultative meetings for local level staffs such as Women's Affairs, Health, education, Police, and the judiciary to strengthen the relationship and jointly facilitate the smooth implementation of project activities (project Quarter report, 2012). Bearing in mind CARE Ethiopia's long years commitment in pastoralist areas, this study is intended to carry out an assessment in an attempt to understand the efforts of capacity development efforts and ways to plan,implement, monitor and evaluate capacity development

interventions in CARE Ethiopia of Social and Economic Empowerment of Pastoralist Girls project.

## **1.2. Problem statement**

With the intention to improve all round abilities of implementing partners to use the assistance that development actors provided, each year a huge resources are spent on products and activities designed to enhance the capacity of developing countries to make and carry out need assessments, set development goals, to prioritize among them, and to revise plans and programs in response to expected results. Most critical reviews of capacity development practice also found that many programs are poorly grounded in theory and lack consistent conceptual frameworks (see for example, Taylor and Clarke, 2008). The approaches to capacity development are many, and most are characterized by vague and inconsistent concepts and lack of a common terminology. The processes by which change occurs are not well understood, the importance of strategy is often overlooked, and the links between outcomes of capacity development efforts and development goals are poorly articulated (World Bank, 2006).

The World Bank Institute (2006) has summed up the problem in practical terms: Most efforts at capacity development remain fragmented, making it difficult to capture cross-sectoral influences and to draw general conclusions. Many capacity development activities are not founded on rigorous needs assessments and do not include appropriate sequencing of measures aimed at institutional or organizational change and individual skill building. What is needed is a more comprehensive and sustained approach, one that builds a permanent capacity to manage sectors

and deliver services. Finally, better tools are needed to track, monitor, and evaluate capacity development efforts.

It is also a common phenomenon that many government organizations in emerging regions of Ethiopia like Afar Regional State, lack the necessary capacities to implement their program activities by themselves (in isolation) in a desired ways. Development actors like CARE Ethiopia provide fund to government partners or LNGOs based on its perceived ability to add-value through capacity building or other forms of partnership. These partners then have advised and supported local level beneficiaries to enhance their capacities. Even though there are many NGOs who are involved in supporting capacity development works in the project intervention areas of Afar region, the efforts of government organizations in addressing community felt needs and problems are minimal partly because they lack the necessary human, technical, material and financial resources or they have limited experiences. This is also manifested in the baseline survey and final evaluation of the first phase of this project. Hence the researcher found vital to assess the ongoing effectiveness of this project on capacity building efforts, identifying existing gaps and strengthen the existing capacities of relevant sector offices for creating an enabling environment for improving effective project implementation in the future. So, in order to know the contribution of capacity building efforts on performance of partner offices towards achieving development objectives of the project, it is important to have a deep understanding of what actual capacity potentials and constraints of partners have in effectively and efficiently discharging their roles and responsibilities and the supports they need.

Development programmes of skills development and capacity building must begin with a proper assessment of what skills and capacities women already have what they lack and the relative importance of the skills to be imparted. Needs assessments would be ensure that only identified gaps are filled. Failure to undertake these may result in duplication of existing skills and capacities efforts. Recognizing this fact the researcher has planned to assess the capacities of key partner offices working in partnership with SEEPGP in its intervention areas for effective results of the project of: creating basic services for and protecting pastoralist girls from HTPs particularly FGM/C through enhancing support structures. (SEEPGP proposal, 2010).

### **1.3. Objectives of the study**

The main objectives of the study are to:

- To assess and generate the necessary information on the effectiveness of capacity building efforts and understand the extent to which partner offices are in a position to implement development projects with minimal external support so as to achieve expected project results;
- To identify the main capacity factors constrained the partner offices in achieving development objectives, especially related with HTPs/FGM/C/ and women and girls empowerment; and
- To develop recommendations and suggestions for feasible strategies and approaches of filling/bridging the capacity gaps.

### **1.4. Research questions**

- What do the core issues of capacity building represented (covered)?

They are the four areas where capacity change happens most frequently. They provide a comprehensive set of issues from which a researcher can choose as it defines the scope of the study and against which to check the issues already identified. They can also drive the formulation of a capacity development response plan. Not all four will necessarily need to be analyzed in this study but the researcher at least considers some of them as it defines the scope of the study.

- What are the ongoing functional capacities undertaken in the project?

Functional capacities are ‘cross cutting’ capacities that are relevant across various levels and are not associated with one particular sector or theme. They are the management capacities needed to formulate, implement and review policies, strategies, programs and projects. Since they focus on ‘getting things done’, they are of key importance for successful capacity development regardless of the sector or thematic area. The five common functional capacities emphasized are:

- a) Engage stakeholders;
- b) Assess a situation and define a vision and mandate;
- c) Formulate policies and strategies;
- d) Budget, manage and implement; and
- e) Evaluate.

## **2. LITERATURE REVIEW**

Each year, aid donors spend more than \$20 billion on products and activities designed to enhance the capacity of developing countries to make and carry out development plans. That level of commitment reflects donors' belief that their aid mission will not succeed unless recipients improve their ability to use the assistance that donors provide, as well as the other resources at their disposal. Limited capacity to set development goals, to prioritize among them, and to revise plans and programs in response to results achieved is a major constraint on the development process in many countries.

The Paris Declaration on Aid Effectiveness, signed by more than 100 multilateral and bilateral donors and developing countries, states that the capacity to plan, manage, implement, and account for results is critical for achieving development objectives. The declaration urges developing countries to make capacity development a key goal of their national development strategies. Donors understand that capacity cannot be imported as a turnkey operation. Instead, it must be developed from within, with donors and their experts acting as catalysts, facilitators, and brokers of knowledge and technique.

Despite widespread agreement on these general principles, the results of efforts to develop capacity have persistently fallen short of expectations (OECD 2005 and 2006; World Bank 2007). The problem begins with a lack of consensus about the operational definition of capacity development and the results that can be expected from capacity development efforts. Most official definitions of capacity and capacity development are very broad. Lack of clarity makes it difficult to evaluate the outcome of such work and understand its impact (World Bank 2005).

Most critical reviews of capacity development practice also find that many programs are poorly grounded in theory and lack consistent conceptual frameworks ( Taylor and Clarke 2008). The approaches to capacity development are many, and most are characterized by vague and inconsistent concepts and lack of a common terminology. The processes by which change occurs are not well understood, the importance of strategy is often overlooked, and the links between outcomes of capacity development efforts and development goals are poorly articulated (World Bank 2006). The World Bank Institute (2006) has summed up the problem in practical terms: Most efforts at capacity development remain fragmented, making it difficult to capture cross-sectoral influences and to draw general conclusions. Many capacity development activities are not founded on rigorous needs assessments and do not include appropriate sequencing of measures aimed at institutional or organizational change and individual skill building. What is needed is a more comprehensive and sustained approach, one that builds a permanent capacity to manage sectors and deliver services. Finally, better tools are needed to track, monitor, and evaluate capacity development efforts.

In attention to measuring the results of capacity development work, and the common failure to build monitoring of capacity development outcomes and impact into project monitoring and evaluation systems, means that it has been challenging to compare results across programs and to identify good practices for replication. Insufficient evidence of what actually takes place in different contexts and little accountability about results of capacity development mean that unproven assumptions and potentially inappropriate interventions persist (DFID 2006; Taylor and Clarke 2008; World Bank 2005a; World Bank 2006; World Bank 2007). Strategically

important questions are also often overlooked, which results in a failure to explicitly link capacity development efforts to local priorities, and conduct joint evaluation with partners.

## **2.1. Essential Definitions**

As a first step in addressing the deficiencies noted above, it is proposed two operational definitions first of capacity for development and then of capacity development (or capacity building). Capacity for development is the availability of resources and the efficiency and effectiveness with which societies deploy those resources to identify and pursue their development goals on a sustainable basis. This definition relies on three subsidiary definitions: The availability of resources (human, financial, technical) is a necessary but not sufficient condition for achieving the development goals of a society or an administrative entity.

The effectiveness and efficiency with which resources are acquired and used depend on specific configurations of socio-political, policy-related (institutional), and organizational factors that condition the behaviour of political and economic actors. Social and economic development is sustainable when results and performance are locally owned and can be replicated and scaled up by local actors.

The availability of resources is an ongoing challenge for development. National resource endowments are a complex mix of renewable and non-renewable goods that respond variably to changes in the less tangible components of capacity for development. But resources endowments, and particularly endowments of natural resources, are not our focus here, for it is typically deficiencies in intangible socio-political, policy-related, and organizational factors—



hereafter referred to as capacity factors that constrain performance and results. Those intangibles affect the extent to which development goals are locally embraced or owned—and thus how vigorously they are pursued. They also determine the efficiency and effectiveness with which available resources are used to achieve goals (World Bank 2002).

Increasing the capacity for development, by extension, is a process of socio-political, policy-related, and organizational change. The Capacity Development Results posits that this process is driven primarily by changes in how knowledge and information are applied at various levels of a society that is, by learning. This brings us to our second definition.

Capacity development is a locally driven process of learning by leaders, coalitions and other agents of change that brings about changes in socio-political, policy-related, and organizational factors to enhance local ownership for and the effectiveness and efficiency of efforts to achieve a development goal. This change hypothesis, rooted in the institutional economic literature, and the related definition of learning as a strategic instrument of economic and social change. One of the key challenges for anyone involved in the measure of capacity building is to agree what is meant by the term. This is not easy, as there are many different definitions, some of which are contradictory. At its most basic capacity can be understood as ‘the ability of people, organizations and society as a whole to manage their affairs successfully’ (OECD 2006).

Organizational capacity can be defined as ‘the capability of an organization to achieve effectively what it sets out to do’ (Fowler et al 1995). The capacity of an individual, an organization or a society is not static. It changes over time, and is subject to both internal and

external influences. Many of these changes are unplanned. For example an organization can lose capacity if key individuals leave or change positions within that organization. However, capacity development can be seen as a more deliberate process whereby people, organizations or society as a whole create, strengthen and maintain capacity over time.

INTRAC believes that capacity development is an internal process that involves the main actor(s) taking primary responsibility for change processes; it is a complex human process based on values, emotions and beliefs; it involves changes in relationships between different actors and involves shifts in power and identity; and it is both uncertain and, to a degree, unpredictable (see James and Hailey 2007).

If capacity development is understood as an internal process, capacity building is more often understood as a purposeful, external intervention to strengthen capacity over time. However, despite its ongoing commitment to capacity building, the development community is not clear what is meant by the concept, and different organizations have different interpretations. This can lead to misunderstandings and confusion. For the sake of clarity within this paper it is assumed that capacity building involves some kind of external intervention or support with the intention of facilitating or catalyzing change. The focus of M&E is therefore not only capacity development (changes in capacity at individual, organization or societal level) but also the extent to which this is supported (or hindered) by external interventions.

## **2.2. Challenges on Capacity Development**

A range of different players provide capacity building services. These include donors, international NGOs (INGOs), local NGOs, specialist capacity building service providers, academic institutions and individual organizational development (OD) advisers and facilitators. These providers do not always act in isolation. For example, a donor might provide money to an INGO based on its perceived ability to add-value through capacity building or other forms of partnership. The INGO might then advise a partner to seek assistance from a sister NGO, or it might commission an OD consultant to do capacity building on its behalf.

There is also a range of different capacity building recipients. This includes individuals, organizations, and sector, thematic, geographic or issue-based networks and coalitions. Increasingly, institutional donors are also supporting capacity building at government and civil society levels; not only to improve performance directly but also to increase accountability and mutual engagement in policy making under a governance agenda. One of the first challenges for anyone wishing to design effective processes to monitor and evaluate capacity building is therefore to establish whose capacity is the focus of that M&E, and where the external support comes from.

## **2.3. Different perspectives**

It is important to distinguish between inside-out and outside-in perspectives of capacity development. The inside-out perspective suggests that capacity development depends on an organization's ability to effectively define and achieve its own goals and objectives (or accomplish its mission). This suggests that M&E needs to be based around self-assessment and

learning in order to improve future performance, and that the organization concerned is in the best position to know what its capacity is, what capacity it lacks, and what changes are required to bridge any perceived gaps. Outsiders may have a role in supporting this process, but any ultimate judgment on change, and the relevance of that change, must come from within.

The outside-in perspective is quite different. This suggests instead that the capacity of an organization is the measure of that organizations' ability to satisfy its key stakeholders. In other words, the best judgment of capacity must come from the outside. This implies that self-assessment alone is not enough and that there needs to be some critical, external assessment. However, although the outside-in perspective might suggest that an organization's beneficiaries should provide external assessment, in reality it is often those with the power and money whose voices are heard the loudest.

Another important issue is whether capacity building is supply or demand driven. If an organization develops its own capacity building program to address its own needs the capacity building can be seen as demand driven. In reality, however, the driver for change often comes from the outside – frequently from donors or international NGOs. The capacity building is then perceived as being supply driven. Comment: One capacity building provider based in the South, contacted as part of this research, argued that more often than not organizational assessments are carried out at the request of the donor. This can lead to limited commitment on behalf of the organization concerned. On the other hand, they argued that when an organization itself recognizes the need to change or conduct an internal assessment the outcome is usually far more successful, and changes are often realized even where there is limited money available.

### **2.3.1. Definitions of capacity building**

The addition of *appropriateness* in the definition used by Milen emphasises that capacity should be related to defined core tasks and functions of a job, team, organisation or system. The link with strategic management is essential: functions should contribute to the achievement of mission and strategic objectives of the entities.

According to Milen the UNDP definitions of capacity and capacity building are now most widely used. UNDP states that the definition of capacity implies it is not a passive state but part of a continuing process and that human resources are central to capacity development.

The overall context within which organizations undertake their functions are key considerations in capacity development. This means that capacity building needs to build on what exists, to utilize and strengthen existing capacities and that all factors which impact upon implementation and sustainability of results need to be considered.

The current concepts of capacity and capacity building are based on two major shifts in paradigms since the mid 1990s. Emphasis on local ownership of programmes and genuine partnerships between donors and recipients emerged from the analysis of failures in development co-operation. The other paradigm emphasises that the performance and the capacity of an individual, team, organisation or a system is influenced by factors both within the entity of the primary focus and by external factors in the broader environment.

According to the UNDP definition, capacity contributes to sustainability. The authors retain the term sustainability because the term incorporates essential notions in continuation without limiting its manifestations to any particular form and it does not imply a static program.

They identify three different perspectives on sustainability:

1. A public health perspective of maintaining health benefits achieved through the initial program.
2. A perspective of organizational change and innovation of continuation of the program activities within an organisational structure
3. A perspective of community change and development of building the capacity of the recipient community. According to the principal of participation, central to community-based approaches, change is more likely to occur when affected people are involved in the change process. Participation, involvement and empowerment all refer to the process of enabling individuals and communities, in partnerships with health professionals, in defining their health problems and shaping solutions to these problems. The literature suggests that community participation enhances community ownership which in turn leads to increased capacity, for the authors equal to competence, and promotes program maintenance or sustainability. Lafond equally signals an overlap in the literature on capacity and sustainability. Considering the health system, she defines sustainability as the capacity to function effectively over time with a minimum of external input. Thus, sustainability can represent the result of capacity building that remains affective over time. Clearly other factors than capacity building also influence sustainability, e.g. the national economy.

Kotellos et al state that for many donors, organizational sustainability is a key outcome of capacity building efforts. In the early 1980s, sustainability was defined in terms of the continuity of project activities and benefits in the absence of external funding.

In the AIDSCAP model four distinct aspects of organizational sustainability are proposed:

- a) *Technical sustainability*, the ability of an organization to provide technically appropriate, state-of-the-art, high-quality services;
- b) *Management sustainability*, the ability to plan and manage all aspects of the operations;
- c) *Financial sustainability*, the ability to generate sufficient working capital to continue to produce goods or provide services; and
- d) *Political sustainability*, the ability to maintain the support and involvement of the community members, gatekeepers, opinion leaders, policy influencers and key decision makers which can affect the viability of the organization.

These four aspects of organizational sustainability are seen as complementary to one another. An organization without any one of the four components will either be ineffective (lacking technical/management sustainability), unproductive (lacking financial sustainability) or irrelevant (lacking political sustainability). The model defines the sustainability of benefits or *impact sustainability*, as the ultimate goal of capacity building efforts. Regardless of the long-term survival of specific organizations, capacity building efforts that strengthen institutions can result in the sustained impact of program benefits (through the creation of new organizations, the consolidation of diverse groups or a shift in social norms).

As LaFond et al are concerned, common to all definitions of capacity building is the assumption that capacity is linked to performance. Capacity building is only perceived as effective if it contributes to better performance. However, this link between capacity and performance presents three challenges.

First, the relation between capacity and performance is not clear. For example, little is known about what elements or combinations of elements of capacity are critical to performance. Second, what constitutes adequate performance will depend on the nature and focus of performance goals, as well as the stage of development of the entity being assessed. Third, the measurement of capacity becomes even more problematic in the context of a resource poor health system,. Not only capacity is dynamic, ongoing and multidimensional , capacity is also influenced by contextual factors, suggesting that the maximum level of capacity (and performance) that can be attained may vary in different contexts.

Because of of the limited evidence on the link between capacity and performance in the health system, the authors suggest *mapping* capacity in the health sector. They also present *illustrations* of concepts and indicators, since the appropriate level of performance (and indicators to measure performance) depends on the context.

Milen signals overlaps of capacity building with human resources development and various management approaches and trends. She remarks that capacity building seems to appear only in relation to development cooperation and not as actions by developing countries themselves.



Furthermore, in the Western countries the less holistic terminology of strategic management, human resource management, institutional development, change management, etc. are used in this connection.

Current definitions and actions of capacity building are based on the fundamental concepts of strategic management. The core competencies of an organisation or a system consist of analysing the environment, identifying needs and key issues, formulating strategies, implementing actions, monitoring performance, ensuring performance, adjusting courses of action to meet objectives and acquiring new knowledge and skills to meet evolving challenges.

### **2.3.2. Levels/dimensions of capacity building**

*Hilderbrandt and Grindle* present an analytic framework for assessing (public sector) capacity and discuss how this framework can be used as both a diagnostic and a strategic tool. The relation between the levels is not discussed, only the interwovenness of the fourth and fifth level is stressed. For every dimension factors affecting performance are described.

#### ***The Action Environment***

At the most general level of analysis is the broad action environment. This refers to the economic, social and political milieu in which organizations attempt to carry out their activities and the extent to which conditions in the action environment facilitate or constrain performance. Economic factors include the level and growth rate of GNP, conditions in international markets for commodities and capital, conditions in the labor market, the level of development of the

private sector and the nature and extent of development assistance which impinge on virtually all activities carried out by government.

Political factors include factors such as the degree of leadership support it has, the extent to which civic society is mobilized politically, the degree to which the government more generally enjoys widespread legitimacy or faces significant threats to its stability and the nature and development of political institutions such as political parties, elections, representative institutions and interest groups.

Social factors such as the overall level of human resource development in the country, the degree of tolerance or tension among social groups, the extent of social mobilization and needs, the development of non-governmental organizations and the degree of participation in economic, social and political life at national, regional and local levels are also important.

### ***The Public Sector Institutional Context***

A second dimension of capacity is the institutional environment within the public sector that facilitates or constrains organizational activities and affects their performance.

This dimension of capacity includes the laws and regulations affecting the civil service and the operation of government, such as hiring, promotion and remuneration policies, general operating procedures and standards of performance. It includes the financial and budgetary support that allows organizations to carry out particular tasks. It also includes the policies in effect that constrain or hinder the achievement of particular development tasks. The public sector institutional context also includes laws and regulations defining responsibilities and power

relationships among organizations as well as the informal power relationships that often mean that some ministries or agencies are more able to acquire resources than others or to influence policy more effectively than others.

### ***The Task Network***

The task network relates to the coordinated activities of several organizations that are required to accomplish particular tasks. The interactions of organizations within this network can facilitate or constrain organizational performance. Primary organizations are more central to the accomplishment of a given task or more effective in carrying it out than others. Secondary organizations may have a less central role in accomplishing the task but are nevertheless essential to it. For example, the budget office of the ministry of finance or the national statistical institute are not central to the delivery of maternal-child health care, but clearly make important contributions to the capacity of maternal-child health organizations to accomplish their tasks. In addition, there are often supporting organizations that provide important services or support that enables a task to be performed, such as institutes that provide specialized educational or training services or those that provide information and data analysis, communications or computer services. How these networks of organizations function and the nature of formal and informal interactions among them are important aspects of organizational performance for particular tasks. Organizations within a single task network can be public or private and can represent diverse levels of government, from central to provincial to local. In addition, any particular organization can belong to several task networks.

### ***Organizations***

A fourth dimension of capacity focuses on organizational structures, processes, resources and management styles that affect how individual talents and skills are used to accomplish particular tasks. It is important to know how organizations define their goals, how they are structured, what routine processes define the flow of work, how incentive systems operate, what management styles are adopted, what physical resources are available to them and how communication flows operate within the organization. In considering this dimension of capacity, informal structures, processes and management cultures are often as important or even more important, as formal ones.

### ***Human Resources***

A fifth dimension of capacity relates to the training, recruitment, utilization and retention of managerial, professional and technical talent that contribute to task performance at the organizational level. This dimension of capacity thus directs attention to how people are educated and attracted to public sector careers and the skills that enable them to carry out technical, professional and managerial roles effectively. In addition, this dimension of capacity focuses attention on how talents are used within organizations, how well positions and responsibilities are matched with skills, for example and the ways in which professionals are encouraged to develop meaningful careers in the organization. *UNDP* formulates guidelines to address issues of capacity at both the individual and entity levels, as well as at the systems level. The system boundaries depend on the context of the development initiatives. In a national context the system would cover the entire country or society and all the involved sub-components. For initiatives at a sectoral level, the system would include only relevant

components. This level includes both formal and informal organizations within the defined system.

#### Dimensions of capacity at the systems level

- Policy Dimension: systems have a purpose, they exist to meet certain needs of society or a group of entities. Also included are value systems which govern the entities within the system.
- Legal/Regulatory Dimension: includes the rules, laws, norms, standards which govern the system and within which a capacity initiative is to function.
- Management or Accountability Dimension: defines who manages the system and which entities or stakeholders function the system. From a capacity development perspective, this would identify who is responsible for potential design, management and implementation, coordination, monitoring and evaluation and all other related capacities at the systems level.
- Resources Dimension: human, financial, information resources available within the system to develop and implement the programme or capacities.
- Process Dimension: the inter-relationships, inter-dependencies and inter-actions amongst the entities, including the fact that these may comprise sub-systems within the overall system. This includes the inter-relationships amongst entities in terms of the flow of resources and information, formal and informal networks of people and even supporting communications infrastructures.

### **a) The Entity or Organization**

Whether an entity is a formal organization (such as a government or one of its departments, ministries or agencies), a private sector operation or an informal organization (e.g. a community based or volunteer organization), there are typically several dimensions of capacity which need to be assessed and developed. Traditional capacity development and organisational strengthening focus their development resources almost entirely on human resources, processes and organisational structuring matters. The more successful methodologies examine all dimensions of capacity at the entity level, including its interactions within the system, usually with other entities, stakeholders or clients. This applies to organisational sub-units within the entity (e.g. divisions, sections, units, work-groups and teams, etc.).

#### Dimensions of capacity at the entity level

- Mission and strategy: include role; mandate; definition of services; clients/customers served; interactions within the broader system and stakeholders; the measures of performance and success; and the presence of core strategic management capacities.
- Culture/structure and competencies: include organisational and management values,
- management style and standards, organisational structures and designs, core
- competencies.
- Processes: (internal and external to the entity) supporting such functions as planning, client management, relationships with other entities, research/policy development, monitoring and evaluation, performance/quality management, financial and human resources management, etc... Processes are central to improved capacities.

- Human resources: the most valuable of the entity's resources and upon which change, capacity and development primarily depend.
- Financial resources: both operating and capital.
- Information resources: of increasing importance and how these resources (all media, electronic & paper) are managed to support the mission and strategies of the entity.
- Infrastructure: physical assets (property, buildings and movable assets), computer systems and telecommunications infrastructures, productive work environments.

#### **b) The Individual**

Most capacity initiatives ultimately concentrate on the individual or small inter-personal networks of individuals. This covers individuals both within entities involved in the management and delivery of a capacity initiative, as well as those who are beneficiaries or are otherwise impacted by the initiative (could be specific client groups, segments of society or the civil population at large, depending on the initiative). Capacity assessments at this level are considered to be the most critical. This level addresses the individual's capacity to function efficiently and effectively within the entity and within the broader system. The success or viability of a capacity initiative is invariably linked to the capacity of leadership and management. Often, capacity assessments of individuals are based on an established job description. Combined with a skills assessment of the individual, the assessment will demonstrate any capacity gaps. Subsequent training and development plans can then be prepared to address these gaps. Increasingly, the dimensions of accountability, performance, values and ethics, incentives and security are becoming ever more important in individual level capacity assessments and technical assistance development programmes. Strategies that stress continuous

learning are also important. In the UNDP framework the community level is neglected. Beneficiary groups or societies of capacity building initiatives may have different capacity needs and certainly need different approaches than individuals.

*Paul* elaborates the concept of capacity building in the context of the health sector along four different dimensions:

1. human vs. institutional dimension
2. planning vs. implementation dimension
3. micro vs. macro dimension
4. cognitive vs. practice dimension

Paul uses the term institutional but it is clear that organisational or an entity is meant. Skilled and trained personnel will be effectively utilised only in organisational settings with certain capabilities. At the micro level (a specific programme, a district agency or a hospital), the relevance of capacity building is likely to be much more implementation or management. It is because broad policies and programme design tend to be given or influenced by a higher level. Implementation capabilities, on the other hand assume special importance at the micro level. The macro level role in implementation is one of planning and supervision rather than of direct action.

*Kotellos et al* present a framework in which capacity building strategies are related to outputs, outcomes and impacts on three levels. The core of the framework examines how capacities are strengthened at each level as well as the synergistic relationship among the levels:



- i. At the level of individuals, emphasis is on human resource development through technical and
- ii. management skill building.
- iii. For organisations, the focus is on organisational development, including systems and structure
- iv. strengthening, leadership and governance, resource diversification and network building.
- v. For institutions, organisational cross-fertilization and multi-sectoral collaboration are targeted.
- vi. Organisations are the physical entities with whom many donors work. Institutions transcend
- vii. Specific organisations to define the customs, practices, relationships or behavioral patterns of importance in the life of a community or society. Institutions usually represent coalitions of organisations and sectors of society, for example, the media, the system of education, religion and coalitions of community groups.

*LaFond et al* define five capacity components. The effectiveness of capacity building interventions could be monitored using input, process, output and outcome indicators.

### **Input**

Set of resources, including service personnel, financial resources, space, policy orientation,

### **program**

service recipients that are the raw materials required to perform functions at each capacity level

(system, organisation, health personnel and client/community)

**Process**

Set of activities or functions by which the resources are utilized in pursuit of the expected results

**Output**

Set of products anticipated through the execution of the functions or activities using the inputs

**Intermediate Outcomes** (or performance at the organisational, health personnel and client/community levels)

Set of short-term results expected to occur as a direct result of the capacity built at all four levels (system, organisation, health personnel and client). The four levels together contribute to overall performance at system level.

**Ultimate Outcomes (Impacts)**

Long-term results achieved through the improved performance of the health system: sustainable health system and improved health status.

According to *LaFond et al* there is wide agreement on three important and linked levels of capacity in the health and population sector: system, organisational and human resource or health program personnel. They introduce a fourth level, the client/community, the demand side. It is reflected in the literature on community mobilization and development, rather than the literature on capacity building. The individual/community contributes to health system capacity by interacting with the providers and organisations (receiving care, determining priorities or providing resources) while simultaneously contributing to health system performance by using health services. In addition, individuals and communities can improve their health status independently of the health system by promoting and adopting preventive measures. Improvements in individual and community capacity should result in sustained behavior change

over time, representing this level's contribution to overall health system sustainability. Most capacity building interventions focus on the human resources/personnel or organisational level.

The health system is a relatively new dimension. Because the health system performs certain functions independent of those performed by the institutions, organisations and personnel within it, its own capacity can be assessed over time and targeted for intervention. But health system capacity is clearly a complex notion. It is influenced by the component parts of the health system (organisations, personnel, individuals and communities) and also contributes to the capacity and performance of these same entities.

### **2.3.3. Strategies of capacity building**

Only Kotellos presents a framework (for measuring capacity building efforts in HIV/AIDS prevention programmes) in which seven types of strategies for capacity building are linked with levels and results of capacity.

**Technical skill building:** The improvement in the skills necessary to carry out specific technical aspects of programs or initiatives.

**Management skill building:** The improvement in the skills necessary to effectively manage programs and efficiently utilize organisational resources.

**Management systems development:** The improvement of internal systems, operational procedures or tools that facilitate more effective management.

**Resource diversification:** The diversification of sources of financial and physical resources.

**Network buildin:** The improvement of organisational ties to constituents, peers and policy makers to increase support for project activities.

**Organisational cross-fertilization:** The improvement in the exchange of information and experience between program managers involved in HIV/AIDS programs.

**Multi-sectoral collaboration:** The expansion of program activities and ties to other public and private sectors not actively engaged in addressing the HIV/AIDS epidemic.

These seven strategies are based on theories of organisational development, institutional development and organisational transformation and informed by the practices of community mobilization, participation and empowerment. The core of the framework examines how capacities are strengthened at each level as well as the synergistic relationship among the levels.

- a) At the level of individuals, emphasis is on human resource development through technical and
- b) management skill building.
- c) For organisations, the focus is on organisational development, including systems and structure
- d) strengthening, leadership and governance, resource diversification and network building.
- e) For institutions, organisational cross-fertilization and multi-sectoral collaboration are targeted.

Milen found a clear consensus in the recent literature that it is not possible nor desirable to develop model programmes that would fit into every situation, be it in a developed or a developing country. The systems thinking in capacity issues implies that each situation is unique by definition. Capacity is task specific and capacity constraints are specific to factors in a particular organisation, system or action environment in a particular time. Consequently,

capacity building programmes have to be tailored to the situation. Some may be more conventional such as workshops, courses, technical assistance, but they need to be planned in a broader context than before.

In some situations working towards economic, social and political stability may be the first priority, while in others overall public sector employment mechanisms may need changes. Strong organisational cultures, good management practices and effective communication networks seem to have a large impact on performance (Grindle 1997). The use of external technical experts is poorly justified if it is an isolated activity. Rather than performing the work of national experts and filling gaps, external experts are needed to facilitate work as part of a wider programme addressing capacity issues in a broader environment. For example in policy development, rather than actually developing national policies or imposing their content, external experts could facilitate the development of local capacities in the policy formulation process with stakeholder involvement, negotiations, policy analysis etc. The sector-wide approach and twinnings between institutions are examples of promising modalities to promote genuine partnerships.

#### **2.3.4. Process of capacity building**

Most of the authors focus on process characteristics of capacity building. Capacity development programmes consist essentially of three phases. The phases are interlinked and overlap to form a continuous cycle.

- i. needs assessment
- ii. strategies and actions

iii. monitoring and evaluation

Needs assessment for capacity building is a basis for designing a strategic plan. Capacity gaps are identified by first defining the essential capacities at different levels for achievement of policy or organisational or programme goals and objectives. A number of **assessment tools** have been applied at systems, organisational and individual levels. The challenge in capacity assessment is to link the assessment with planning of strategies and tasks, to examine enabling and hindering factors for good performance at all levels, to choose appropriate methods and to keep in mind that the purpose of the assessment is to lead to improvement of performance.

In the second phase, strategies and actions in capacity building are tailor-made for each situation on the basis of identification of capacity gaps. As root causes for capacity gaps occur usually at different levels, several types of activities are required.

The last part of a capacity building cycle, monitoring and evaluation, has been largely neglected and is now only emerging. It is important to focus on the motivation for the evaluation: the capacity development process itself, the programme management process or donor agency reporting needs. General evaluation methodologies can be applied. Difficulties include selecting appropriate time scales, choosing suitable indicators and dealing with issues of attribution.

Characteristics of capacity building process Increasingly, it is accepted that capacity programmes are more successful and are more likely to be sustainable when they respond to an internal initiative and when they are supported through a process approach and not through single one

time events. Issues of ownership, commitment and leadership are central to this notion of capacity as process. The case studies point to the centrality of ownership, commitment, leadership and local execution in the realisation of capacity development objectives. This is particularly so where capacity development is associated with significant change (transformational) processes and where external organisations also play a significant role. Participatory approaches have been used in many of the cases, focusing on the internal dimensions of organisational development and on wider inter-organisational and societal changes. The emphasis given to ownership and commitment also carries implications for the way in which "internal" and external" organisations work together in supporting capacity processes. The concept of "partnership" also arises in this context. Several process characteristics feature in a UNDP list of critical success factors :

- Visible leadership: meaningful commitment and ownership (and "political will") at the political and senior bureaucratic levels, sustained throughout the process.
- Organisation-wide and participatory: highly consultative, with meaningful involvement of all impacted parties or stakeholders.
- Open and transparent: the process itself is open, with no hidden agendas and decision-making is transparent. In some situations, external consultants may help facilitate this process and assure independence and objectivity.
- Awareness and understanding: all impacted parties/stakeholders are aware of and understand the development or capacity initiative, the implied changes and capacity needs; requires strong internal and external communications; public relations.

**Partnership** is associated with long-term commitment, shared responsibility, reciprocal obligation, equality, mutuality and balance of power. Partnership between the North and the

South helps to build local ownership and thus increase sustainability of development as well as to improve donor coordination.

According to OECD/DAC key principles are that: 1) developing country priorities should be at the centre, 2) donor funded activities should fall within the framework of a locally owned strategy and approach, 3) planning and implementation processes should include both state and non-state actors to ensure a high level of local ownership and 4) strengthening local capacity to undertake development initiatives is essential.

Some criticisms relate to structural inequalities, which make building any genuine partnerships between the donors and the recipients difficult as the North retains financial, technological and institutional advantage over the South. The other critique relates to features of the aid system that work against the attainment of long-term capacity development objectives by undermining the managerial autonomy and performance of the Southern partner . This reflects a broader contradiction between the pressure placed on donors to demonstrate quick results and the requirement for long-term commitments in capacity building.

The partnership approach has expanded to promote cooperation within a country. For example, the African Capacity Building Foundation undertakes programmes and projects to strengthen publicprivate sector interface in Sub-Saharan Africa. Ownership and responsibility

Milen describes key issues as follows: Governments, organisations and communities build on their own capacity and competence to



formulate their own development plans and agenda and to coordinate donors commitments to those plans.

A country, system or organisation says no to projects and programmes that overtax people, institutions and resources and which are not assimilated into the country's strategic agenda for capacity development.

External funding, advisors etc. are used only as complementary to local inputs. Leadership is visible and there is commitment and ownership at the political and senior bureaucratic levels, sustained throughout the process. National authorities sit behind the steering wheel The ultimate responsibility is borne by the leaders in charge of the system or organisation.

### **2.3.5. Tools of Capacity building**

Most of the methodologies, instruments and techniques used to assess capacity gaps and outcomes of capacity building processes are conventional and well-known. Some specific tools are proposed.

UNDP developed CAPBUILD, a new method for capacity assessment and a software design for improved capacity-development-related projects (CAPBUILD, a project design assistant) is being field-tested. UNDP has designed an instrument to assess capacity needs for the programme approach. The assessment should be carried out in partnership with stakeholders and beneficiaries. A continuous and flexible approach throughout the planning and implementation phases will respond to local realities, the management of expectations and the risks associated

with change. The role of the external partner is to facilitate the process of analysis and to develop capacities to manage and implement change.

Before initiating an assessment, it is important to define the parameters of the programme, based on the ability to manage and absorb change and the political will and resources. The size, scope and duration of programmes must be scaled to reflect the country situation and capabilities. In summary, this capacity assessment approach involves four steps:

Step 1. Mapping the starting point

Step 2. Determining where to be-and establishing objectives

Step 3. Determining a change strategy to get there-the How

Step 4. Determining what capacities are needed to get there-the What.

The net result of the first three steps should be a hierarchy of interrelated objectives that address the overall policy context, entities and individuals as well as strategies to reach these objectives. Once the interrelated hierarchies of objectives are identified, the fourth step is to identify capacity requirements for each level of objectives.

UNDP presents guidelines developed to help managers and other professionals better manage capacity assessment and development initiatives.(5) A simple guide for a systems or entity level capacity assessment is given in which rows represent the dimensions of capacity and columns represent existing and needed capacities in the future. To involve stakeholders in the capacity assessment process a stakeholder analysis could be carried out. Techniques, tools and methods supporting the stakeholder analysis are referred to.

### **2.3.6. Output, outcome and impact of capacity building**

Evaluation methods in Kotellos framework rely upon traditional methods of process evaluation, such as process monitoring through periodic reporting, key informant interviews and document analysis. The case studies of Land and Hilderbrand & Grindle are based on key informant interviews and document analysis.

The importance of evaluation of capacity building is not questioned but there are conceptual and methodological difficulties. Problems in measuring effective capacity building efforts: different priorities and program objectives; selecting appropriate time scales choosing suitable indicators: depth and breadth of capacity building activities is not sufficiently captured by the quantitative monitoring and evaluation systems to measure outcomes of behavior change interventions; dealing with issues of attribution: the influence of political and economic externalities is complicating evaluating capacity building in terms of sustainability. Evaluation should be used for external accounting purposes and as a basis for organisational learning and performance improvement .

As LaFond et al are concerned, the effectiveness of system-level capacity building interventions could be monitored using input, process, output and outcome indicators. They warn that the system level is a complex area in which to define or address capacity development or to assess changes in capacity. Relationships between input, process, output and outcome variables are not perfectly linear. In addition, a single capacity outcome at the system level frequently depends on a variety of inputs and processes. Finally, contextual factors such as political stability and national economic capacity play a dominant yet poorly understood role. Preliminary research by

WHO on defining the system functions relating to performance outcomes, indicates the difficulty of deconstructing the role of the health system into separate and distinct tasks or purposes.

The process factors listed at the system level include functions such as policy making; enforcement of health related laws and regulations; strategic planning; financial oversight; donor coordination; multisectoral collaboration; and information coordination and dissemination. In practice they are often functions carried out by the Ministry of Health (MOH) with support from donors and in collaboration with other actors in the health sector (e.g., NGOs, private companies, etc.) Here there is a clear overlap with organisational capacity since the capacity of the system to carry out certain functions may depend directly on the capacity of the MOH to play its organisational role effectively. The intermediate outcomes are often the result of a combination of the inputs, processes and outputs listed in the previous boxes. Effective health policies may reflect how well the laws and regulations are funded, designed and implemented.

Accountability refers to both the financial and programmatic transparency of the health system to donors as well as internal units of the health system. For example, the submission of timely financial and programmatic reports to donors and senior managers is one potential indicator of accountability. Another outcome of importance at the system level - the ability of the health system to cope with external changes or pressures - relates to ability to withstand or address crises ranging from short-term resource shortfalls to complex emergencies (e.g., natural disasters or civil conflict). Capacity in this area depends on financial, human and information resources, as well as the flexibility of planning and strategic functions. Responsiveness to its client base is an equally critical system level outcome to ensure demand for services. Capacity building

interventions at this level might aim to improve resource availability (inputs) or resource management (planning and budgeting).

### 3. RESEARCH METHODOLOGY

#### 3.1. The study area

The study took place at local community and government sector offices in Afar regional state from December 2012 to March 2013. The study was conducted in three selected intervention Woredas in Zone five and Zone three of Afar region: Dulessa, Dewe and Telalak woredas. The Afar National regional state is located in the northeast part of the country. It is geographically located between 39°34' and 42°28' East Longitude and 8°49' and 14°30' North Latitude. The region shares boundary with four national regional states i.e. in the North and northwest *Tigray* Region, in west and south west *Amhara* region, in south *Oromiya* and in southwest *Somalia* region and has Two International boundaries in west Djibouti and northwest Eritrea.

At present the region is divided in to 5 zone, 32 *Woredas (equivalent to district)*, and 358 *Kebeles*. (Lower administration unit). From these 5 administrative zones, zone three (Awash Fentale, Amibara and Dulessa woredas) and zone five (Dewe and Telalak woredas) are a place where the project is carried out.

**Dewe** is found in administrative zone 5 and located near the base of the eastern escarpment of the Ethiopian highlands and bordered on the west by the Amhara Region, on the north by the Administrative zone one, and on the east by the Awash River which separates it from Administrative zone 3.

**Telalak** is found in Administrative zone 5 and located near the base of the eastern escarpment of the Ethiopian highlands, and bordered on the south by Dewe, on the west by the Amhara Region, on the north by the Administrative zone 1, and on the east by the Administrative zone 3.

**Dulesa** is found in Administrative zone 3 and bordered on the south by Awash Fentale, on the west by the Argoba special woreda, on the north by the Administration zone 5, and on the east by the Awash river which separates it from Amibera woreda.

**Economic situation:** Most *Kebeles* of each woreda is pure pastoralist and the rest few are agro-pastoralist. The majority of the peoples livelihood is depend on livestock and their products.

**Social services:** the *woredas* have low education and health coverage in the region. The life mode of the peoples, the strategy did not consider the local conditions and modes of their livelihood system, and the low level of awareness of the local community to social services are some of the major reason for the low social service coverage.

**Infrastructures:**The two woredas (Dewe and Telalak woredas ) have one RR-50 gravel road access that start from *kassa gita* viallage and cross the *woreda* town where as Dulessa woreda has only a dry weather road that connected the town to Debrebirhan ,Capital of North shoa and Awash sebat kilo town.

**Rainfall situation:** according to the discussion with woreda experts, there are three main seasons in Afar region. *Deda* is short rain season it starts in January and ends in February. *Sugum* is also another short rain following *Deda* rain and starts in March and ends in April. *Sugum* rain is an

important rain for the community and this rain contribute to increase the feed availability of livestock until the main rain occur .*Kerema* is a long rains season that covers a periods from June to September. This is the main rainy season that the community used to produce food crops as well as feed for livestock.

### **Beneficiaries of the Project**

As 2007 Population and Housing Census Results (Population Census Commission, 2008), the population of the five intervention Woredas, as projected using the regional average growth rate of 2.2%, was about 207,110 (43.7% female) by end of 2010 (Table 4). This means, CARE Ethiopia could reach about 14% of the total population in Afar region.

Table 3.1:Population of the project woredas in 2010 (by gender and place of residence)

| <b>Woreda</b> | <b>Population by gender</b> |               |                | <b>Proportion</b> |                  | <b>Place of residence</b> |                  |
|---------------|-----------------------------|---------------|----------------|-------------------|------------------|---------------------------|------------------|
|               | <b>Male</b>                 | <b>Female</b> | <b>Total</b>   | <b>Male (%)</b>   | <b>Female(%)</b> | <b>Urban (%)</b>          | <b>Rural (%)</b> |
| Amibara       | 37,682                      | 29,867        | 67,549         | 55.8              | 44.2             | 50.7                      | 49.3             |
| Awash F.      | 16,515                      | 15,269        | 31,784         | 52.0              | 48.0             | 56.6                      | 43.4             |
| Dulacha       | 11,955                      | 10,123        | 22,078         | 54.2              | 45.8             | 5.7                       | 94.3             |
| Telalak       | 23,895                      | 16,626        | 40,521         | 59.0              | 41.0             | 5.1                       | 94.9             |
| Dawe          | 26,491                      | 18,687        | 45,178         | 58.6              | 41.4             | 5.4                       | 94.6             |
| <b>Total</b>  | <b>116,538</b>              | <b>90,572</b> | <b>207,110</b> | <b>56.3</b>       | <b>43.7</b>      | <b>28.0</b>               | <b>72.0</b>      |

*(Source: Projection from 2007 Population and Housing Census Results, December 2008)*



### **3.2. Research design, sampling and sampling procedure**

The study employed a descriptive research design. As far as sampling procedure was concerned, Dewe and Telalak woredas from zone five and Dulessa woreda from Zone three, a total of three woredas were selected purposively to undertake the study. Hence, for the purpose of this study, key woreda partner office staffs and its grass root structures that underwent current project works on reduction of traditional practices (HTPs) with particular reference to Female Genital Mutilation were targeted for direct investigation. Those woreda sector offices who did not directly involved in implementation of this project were referred to use as a control group.

In this context, two respondents from each woreda partner office, a total of twelve from one woreda and thirty six respondents from all sample woredas were the sampling frame of study. Besides, two respondents from non partner office of each woreda a total of six were selected purposively for this study as a control group to triangulate project's effectiveness in enhancing partners' capacities. In general forty two respondents were directly involved in this study from the sample woredas.

The tool used was a survey method: self – administered questionnaires were prepared and distributed to each woreda partner office participants. In addition, general discussions with those persons in group at each woreda were held to confirm the information collected individually and identify gaps, area of support and help coming up to reach at the desired recommendations for possible capacity development

**Table 3.2:Sample offices and respondents by woreda**

| Description  | Woreda    |           |           |           |
|--|-----------|-----------|-----------|-----------|
|  | Dulessa   | Telalak   | Dewe      | Total     |
| Administration   | 2         | 2         | 2         | 6         |
| Women,Children and Youth Affair                          | 2         | 2         | 2         | 6         |
| Education  | 2         | 2         | 2         | 6         |
| Health   | 2         | 2         | 2         | 6         |
| Pastoralist, Rural Development &<br>Agricultural Offices | 2         | 2         | 2         | 6         |
| Judiciary  | 2         | 2         | 2         | 6         |
| <b>Sub-Total</b>   | <b>12</b> | <b>12</b> | <b>12</b> | <b>36</b> |
| Public information and participation                     | 1         | 1         | 1         | 3         |
| Civil service and capacity building                      | 1         | 1         | 1         | 3         |
| <b>Sub-Total</b>   | <b>2</b>  | <b>2</b>  | <b>2</b>  | <b>6</b>  |
| <b>Total</b>   | <b>14</b> | <b>14</b> | <b>14</b> | <b>42</b> |

*(Source: Researcher's data 2013)*

### **Data Collection Procedures**

The study on effectiveness of capacity development efforts was intended to be carried out through qualitative data collection method. The primary data were collected using structured and pre tested interview questions from partner office and non partner office respondents. The data were collected by one supervisor and two enumerators and closely supervised by the researcher in each study area. In order to triangulate the information, mixed methods were used

in conducting this study: A document review, which included a review of project document, relevant partner sector offices strategies, and others.

Interviews using guiding questions: interviews with woreda relevant office representatives. In addition, the data was gathered through group discussion with respondents from key partner office experts so as to develop recommendations and suggestions for addressing the capacity gaps that exist in their respective offices.

### **3.3 Method of data processing and analysis**

The data collected were mainly qualitative in nature. Therefore, data collection, analysis and verification were done simultaneously during the data collection period. During fieldwork, field notes were taken and reviewed each day to identify emerging patterns. Consequently, data analysis began shortly after data collection and continued during data collection with the support of a simplified data analysis format. At the end, analyzed data was categorized into the themes, which had been developed using the questions of the assessment.

Organizing and analyzing data on the spot during data collection process helped to avoid forgetting and to be able to timely correct/ fill the gaps in the data time. All data checking and tabulation were made by the principal researcher. Based on organized data the analysis was done and findings produced for final report.

### **3.4. Scope and Limitation of the Study**

In general, the limitations of the study were the delimitation of the study area as most grass root workers have been moving along with the people. This was because the people are very mobile not live in one area due to recurrent drought in search of water and pasture for their livestock. And collecting primary data from woreda staffs were based on recall and taking prior appointment with these respondents. And for the obvious reason that there was a financial, transportation and time resource constraints during conducting this study. The other point worth mentioning is unavailability of some Woreda officials due to other meetings who were considered as having better information about the project. However, the acting officials that have close efforts were made to collect the required data.

#### **4. RESULT AND DISCUSSION**

The main objective of this part is to present the results of the study on the effectiveness of project's capacity building efforts in enhancing implementation capacities of key partner offices in the study areas. It has analyzed or examined the engagement of partner offices, information management and networking, project performance monitoring system, their coordination and partnership, institutional arrangements, financial, material and human resources and key partners's existing capacity gaps,.

In this study, the result on the above points was performed by relating and comparing respondents' responses. The response of respondents ranged from low, medium to high categories to ease the analysis.

##### **4.1. Involvement and engagement of partners in project implementation**

In order to investigate the level of involvement of partner offices in planning, implementation and making appropriate decision on implementation of the project in study area, staffs of partner offices were asked. In this regard, partners' participation in planning and making decision on the project is perceived by partner offices' experts as satisfactory. This clearly shows that the issue of participation of partners still requires high effort to encourage and support them in order to fully participate on the management of project and develop sense of ownership. As the respondents said a great deal of attention has been given initially to make situational assessment to design the project. To this end focal persons from each relevant woreda office participated in this work and project planning. After the project got approval and awards from donor, along with

CARE staffs, commitment of partners have rose in preparation of detail annual implementation plan and working modality so as to effectively implement the project.

The enactment of Afar Regional State anti-FGM law to protect girls and women from FGM/C makes it clear what is wrong and what is right. The advocacy workshops helped community members to disseminate information about the law. This is also reflected in the response made by the respondents. This is the sign that the community already has taken common position and reached consensus on the elimination of FGM practices. This is really a great leap forward for CARE, the community and organizations that are working in Afar against FGM/C.

This achievement of the project would have been impossible without the involvement of local community and government structures working on the promotion and protection of women and girls rights and elimination of FGM/C. As respondents explained in group discussion, a number of stakeholders were identified by CARE and they took part in the implementation of the project at various levels and capacities. As indicated in the following table, in all woredas anti FGM committees, radio listening groups, kebel social courts, sharia courts, women's affair offices and police were involved in one way or another in advocacy, promotion and protection of women and girls.

Table 4.1: Respondents affirming local community/government structures involvement

| Structures            | Woreda      |            |         | Total(%) |
|-----------------------|-------------|------------|---------|----------|
|                       | Dulessa (%) | Telalak(%) | Dewe(%) |          |
| Anti-FGM Committee    | 87          | 92         | 99      | 91       |
| Radio-listening group | 8           | 96         | 90      | 91       |
| Kebele social court   | 41          | 63         | 68      | 56       |
| Sheria court          | 68          | 69         | 70      | 69       |
| Women Affair Office   | 88          | 53         | 57      | 66       |
| Police                | 82          | 34         | 34      | 50       |

Source: Researcher's study, field data (2013)

As the mid-term evaluation findings of the project (Mela consultancy services field data, 2011), indicated that the project has successfully achieved the expected objectives, outcomes and outputs as desired with some unforeseen challenges. adherence to project principles such as employing participatory processes, involving all relevant stakeholders throughout, use of integrated approaches, the emphasis on improving capacities and the like have greatly contributed to the success. Therefore, all available evidences of the evaluation confirm that the project was effective in achieving the stated project results.

A step equally important to needs assessment, project design and implementation, review the progress of planned project interventions has been done regularly through partners full participation . As respondents assured this joint meeting has created a clear and common understanding of the objectives of the project capacity building efforts between and implementing partners and beneficiaries. According to them , initial phase of project has made

a clear contribution to achieving project objective. As they replied a clearer set of objectives, well planned action plan , mutually agreed among beneficiaries and service providers, will help to effectively target activities, reduce redundancy, improve synergies and ensure that capacity building genuinely meets the needs of the project beneficiaries.

As the respondents reply indicated that there is a need to accomplish building awareness, implementation capacity and decision-making capacity on main project components for partner office staffs. A lot of activities that are currently offered through workshops, trainings, and meetings found at an awareness raising level. It is, however, more analytical and decision-making capacities that are needed to sustain a constant process of change.

The respondents expressed the use of a range of approaches that are relevant to build capacities, including trainings, informal education, networking and others. Which approach will be most effective strongly depends on the specific objective to be achieved. A training workshop usually should go as far as building human capacities at an awareness raising level. If specifically designed, training may also succeeded in building analytical capacity.

Finally the respondents concluded that the capacity building efforts of the project are acknowledged, more attention given to the identification and implementation of effective capacity building approaches. This has assisted partner offices to achieve project development objectives.



#### **4.2. Information Management and Networking**

As it was replied by respondents the general flow of information from Kebele to Woreda to Regional bureau is not efficient due to poor infrastructure, inadequate budget and weak data collection system & linkage. Although there is a monitoring and evaluation system for project related activities among key partner sector government offices at Woreda level through a leading coordination role of Women, Children and Youth Affairs, the networking system is not as desired because reports are shared but there was weak feedback exchange system due to inadequate reporting system (in terms of content and analytical capacity) and inadequate human capacity and insufficient equipment such computers and associated materials for compiling all. Capturing of good practices/lessons learnt and dissemination of best practices to all like minded organization was also not as expected.

Poor reviewing, re-planning and sharing of information with each other and other stakeholders exists (this probably be activities that are very agency specific and the common practice information is generated and retained by the implementing offices. Coupled with these, there are huge delays in reporting of supervision & monitoring information due to lack of transportation and lack of qualified personnel to handle consistent data.

#### **4.3. Project Performance Monitoring System**

The Social and Economic Empowerment Pastoralist Girls Project M&E system is incorporated within the existing Office of Women, Children and Youth Affairs M&E system to ensure compatibility of data and sustainability. CARE Ethiopia has strived providing technical, required material and equipment supports based on the agreed action plan.

Effectiveness of the project involves measuring the extent to which the stated objectives have been achieved and identifying the major factors that have contributed for the successful achievement of project as well as assessing some influencing factors that have played a counter-effect role in the implementation process. Assessing project effectiveness also includes identifying whether the initial assumptions have hold true and remained valid during the evaluation period in relation to maintaining the quality and standard of the expected services. There is common understanding among project planners and practitioners that indicators describe the project's objectives in operationally measurable terms (quantity, quality, target group, time, and place). Specifying Objectively Verifiable Indicators helps checking the viability of objectives and forms the basis of the project monitoring and evaluation system. Indicators should be defined during identification and formulation, and they often need to be specified in greater detail during implementation.

As it is discussed with respondents, monitoring data for this project were collected from a number of sources including the Woreda women, children and youth affairs (WCYA), Health, educational and justice offices as well as from communities at kebele and village levels. The monitoring process should also utilize supervision, review meeting / joint monitoring assessment reports.

At the community level, WCYA focal person collected monthly data from the Kebele administration. The Kebele administration was responsible to undertake M&E responsibilities at the Kebele and village levels. CARE Ethiopia in collaboration with the WCYA office established

and strengthened a network of community based volunteer structure in the target kebele in 3 project Woredas. Those were serving as community volunteers who are selected from traditional birth attendants and community based health extension workers, they will have the ability to read and write. They are working at the community level to support community dialogue and monitor and track changes over time in relation to attitudes and practices regarding female genital mutilation /cutting.

As most of the respondents said these community volunteers have submitted community-based activities using simple reporting formats to the kebele administration. Then, WCYA focal person has collected this report from Kebele administration. As a result Linkages were established and strengthened between woreda and kebeles and the woreda need to extend to link with Regional M&E section. At the Woreda level, all other key government partners should submit the data to Woreda Women, Children and Youth Affairs Office. As most of respondents replied the Project Technical Committee/ composed of focal persons at the Woreda level were responsible for providing technical support in compiling and collection of the monthly and quarterly reports. The monitoring information was complemented by monthly or quarterly site visits by these persons who are assigned from each key partner office at the Woreda .Collected monitoring data by Woreda Women, Children and Youth Affairs Office has sent to the Regional bureau and CARE Ethiopia, SEEPG Project.

As most of the participants during group discussions assured that monitoring and evaluation systems can be strengthened if the process is put in place in the project action plan and resources such as staff, budget,, tools are allocated. Benchmarks and indicators must be clearly outlined in

the plan. Increased commitment, effort and skills from individual personnel to contribute to the success of the M&E process of the SEEP G project are essential. There is also a need to support capacity development strategy for each project component and improvement of infrastructure/transportation and train staff (i) on information management (data collection, analysis, reporting, storage, dissemination) (ii) improve the use of data for decision making.

#### **4.4. Coordination and Partnership**

According to the respondents, there was good initial intention in working together among partner offices at woreda level. One of their co-operations emanated from the common goal they have with project. The various committees like project coordination committee, project technical committee organized by the project were the reason for working together. In addition, according to the respondents, their interest to form committees and implement the project through them was the result of the existing good working relationship among the stakeholders and the cooperation has explained with the meeting. In these meetings, the stakeholders met to exchange of annual plan and discussed the progress of the project activities but the meetings were not conducted in a regular basis as they are busy with various businesses and additional duties. Although the relationship among them is smooth and accompanied by feeling of partnership aimed at a common goal as most respondents reported, there was duplication of efforts/there was no a clear demarcation on their role and responsibilities. As a result, on the ongoing implementation of the activities of the project, weak coordination observed in resources sharing, networking including exchange of information. As they said ,to address this issue, partner offices need to do joint planning, implementation, monitoring and review meetings that could allow them to closely follow-up on the activities of the project and to avoid duplication of efforts.

With regards to partnership, the harmful traditional practices (HTP) networks is a consortium of organizations that is mandated to coordinated activities among the key players at different level, from regional to Kebele. As key respondent interviews and group discussion results indicated that anti-HTP/FGM/C committee has been established at Woreda and Kebele levels, however, the performance of the committee was not as expected due to lack of financial resources, capacity in terms of follow up, data recording, compilation and reporting. It was also learned from the respondents that anti-HTP/FGM committee was not yet well strengthened/established at regional level; and further work is needed to strengthen the anti- HTP/FGM committee at all levels in order to improve the service delivery through coordinated efforts. Strengthening the capacity of the Women, Children and Youth Bureau for strengthening the anti-HTP committee at regional level was expressed by study participants as a focus area that requires support through the project such as capacity building through training in basic computer system, planning, coordination networking system.

As most respondents remarks shown community based organizations such as TBA, CBRHA, CHW, Imams in the study area were claimed to have lack of co-ordination, documentation of best experiences and continuity of sharing experience. It was also stated that networking of organizations are not yet strong. It requires aware and equipped organizations on the advantage of networking and partnership.

#### **4.5. Institutional Arrangements**

As it was expressed by the participating respondents in group discussion ,in terms of institutional and implementations arrangements: the primary stakeholders who are involved in project

activities are: CARE Ethiopia, SEEPG Project,, WCYA,, Woreda Administration, woreda Education, Woreda health, Justice, Police, Pastoralist, Rural Development & Agricultural Office, and Islamic Affairs Office. Actors in the arrangement were mentioned in the following ways:

**CARE** Ethiopia is responsible to provide facilitation, required material and equipment support for the implementation of the project. CARE has procured and provided the necessary materials based on approved work plans. CARE in collaboration with the implementing partner offices monitors the output, impact and outcome of the project. While designing the project, CARE Ethiopia tried to employ the required human resources and organize the project management in an efficient and effective manner. The project had its own organization structure with clear line of authority from the project office down to local functions (e.g. TBAs, TTBAAs, Primary Health Workers, Non-Formal education Facilitators, Religious Leaders, Anti-FGC Promotion Clubs, Saving and Credit Groups, various committees, etc.). Organizationally the project set up involved program coordination unit at A.A and the project office at Awash within Afar FO, which was the executive body led by a Program Manager and responsible for managing the overall project implementation in all project Woredas. The Project Office was responsible for ensuring achievement of the project objectives, coordination of the implementation and integration of various partners involved in the process. It was also tasked to monitor, follow-up the progress and visit the implementation on regular basis throughout the project period. The project activities were facilitated and managed by a project officer at Woreda level and by local government staff at kebele and woreda level. The project has implemented with such a small number of staff engaged in the project indicates that the organizational arrangement and management of the human resources were efficient.

**Project Coordination Committee** comprised of heads of the implementing partner offices which are responsible to direct and coordinate conditions for the proper implementation of the project components. It needs regular briefings in order to act or support whenever an action/decisions are required.

**The HTP committees** consisting of civil servants and community leaders that they can play a key role in coordinating the SEEPGP at woreda and kebele levels for the eradication of HTPs.

**Project Technical Committee/** focal persons at the Woreda level are responsible for providing technical support in compiling and collection of the monthly and quarterly reports; and have facilitated the establishment/strengthening of anti-HTP committees at the woreda and Kebele levels.

**Woreda offices of WCYA** are required to lead, coordinate other partner offices and provide the required technical support for the overall implementation of the project at Kebele levels and supervise the work of the community facilitators in intervention kebeles.

**Education office** has worked with the woreda WCYA staff to roll out the activities which relate directly to schools and Alternative Basic Education and functional adult literacy centres. These activities include: the training of trainers that organized at woreda level, the club to be organized by teachers and peer educators in the schools in the target kebeles.

**Woreda Law Enforcing Bodies (Justice, Court and Police):** Offer legal protection and support to HTP victims support to HTP victims; and Provide legal education in relation to HTPs in collaboration with Woreda WCYA as well as enforcement of anti- FGM law

**Islamic Affairs:** has provided HTP related education and have social acceptance and influential power in the community

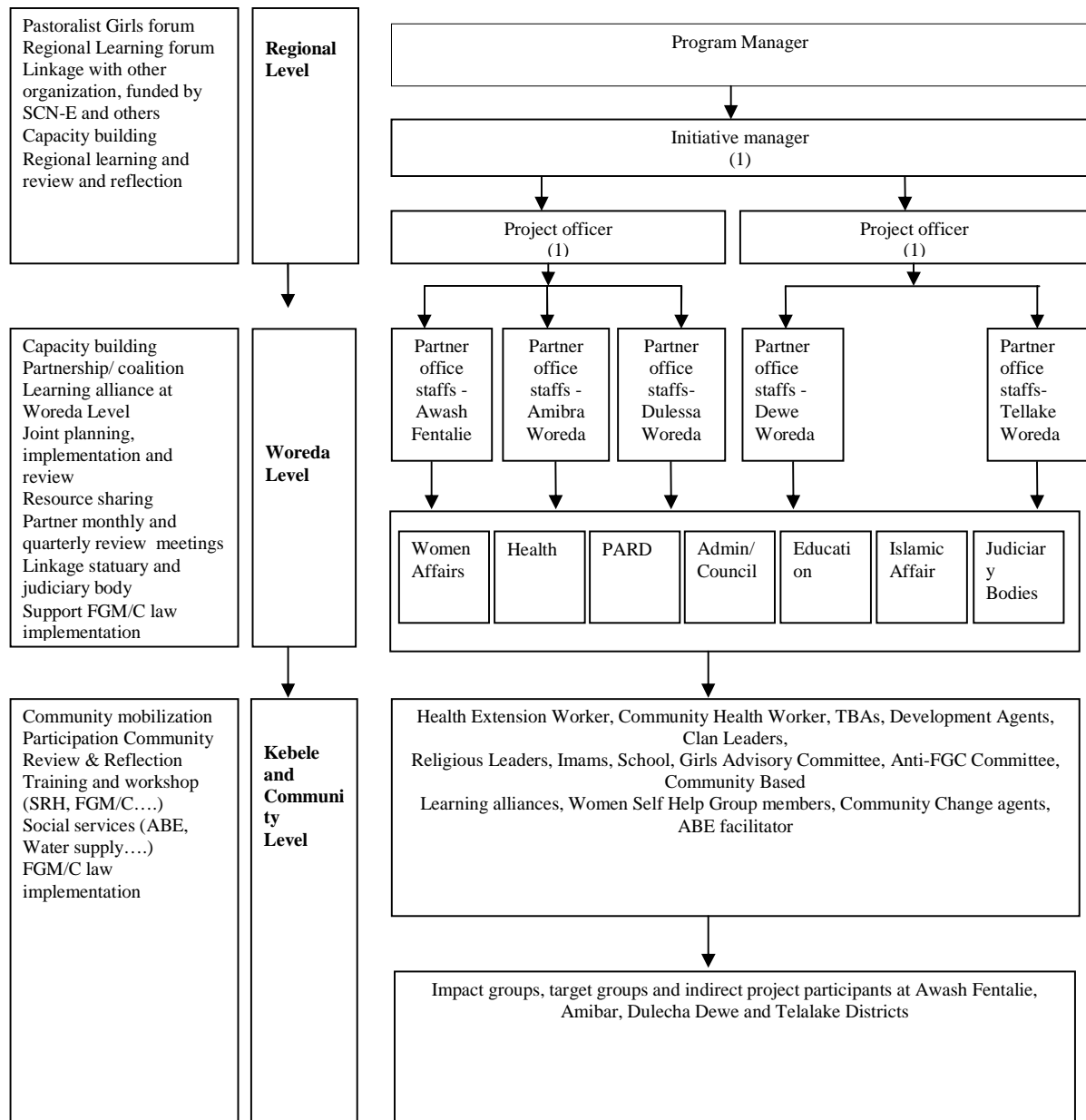
**Pastoralist, Rural Development & Agricultural Office:** has the responsibility of forming women self help saving groups and primary cooperatives

**Health offices:** has provided health education and raising awareness of the community on HTP and SRH related information for stakeholders and the public mass; and health services for abused children/ FGM victims

**Woreda and Kebele administration offices:** :provide overall coordination and administration of social issues including HTPs,in carrying out community mobilization and facilitate the passing of public /community resolutions and declaration on HTPs prevention.



Table 4.2. Structure/Arrangement for project implementation



#### **4.6. Financial, material and human resources**

From individual respondent interviews and group discussions, it was clearly explained that the financial and material infrastructure for implementation of the project was not sufficient: When questioned, most partner sector offices staff noted a scarcity in financial, material and human resources to allow them to carry out their work effectively. However, most partner sector offices reported that although government budgets were allocated aggregately for all activities for each sector including HTPs, less attention and fewer budgets has been allocated for the implementation of HTPs and related activities. They further indicated that the capacities of the partner sector offices' staffs to discharge their responsibilities effectively and efficiently are limited by inadequate financial resources for transportation, mobilization and incentive.

With regard to the necessary supplies and equipments, they expressed the presence of significant gaps between what is needed and what is available to undertake their work across government sector offices. The respondents also indicated that the project offices did not have enough physical resources, in terms of transportation, IT and support materials. The main deficits in transportation were vehicles, motorbikes including fuel. Almost all respondents interviewed have difficulty in mobility to carry out field activities at grass root level due to inadequate transport facilities. It was also learned from the study participants that almost all of the partner offices have only one or no computers, which are used for merely secretarial purposes and cannot be used to store up databases.

As most respondents explained a capacity problem in terms of availability of appropriate human resource is found to be critical (in terms of qualification and low experience), low managerial or organizational and technical capacity in order to accomplish assigned responsibilities and duties efficiently and effectively. According to the respondents, there was a shortage of skilled human resource in most partner sector offices, particularly staffing is insufficient in number at Woreda Women, Children and Youth Affairs Offices and was completely absent at kebele level. Additionally, even staffs assigned as woreda focal persons to Social and Economic Empowerment of Pastoralist Girls project have low knowledge of strategic planning, M&E, data collection and processing. Respondents further pointed out that there was low service delivery for community in most sector offices. The inefficiency of service delivery in project intervention areas was due to weak human resource development (lack of planned and continuous trainings).

#### **4.7 Capacity Challenges**

According to the respondents view, there is however a growing understanding of the conceptual, methodological and practical challenges on capacity building efforts among partner organizations. What were clearly explained by them is that less is understood about the particular characteristics of organizational capacity building processes as mentioned below:

**Unclear project and process design:** Extent of clarity of purpose both of the project and of the process itself. When the conceptual framework for a project is unclear it complicates the systems for monitoring and evaluating its effectiveness. The difficulty of designing a clear work

process increases where there is a failure to clarify the role the process itself aims to play. For example, some different types of role include:

- Identifying, analysing and documenting what changes have occurred in order to know their effectiveness;
- Communicating achievements and celebrating long-term successes in such a way that motivates partners, and encourages others to adopt similar processes or make similar project investments;
- Ensuring a degree of accountability by monitoring project resources into specific activities and outputs, and tracking their results and effectiveness in a systematic and transparent manner; and
- Generating information and perspectives on the change, and analysing and disseminating them in such a way that all partners can learn from the relationships and processes involved and adapt their behaviour and interventions accordingly.

### **Control and Ownership**

As respondents said different partners, participants and beneficiaries have different needs and purposes but also different levels of power and control over decision-making on project implementation and coordination. The project also has tried to show its control to meet its own needs, or those of their back donors. This has often led to a centralised top-down approach and has a tendency towards being external and non-participatory.

Respondents emphasised on the need to genuinely engage local partners, communities and beneficiaries in the process – to take a multi-stakeholder approach. This is about promoting local

ownership and empowerment in a way that builds capacity for reflection, learning improved performance and ultimately self-determination.

Moreover, respondents in the study areas concluded that there is a 'growing awareness that externally led implementation of project is often inappropriate or counter-productive' in the area of capacity development as projects are followed donor driven approach. They stressed for more on participatory and self-implementation. This is especially true where partners don't feel genuine ownership of, or commitment to, the process, they feel threatened by the use of imposed systems or , associating them with sanctions or seeing them as bureaucratic control mechanisms. The challenge is therefore to recognise and understand the needs, motivations and agendas of those involved project participants in order to negotiate a genuine consensus about what the project work process is for and how it will meet these differing needs in building their capacities.

### **Measuring results/Changes**

As respondents explained most projects and its donor search for visible and quantifiable results as the project holder and back donor require reassurance that their fund support has been well spent and has made a measurable difference. This has, however, led to a tendency to address the challenges of assessing the effectiveness of capacity building interventions by developing highly complicated, integrated frameworks which try to measure too much and to establish too many quantitative performance indicators. But it is understandable for partners. As they said there should be a need to develop new, simpler, user-friendlier, systems to assess the result of project interventions.

## **Demonstrating Causality and Attribution**

The question of how to link or attribute any change in a wider system to one particular input is presented as a major challenge and represents a significant obstacle to assessing the effectiveness of organisational capacity building. The interplay of internal and external factors, as well as changing circumstances, complicates the task of establishing a causal relationship between a project intervention and wider change and attributing responsibility. Whether a project or intervention leads to longer-term change may need to be assessed in sufficiently flexible ways to allow for often unrelated changes in the wider context. This is a particularly difficult task when dealing with a multiplicity of actors and complex partnerships commonly involved in project intervention areas. As they said a more realistic challenge is to demonstrate what contribution the specific project in question made to the resulting change rather than trying to define 'attribution'.

As it was clearly indicated below in the table, most of the respondents were mentioned the following specific area of capacity gaps in their respective office. It is summarized as low availability of human resources in terms of qualification and low experience, low managerial or organizational and technical capacity in order to accomplish assigned responsibilities and duties efficiently and effectively. In addition to this, there is financial limitation, low transport facilities (low availability of vehicles, motors, inadequate budget to fulfil them); and inadequate equipment, materials and infrastructure including shortage of computers and associated information and technologies.

Table 4.3: Development Sector offices' reflection on general capacity gaps

| <b>Partner Office</b>                                | <b>Roles</b>   | <b>Capacity challenges/gaps</b>  |
|--|--|--|
| Woreda Women, Children ,& Youth Affairs              | Implementing, coordinating ,following up of project activities   | Shortage of finance and skilled human resource   |
|  |  | Shortage of computers and accessories  |
|  |  | Lack of skills on basic computer system  |
|  |  | Lack of media skill, audiocassettes players and digital cameras  |
|  |  | Lack of community facilitation skills  |
|  |  | Transport problems ( lack of vehicles, motorcycles)  |
|  |  | Lack of structure at Kebele level  |
| Woreda Education Office                              | Raising awareness and bringing about attitudinal change on issues related to abandon harmful traditional practices particularly FGM/C within schools | Lack of media skill training , audiocassettes players, batteries, recorders, tape recorder, , stationery and small digital cameras |
|  |  | Shortage of IEC materials for school based club activities   |
|  |  | Transport problems ( vehicles, motorcycles, budget for fuel)   |
|  |  | Shortage of computers, photocopy machine, printer, office equipment and associated accessories                                     |
|  |  | Poor recording and reporting system , shortage of stationery and mini-media materials at School Clubs                              |
| Woreda Health Office                                 | Health education on HTP  | Shortage of human resources  |
|  | Providing health services for abused children/victims  | Lack of incentives and reward  |
|  |  | Lack of regular supervision due to inadequate budget and transportation facilities   |
|  |  | Low education level of HEWs  |
|  |  | Lack of information personnel and shortage of computer to house database.  |
| Pastoralist ,Rural Development & Agricultural Office | Formation of self-help groups and cooperatives   | Poor recording and reporting system , shortage of stationery at Health posts   |
|  |  | Lack of regular supervision due to inadequate budget and transportation facilities   |

(Source: Researcher's study, field data 2013)

Table 4.4: Administration and Judiciary offices' reflection on general capacity building challenges/gaps

| <b>Partners</b>   | <b>Roles</b>   | <b>Capacity challenges/gaps</b>   |
|---|--|---|
| Woreda Law Enforcing Bodies (Justice, Court and Police) | Offer legal protection and support to victims of HTPs                    |   |
|   | Legal follow up of cases   | Weak coordination among enforcing bodies  |
|   | Provide legal education in relation to HTPs                              | lack of commitment from the part of cabinet members to enforce cases of HTPs  |
|   | Enforcement of anti FGM law  | Inadequate budget   |
|   |  | Lack of food , space for abused children /victims   |
| Woreda and Kebele Administration offices                | Overall coordination and administration of social issues including HTPS  |   |
|   | Facilitate the passing of public/community resolutions on HTP prevention | Less attention and commitment to social issues especially to HTPs   |
|   | Carry out community mobilization   | Shortage of computers, photocopy machine, printer, office equipment   |
|   |  |   |
| Islamic Affairs Office                                  | Providing HTP related education  | Lack of community facilitation skills , budget, transport facilities,   |
| Anti HTP Committees                                     | Follow up anti-HTP activities  | lack of financial resources , capacity in terms of data recording, compilation and reporting and shortage of stationery materials |
|   | Channel cases to legal bodies  |   |
|   | Disseminate information on HTP to the community                          |   |

(Source: Researcher's study, field data 2013)



Table 4.5 :Capacity Building Response Plan for key partner offices

| <b>Proposed response activities</b>   | <b>Responsible body</b>                          | <b>Remark</b> |
|---|--|---------------|
| Support women affair offices/bureau to establish and strengthen anti- HTP Committees  | CARE, WCYA office                                |               |
| Provide planning, coordination, partnership, information management , M&E system skill trainings  | CARE in collaboration with partner offices       |               |
| Strengthen to form and coordinate a task force of technical experts from key partner office for project implementation                          | CARE in collaboration with partner offices       |               |
| Support on documentation ( recording of data and reporting)   | CARE in collaboration with partner offices       |               |
| Provide transportation facilities( motorcycles, budget for fuel and maintenance) for WCYA   | CARE, WCYA office and other NGO(s)               |               |
| Strengthen and follow the organizational arrangement of partner offices to implement the SEEPGP in the intervention areas/kebeles of the woreda | CARE in collaboration with partner offices       |               |
| Support Administration office to strengthen and lead woreda and Kebele anti -HTP Committees   | CARE in collaboration with Administration office |               |
| Provide training in writing skills how to capture lesson learned/ best practices and case studies   | CARE in collaboration with partner offices       |               |
| Provide computer and necessary supporting / accessories to partner woreda offices   | CARE and other NGO(s)                            |               |
| Support to establish and strengthen mini media clubs/ girls club in schools and Provide media materials and trainings for teachers and students | CARE in collaboration with Education office      |               |
| Strengthen the capacity of law enforcing bodies at woreda and Kebele levels   | CARE in collaboration with Judiciary offices     |               |
| Support and strengthen health extension and community health workers so as to create viable health referal system                               | CARE in collaboration with Health office         |               |
| Support in establishing/ strengthening Child Protection Units at Woreda and Kebele levels   | CARE in collaboration with Judiciary offices     |               |

(Source: Researcher's study, field data 2013)

## **5. CONCLUSION AND RECOMMENDATIONS**

### **5.1. Conclusion**

This study has generated relevant information and highlighted the existing capacities and main capacity gaps of partner sector offices in designing, planning, implementing, and monitoring development Projects. Partners capacity building seen as conscious and holistic interventions which aim to improve an organization's effectiveness and sustainability in relation to its mission and context. The project should focus on identifying and developing the elements of capacity within a partner organization, such as skills, systems, leadership, but also the organization's program performance and relations with other like-minded organizations.

The project should also need to concentrate on at a variety of different levels, providing training courses for individual partner staffs, team building, mentoring and visioning and strategic planning and management at organizational levels. Therefore, the project in organizational functions and processes need to aim at bringing in an actual change both in project performance and in the lives of the poorest and marginalized groups of the society by empowering the capacity of implementing partners.

Below is a summary of identified capacity gaps and needs in project intervention areas:

- A capacity problem in terms of availability of human resource is found to be critical (in terms of qualification and low experience), low managerial or organizational and technical capacity in order to accomplish assigned responsibilities and duties efficiently and effectively. Inadequate human resource at all sector government offices, but mostly in Women, Children and Youth Offices. In addition to this, there is low availability of facilities or low transport facilities (low availability of vehicles,

motors, inadequate budget to fulfil them); and inadequate equipment, materials and infrastructure including shortage of computers and associated IT

- The enabling environment (external and internal) is weak in the area of planning, follow up, monitoring and evaluation method, and low commitment both in cabinets and civil servants in project sites.
- The participation of partners in planning and making decision on their own issue in study area, is perceived as not desired to achieve project expected results., and
- There is low capacity in coordinating, networking and utilizing the available resources efficiently.

## **5.2. Recommendations**

Therefore, based on the results of the study, the following actions are recommended: The poor transport facilities (low availability of vehicles, motors, inadequate budget to fulfil them); and shortage of skilled human resource in most partner sector offices as part of the Woreda capacity development plan , needs to done in partnership with the government or other capacity building agencies as it requires large investment. Attempt should be made to address shortage of key physical resources such as computers associated IT, motorcycles , budget for maintenance in order enable key partner sector government offices to undertaken field activities effectively.

Support to strengthen networking and exchange of information on the project interventions between key partner sector government offices at Woreda and Regional levels. Strengthening the capacity of the key partner sector offices in the project areas for improved data collection and analysis and reporting is expressed by study participants as an area that requires support through the project.

Facilitating conditions for the participation of community based organization to work in partnership with institution based organization to eradicate FGM/C in the intervention Woredas is also part of the SEEPP capacity building component.

Strengthening the joint planning and management , networks and linkages among key partner sector government offices need to be improved so as to promotes effective implementation the project

Build the capacity of Women, Children and Youths' Affairs at all levels (particularly at Woreda level) to effectively take a lead role in implementing and coordinating SEEPG project

The capacity of Woreda Education Office needs to be strengthened to establish and strengthen mini media clubs/establish girls club in schools for effective realization of rights of girls and young women by raising awareness at the community level through communication and mass media. This includes providing of training for teachers and students on media skill training and by supplying the schools with the equipment necessary for providing the campaign materials: audio cassettes players, batteries, voice recorders, stationery and small digital cameras. Thus, this training will help teachers and girls campaign to abandon female genital mutilation /cutting through: drama, songs, theatre and testimonials. Similarly, this will also enable girls to develop confidence, act and advocate for themselves. In addition, the clubs should be provided with microphone, tape recorder, IEC materials for their awareness raising activities

In order to realize the M&E objectives of the project, capacity building in basic computer system and material support such as computers and associated materials should be provided by the project for key partner sector offices (Women, Children and Youth Affairs, Justice, Education, Health, Administration, Pastoralist, Rural Development & Agricultural Office, Islamic Affairs) which include:

There is a need to strengthen the project performance monitoring system by providing capacity to develop standard data collection and reporting formats that can be used across the different key government offices at the woreda level (such as data collection forms, regular progress review guidelines and reporting formats).

Support to strengthen the key partner offices by providing the necessary capacity in developing data quality assurance tools and protocols through providing data quality assurance training for regional and Woreda office

Provide technical support to key partner offices (Women, Children and Youth Affairs, Justice, Education, Health, Pastoralist, Rural Development & Agricultural Office, Islamic Affairs Office) and community on M&E through provide training in basic computer system

Provide training in information management: data collection, analysis, reporting, storage, dissemination), and M&E. Provide training on participatory M&E at community levels in addition to providing computers and accessories

Increase technical capacity commitment and effort from program personnel to strengthen the M& E system by ensuring proper and timely collection and sharing of information through providing training for key sector offices in information management data collection, analysis, reporting, storage, dissemination

Assist in strengthening the project performance monitoring system should be strengthened through providing the necessary capacity to track output and outcomes for reporting and developing simple reporting formats that can be used across the different key government offices at the woreda level.

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## **7. APPENDICES**

### **Annex 1: Interview questionnaires**

#### **1. 1: Questionnaire for Individual Interview**

##### **General Instructions to Enumerators**

- Make brief introduction to each respondent before starting any question, get introduced to the respondents (greet them in the local way) get his / her name; tell them yours, the institutions you are working for, and make clear purpose and objective of study.
- Please fill up the interview questionnaire according to the respondents reply (do not put your own reply/ feeling).
- Please ask each question so clearly and patiently until the respondent understands clearly (get your points).
- Please do not try to use complex technical terms while discussing with the respondents and do not forget the local unit.( use local language for better communication).
- During the process put the answer of each respondent on the space provided.
- An observation of the respondent's experience is essential to fill this interview

questionnaire.

##### **Objectives of the research/study**

- To assess and generate the necessary information on the effectiveness of capacity building efforts and understand the extent to which partner offices are in a position to implement development projects with minimal external support so as to achieve expected project results;

- To identify the main capacity factors constrained the partner offices in achieving development objectives of the project; and
- To develop recommendations and suggestions for feasible strategies and approaches of filling/bridging the capacity gaps.

**General Information**

Date of interview: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ Code: \_\_\_\_\_

Sex: \_\_\_\_\_F \_\_\_\_\_M

Region \_\_\_\_\_ Zone \_\_\_\_\_ Woreda \_\_\_\_\_

Name of institution/organization: \_\_\_\_\_ Type of Institution/Organization: a.  
non-partner b. partner \_\_\_\_\_

Name of enumerator: \_\_\_\_\_ Signature: \_\_\_\_\_

**General information about the organization**

| S/N | Description  | Strongly disagree(Never)(1) | Disagree(seldom) (2) | Neutral(sometimes) 3 | Agree(often) 4 | Strongly agree(always)(5) |
|-----|--|-----------------------------|----------------------|----------------------|----------------|---------------------------|
| 1   | your organization has well defined <b>vision and mission statement</b>                               |                             |                      |                      |                |                           |
| 2   | Passion for your mission and vision is reflected in the <b>actions taken by staff and volunteers</b> |                             |                      |                      |                |                           |
| 3   | Your organization implements activities based on a <b>clearly defined strategic plan</b>             |                             |                      |                      |                |                           |
| 4   | Your strategic planning incorporates innovations in multi-sectoral <b>HTPS response</b>              |                             |                      |                      |                |                           |
| 5   | your organization has <b>short-/medium</b> term plans that help you achieve strategic plan           |                             |                      |                      |                |                           |
| 6   | your organization has <b>well functioning MIS</b>  |                             |                      |                      |                |                           |

**Specific Information pertaining to project implementation**

1.1.1. How do you rate the similarities of your organization’s mission and objective with SEEPG project? High/medium/low\_\_\_\_\_

1.1..2. How do you rate your organization's implementation capacities of the project associated with the following activities?

- In mobilizing and engaging the community and other stakeholders;

High/medium/low\_\_\_\_\_

- In planning & budgeting, managing and implementing project activities;

High/medium/low\_\_\_\_\_

1.1..3. How do you rate your organization's capacity in measuring results and collect information, feedback, lessons and promote learning and ,reporting of project activities;

high/medium/low\_\_\_\_\_

1.1..4. How do you rate your organization's capacity in establishing collaborative mechanisms and linkages among kebele and woreda implementing structures High/medium/low

\_\_\_\_\_

1.1.5.How do you rate your organizational organo-gram/arrangements best fitness/matches for the required/recommended and existing workforce at each level of the structure?

High/medium/low \_\_\_\_\_

1.1..6. How do you rate your organization's necessary human, financial and material resources for optimal effectiveness and efficiency of the project ?High/medium/low

\_\_\_\_\_

1.1..7. How do you rate your organization's general capacity challenges/gaps? High/medium/low

## **1..2: Questionnaire for group discussion with partner office staffs**

### **General Instructions to Enumerators**

- Make brief introduction to group participants before starting any question, get introduced to the respondents (greet them in the local way) get their names ; tell them yours, the institutions you are working for, and make clear purpose and objective of study.
- Please fill up the questionnaire according to the respondents reply (do not put your own reply/ feeling).
- Please ask each question so clearly and patiently until the respondent understands clearly (get your points through probing).
- Please do not try to use complex technical terms while discussing with the respondents and do not forget the local unit.( use local language for better communication).
- During the process put the general answer(s) of the respondent on the space provided.

#### **Objectives of the research/study**

- To assess and generate the necessary information on the effectiveness of capacity building efforts and understand the extent to which partner offices are in a position to implement development projects with minimal external support so as to achieve expected project results;
- To identify the main capacity factors constrained the partner offices in achieving development objectives of the project; and
- To develop recommendations and suggestions for feasible strategies and approaches of filling/bridging the capacity gaps.

## **General Information**

Date of interview:\_\_\_\_\_

Region \_\_\_\_\_ Zone \_\_\_\_\_ Woreda \_\_\_\_\_

Type of Institution/Organization: a. non-partner b.partner\_\_\_\_\_

Name of enumerator:\_\_\_\_\_ Signature: \_\_\_\_\_

## **Specific Information pertaining to project implementation**

1.2.1. What are your organization's specific roles and responsibilities in managing SEEPG project in line with the mission and objectives of your organization?

- In mobilizing and engaging the community and other stakeholders;
- In planning& budgeting, managing and implementing project activities;

1.2.2. How does your organization execute the project associated with the following activities?

- In measuring results and collect information, feedback, lessons and promote learning and, reporting of project activities;
- In establishing collaborative mechanisms and linkages among kebele and woreda implementing structures

1.2.3. What your organizational organo-gram/arrangements looks like, including recommended and existing workforce at each level of structures?

- Does your organization have well organized structural arrangements from woreda to kebele level to implement project?

- What are the available/needed resources for optimal effectiveness and efficiency within the arrangements?
- What are the key determinants of leadership to be able to rally relevant staffs and other actors in the arrangements for a common goal?
- Does the arrangement allow for or create effective communication?

1.2.4. Does your organization have the necessary capacities and resources to discharge effectively its responsibilities and duties related with the project?(Probe if yes how; and if no why?)

- To what extent office staffs are equipped with planning, implementing, monitoring and evaluation of the project?
- What measures (capacity building or area of support do you suggest to make effective your role and responsibilities in executing the project?

1.2.5. **What** are your organizations general capacity challenges/gaps and solutions?

- Could you tell us your office's assessment of capacity gaps in fulfilling your roles and responsibilities in response to implement the project?
- What are your organization's proposed solutions/strategies for those capacity challenges pertaining to SEEPG Project? (Please use a separate sheet, if needed)

### 1..3: **Questionnaire for group discussion with non partner office staffs**

#### **General Instructions to Enumerators**

- Make brief introduction to group participants before starting any question, get introduced to the respondents (greet them in the local way) get thier names ; tell them yours, the institutions you are working for, and make clear purpose and objective of study.

- Please fill up the questionnaire according to the respondents reply (do not put your own reply/ feeling).
- Please ask each question so clearly and patiently until the respondent understands clearly (get your points through probing).
- Please do not try to use complex technical terms while discussing with the respondents and do not forget the local unit.( use local language for better communication).
- During the process put the general answer(s) of the respondent on the space provided.

### **Objectives of the research/study**

- To assess and generate the necessary information on the effectiveness of capacity building efforts and understand the extent to which partner offices are in a position to implement development projects with minimal external support so as to achieve expected project results;
- To identify the main capacity factors constrained the partner offices in achieving development objectives of the project; and
- To develop recommendations and suggestions for feasible strategies and approaches of filling/bridging the capacity gaps.

### **General Information**

Date of interview:\_\_\_\_\_

Region \_\_\_\_\_ Zone \_\_\_\_\_ Woreda \_\_\_\_\_

Type of Institution/Organization: a. non-partner b.partner\_\_\_\_\_

Name of enumerator:\_\_\_\_\_ Signature: \_\_\_\_\_

### **Specific Information pertaining to project implementation**



1.3..1. What do you think on partner organization's specific roles and responsibilities in managing SEEPG project in line with the mission and objectives of your organization?

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- In mobilizing and engaging the community and other stakeholders;
- In planning& budgeting, managing and implementing project activities;

1.3..2. How does partner organization execute the project associated with the following activities?

- In measuring results and collect information, feedback, lessons and promote learning and ,reporting of project activities;
- In establishing collaborative mechanisms and linkages among kebele and woreda implementing structures

1.3.3. What partner's organizational organo-gram/arrangements looks like, including recommended and existing workforce at each level of structures?

- Does partner organization have well organized structural arrangements from woreda to kebele level to implement project?
- Does the available/needed resources of partner organization is sufficient for optimal effectiveness and efficiency within the arrangements?
- What are the key determinants of leadership of partner organization to be able to rally relevant staffs and other actors in the arrangements for a common goal?
- Does the arrangement allow for or create effective communication?

1.3..4. Does partner organization have the necessary capacities and resources to discharge effectively its responsibilities and duties related with the project? (Probe if yes how; and if no why?)

- To what extent partner office staffs are equipped with planning, implementing, monitoring and evaluation of the project?
- What measures (capacity building or area of support) do you suggest to make effective partners organization in executing the project?

1.3.5.What are partner organization’s general capacity challenges/gaps and proposed solutions?

**Annex 2: List of partner office participants in the study**

| <b>S/N</b> | <b>Name of Respondent</b> | <b>Woreda</b> | <b>Organization</b> |
|------------|---------------------------|---------------|---------------------|
| 1          | Nigus Tadesse             | TelalaK       | WoCYA               |
| 2          | Helen Tesfaye             | TelalaK       | WoCYA               |
| 3          | Takele Sugebo             | TelalaK       | WoE                 |
| 4          | Masresha Mulugeta         | TelalaK       | WoE                 |
| 5          | Bodaya Mohammed           | TelalaK       | Justice             |
| 6          | Sultan Seid               | TelalaK       | Justice             |
| 7          | Kenedy Seid               | TelalaK       | Administration      |
| 8          | Tesfaye G/eyesus          | TelalaK       | Administration      |
| 9          | Shemsedin Kemal           | TelalaK       | Woreda Health       |
| 10         | Mohammed Seid             | TelalaK       | Woreda Health       |
| 11         | Abdu Seid                 | TelalaK       | PRADO               |
| 12         | Adefris Dagne             | TelalaK       | PRADO               |
| 13         | Seid Teshome              | Dewe          | PRADO               |
| 14         | Mohammed Ali              | Dewe          | PRADO               |

|    |                    |         |                |
|----|--------------------|---------|----------------|
| 15 | Akililu Gezahagne  | Dewe    | WoE            |
| 16 | Ali sultie         | Dewe    | Justice        |
| 17 | Daniel abera       | Dewe    | WoE            |
| 18 | Mesfin alemayehu   | Dewe    | Woreda Health  |
| 19 | Elias Nuru         | Dewe    | Woreda Health  |
| 20 | Saba Halefom       | Dewe    | WoCYA          |
| 21 | Hassen Hussein     | Dewe    | Administration |
| 22 | Mohammed Yesuf     | Dewe    | Administration |
| 23 | Mendiha Mohammed   | Dewe    | WoCYA          |
| 24 | Mahimud bodaya     | Dewe    | Justice        |
| 25 | Bekure             | Dulessa | Administration |
| 26 | Asmelash Solomon   | Dulessa | WoE            |
| 27 | Zinabu Hadush      | Dulessa | Woreda Health  |
| 28 | Mohammed Seid      | Dulessa | Woreda Health  |
| 29 | Ashab Mussa        | Dulessa | Justice        |
| 30 | Humed Mustefa      | Dulessa | Justice        |
| 31 | Zekarias Estifanos | Dulessa | PRADO          |
| 32 | Tesfaye Berhie     | Dulessa | WoE            |
| 33 | Habtamu Altaseb    | Dulessa | PRADO          |
| 34 | Tarikua Tadesse    | Dulessa | WoCYA          |
| 35 | Getu Haileyesus    | Dulessa | Administration |
| 36 | Ashenafi Hailu     | Dulessa | WoCYA          |